



# Allergen and Anaphylaxis Policy

## Mission Statement

This is our school St Werburgh's and St Columba's  
A place to be inspired, be accepted, be yourself and be unique.  
Be able to grow spiritually, academically and morally.  
Be able to contribute to the community and be a responsible global citizen.  
Be able to reach for the stars and fulfil your potential.  
A place, providing an excellent Catholic education for everyone.  
Where we belong, where everyone belongs.

|                                   |                       |
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| <b>Date approved by governors</b> | <b>September 2026</b> |
| <b>Date of next review</b>        | <b>September 2027</b> |

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

Nic Jevons, Headteacher, Erminia Serra, Bursar  
Office Administration Assistants (implementation)

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### **1. Introduction**

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more 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 St Werburgh's & St Columba's Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

### **Definitions**

Allergy - A condition in which the body has an exaggerated response to a normally harmless substance (e.g. foods, pollen, house dust mites and drugs) also known as hypersensitivity. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse.

Allergen - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye.

Anaphylaxis - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

AAI – Adrenaline Auto-Injector. This is a syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration. Brand names include Epipen and Jext.

Designated Allergy Safety Lead: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

## **2. Role and responsibilities**

2.1 The governing board is responsible for:

- Ensuring that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that the school's arrangements give parents and pupils confidence in the school's ability to minimise susceptible pupils' contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

2.2. The headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents/carers are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.

- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

#### 2.3. The office staff are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents/carers on an annual basis, including information regarding any allergies.
- Contacting parents/carers for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about pupils' allergies.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.
- Recording any and all allergic reactions in CPOMS detailing the events surrounding the reaction, .e.g. how exposure occurred, the reaction and the overall response and handling.

#### 2.4. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' Allergy action care plans (AAPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication are out of the reach of pupils but still easily accessible to staff members.
- Liaising with the office staff and pupils' parents to ensure the necessary control measures are in place.

2.5. Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with section 9 of this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

2.6. All parents/carers are responsible for:

- Notifying the office staff of the following information: — Their child's allergens — The nature of the allergic reaction — What medication to administer — Specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the Supporting Pupils with Medical Conditions Policy.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.
- Working alongside the school to develop an AAP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's AAP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

2.7. All pupils with an allergy are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.

- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

## 2.8 All pupils

- To receive regular education regarding how to support peers with allergies, this might include:
  - Ensuring that they do not exchange food with other pupils.
  - Learning to recognise symptoms of an allergic reaction.
  - To be inclusive and supportive of peers with allergies.
  - Notifying a staff member if they notice a child with an allergy not being included or supported by other peers.

## 3. Allergy Action Plans

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

St Werburgh's & St Columba's Primary School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plans](#)) 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 ensure the allergy action plan is completed with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school. The school should then make the allergy action plan accessible to all staff, including supply staff. Copies of allergy action plans should also be available on offsite visits to ensure that any adult working with the child or young person is aware of the allergy.

## Individual Healthcare Plans (IHPs)

Every pupil with a diagnosed allergy that has a functional impact on their time in school will have an IHP, agreed with parents and, where relevant, health professionals, before the pupil starts at the school or as soon as practicable after diagnosis.

- The specific allergy or allergies and known triggers.
- Signs and symptoms to watch for, specific to that pupil.

- Emergency response steps, including AAI use if prescribed.
- Arrangements for mealtimes, trips, PE, and any relevant curriculum areas (e.g. food technology, science).
- Who has been briefed on the plan, and how it is shared with supply staff and cover teachers.

IHPs are reviewed at least annually, and sooner if a pupil's allergy status changes or following any reaction.

#### **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. AAls 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** AAls 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 AAls 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 child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

### **Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### **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 contractor/specialist collection service/local authority.

### **6. 'Spare' adrenaline auto-injectors in school**

Each school holds spare AAIs for emergency use, in addition to any prescribed to individual pupils, so that a device can be administered within five minutes of a reaction being recognised. Larger schools stock accordingly. The Named Allergy Lead checks expiry dates regularly and arranges replacement in good time.

