SANDWICH JUNIOR SCHOOL

Allergy Safety Policy

Person responsible for this policy & it's implementation	Mrs Jemma Burton (SENCO) Mr Dyson (Headteacher)
Review Frequency	Annually or when an incident is experienced
Date approved	September 2026
Date of next review	September 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Safeguarding Behaviour Anti-bullying Health and Safety Supporting children with medical conditions

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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.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is completed by all staff and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy- please see our supporting children with medication condition policy.

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

2. Role and responsibilities

Parent Responsibilities:

- On entry to the school, it is the parent's responsibility to inform reception staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's ***Allergy Action Plan (BSACI plans*** preferred- (see appendix 1) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes.
- Building proactive relationships with parents/carers

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- implementing the pupils Individual Health Plan - IHP (See appendix 3)
- Creating an inclusive curriculum and making necessary adaptations to minimise risks.
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Any food-related activities must be supervised with due caution Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- It is the parent's responsibility to ensure all medication in in date however the SENCO, alongside the class teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI). (see appendix 2 for template)
- All staff will record the use of any AAI(s) and emergency treatment given in medication file located in the office.
- All staff are responsible for recording near misses and incidents using the form provided (see appendix 4)

The allergy Lead is responsible for:

- Systems to collect allergy information during the enrolment/transition process, ensuring that this information is shared will all staff and catering staff.
- Holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan.
- Creating IHPs alongside parents and any medical professionals and ensuring that these are communicated to all staff.
- The school Allergy Lead will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- Ensure that all staff complete their training annually and that staff have the opportunity to practice with the trainer device in school at least annually.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms (where possible) and to let an adult know as soon as they suspect they are having an allergic reaction.

Governing body:

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.
- Monitoring this policy with it being a standing agenda item at meetings.
- Having a named governor who works closely with the allergy lead and reports to the meetings.

Sandwich Junior School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

Sandwich Junior School has a named member of the Senior Leadership Team (SLT) who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

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3. Identification of Individuals with Allergies

Admissions Data Collection:

Sandwich Junior School collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission. Following the completion of these forms, the Allergy Lead will contact the parents to establish whether further adaptations need to be made and an IHP created.

Transition:

Allergy information and existing care plans are shared as part of a pupil's transition. Sandwich Junior School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Sandwich Junior School will work with parents/carers and the pupil if appropriate to write a new IHP staff will be provided with information about pupils for transition visits ahead of a formal move.

Staff:

Pre-employment forms will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Visitors and regular volunteers:

Will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.

4. Allergy Action Plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication. (see appendix xxx)
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil annually so that the pupil is recognisable.

5. Individual Healthcare Plans (IHPs)

- Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
- Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.
- They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
- Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.
- It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

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6.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
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

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.

Action:

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

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

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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.

7. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Sandwich Junior School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking area for the duration of the lesson when the pupil with allergy is cooking.

Sandwich Junior School adopts a culture of allergy awareness and education ensuring that the staff and pupils are actively aware of what allergies are, the risk posed by allergens, the steps that can be taken to minimise the risk of exposure and the robust emergency response plans in place.

Sandwich Junior School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school, college or setting
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk

Sandwich Junior School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Sandwich Junior School will ensure that the risk of exposure is minimised by