The School Office staff are responsible for checking the medications are in date on a monthly basis and replacements requested as needed.

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

Nic Jevons, Headteacher, Erminia Serra, Bursar  
Office Administration Assistants (implementation)

All staff will complete online Allergy and Anaphylaxis training at the start of every new academic year. Training is also available as part of any induction programme for any new members of staff who are recruited throughout the year.

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 AAls) 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
- (Completed during whole school emergency first aid training Spring 2025) A practical session using trainer devices (these can be obtained from the manufacturers' websites: [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) and [www.emerade-bausch.co.uk](http://www.emerade-bausch.co.uk))

## **8. Inclusion and safeguarding**

St Werburgh's & St Columba's Primary School 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.

### **Promoting the wellbeing, mental health and inclusion of pupils with allergy**

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

The School will:

- Aim to ensure pupils with allergies feel safe, included and supported
- Prevent stigma or isolation due to allergy-related restrictions
- Promote confidence in self-management where appropriate
- Provide pastoral and emotional support as needed
- Foster a culture of understanding and sensitivity among other pupils and staff.
- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Bullying related to allergy will be treated in line with the School's Behaviour and Discipline policy

## **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 to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website.

The School Office Team will inform the Catering Manager of pupils with food allergies.

*(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs – include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)*

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

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

- Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents/carers should check the appropriateness of foods by speaking directly to the catering manager.
- 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 school, 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 the Catering Manager.
- Food should not be given to primary school age food-allergic children 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 allergic pupils and alternative activities planned to ensure inclusion.

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 an allergic child is attending and will need appropriate food (if provided by the venue).

Individual adjustments will be made as necessary to ensure full participation.

### **Sporting Excursions**

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the PE teacher/s 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-allergic child, the school 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 school will need their co-operation with any special arrangements required.

### **11. Allergy awareness and nut bans**

St Werburgh's & St Columba's Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools 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 and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

### **12. Risk Assessment**

St Werburgh's & St Columba's Primary School 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 allergic children safe.

### **13. Monitoring and Review**

Where serious incidents or near misses occur involving a pupil with an allergy, the incident should be recorded via the Accident Form on the Hub by the Nursing Team or appropriate relevant team (such as catering), and reported to the pupil's parents and the Governing Body alongside any statutory reporting.

Following a serious incident or near miss, the relevant policies and arrangements will be reviewed so any lessons can be learned.

This policy will be reviewed annually, taking account of any incidents and near misses.

This policy will be published on the school website

### **14. 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](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](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>

## End Notes

<sup>1</sup> This guide has been developed in consultation with parents and teachers and will be reviewed to include ongoing feedback on an annual basis.

<sup>1</sup> <https://www.judiciary.uk/publications/karanbir-cheema/>

<sup>1</sup> <https://www.judiciary.uk/publications/mohammad-ashraf/>

<sup>1</sup> Muraro et al. The Management of the Allergic Child at School. Allergy 2010 June 1;65(6):681-9

## **Appendix A: Primary phase — additional considerations**

The following apply in addition to the main body of this policy, reflecting the particular needs of younger children who cannot always recognise or communicate a reaction themselves.

- EYFS and KS1 staff are especially alert to non-verbal signs of a reaction, given younger children may not be able to describe symptoms.
- Mealtime and lunchtime supervisors receive the same training as teaching staff, given the heightened risk around food at break and lunch.
- Allergen information is checked for snacks, cooking activities, and any food brought in for celebrations or rewards, not just for main meals.

IHPs are shared with all adults who may supervise the child, including midday supervisors, breakfast and after-school club staff, and any parent helpers on trips.

Transition arrangements (into Reception, and between year groups) include a specific handover of the pupil's IHP to new staff before the pupil moves class.

This child/young person has the following allergies:

Name:

DOB:

### Mild/moderate reaction:

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

### Action to take:

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

Loratadine 5mg  
(If vomited, can repeat dose)

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

## Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

### A AIRWAY

- 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 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 AAls in schools.

Signed:

Print name:

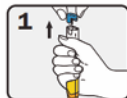
Date:

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](http://sparepensinschools.uk)

© BSACI 10/2024

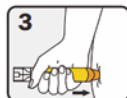
### How to give EpiPen®



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:

# BSACI ALLERGY ACTION PLAN

**BSACI**  
Improving Allergy Care  
through education, training and research

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

**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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## 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

- 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 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.



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)

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For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)



St Werburgh's & St Columba's  
Catholic Primary School

| NAME – Individual Healthcare Plan for allergy                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Date of birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Current photo |
| Year / class:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
| Emergency contacts:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |
| Staff who need to be aware:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |
| <b>Allergy:</b><br><i>Note what allergy the child or young person has.</i><br><i>Note any known allergens.</i><br><i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>                                                                                                                                                                                                                                                     |               |
| <b>How the allergy is managed:</b><br><i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i><br><i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i><br><i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>                                                                                                          |               |
| <b>Impact on education:</b><br><i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i><br><i>Indicate how the allergy may impact on the child or young person's learning.</i><br><i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i><br><i>If relevant, note any interaction between allergy and SEN.</i>                                                                                                |               |
| <b>Arrangements for support:</b><br><i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i><br><i>Outline measures to reduce the risk of contact with known allergens.</i><br><i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i><br><i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i> |               |

|                                                                                                                                                                                                                                                                                                                                                                                                           |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Visits and trips:</b><br><i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i><br><i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>                                                                 |              |
| <b>Emergency response:</b><br><i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i><br><i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i><br><i>Set out what to do in an emergency, including whom to contact.</i><br><i>If relevant, note where “spare” adrenaline devices are located.</i> |              |
| <b>Last discussed with parents:</b>                                                                                                                                                                                                                                                                                                                                                                       | <b>Date</b>  |
| <b>Issued by:</b>                                                                                                                                                                                                                                                                                                                                                                                         | <b>Date:</b> |
| <b>Next planned review:</b>                                                                                                                                                                                                                                                                                                                                                                               | <b>Date:</b> |

| NAME – Individual Healthcare Plan for allergy<br>Annex: Medication needed while in school / college / setting                                                                                                                                                                                                                                                                                                                                                                                    |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Non-prescription medication:</b><br><i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i><br><i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i><br><i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i> |              |
| <b>Parental consent:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Date:</b> |
| <b>Prescription medication:</b><br><i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i><br><i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i><br><i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>                                                                |              |

|                                                                                                                                                                                                                              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Prescribed by:</b>                                                                                                                                                                                                        | <b>Date:</b> |
| <b>Parental consent:</b>                                                                                                                                                                                                     | <b>Date:</b> |
| <b>Use of “spare” adrenaline devices:</b><br><i>Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.</i>                                           |              |
| <b>Parental consent:</b>                                                                                                                                                                                                     | <b>Date:</b> |
| <b>Use of “spare” salbutamol inhaler:</b><br><i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a “spare” salbutamol reliever inhaler.</i> |              |
| <b>Parental consent:</b>                                                                                                                                                                                                     | <b>Date:</b> |

|                                                                                                                                                                                                                                                                            |              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| <b>NAME – Individual Healthcare Plan for allergy</b><br><b>Annex: Care or Action Plans issued by healthcare professionals</b>                                                                                                                                              |              |
| <b>Allergy / Asthma Action Plan:</b><br><i>Attach any Action Plan to the IHP for use in an emergency.</i><br><i>Note which healthcare professional issued the plan, their role and the date issued.</i>                                                                    |              |
| <b>Issued by:</b>                                                                                                                                                                                                                                                          | <b>Date:</b> |
| <b>Care Plan:</b><br><i>Note where any relevant care plan can be found.</i><br><i>Note what staff are responsible for delivering / supporting delivery of the care plan.</i><br><i>Note which healthcare professional issued the plan, their role and the date issued.</i> |              |
| <b>Date:</b>                                                                                                                                                                                                                                                               | <b>Date:</b> |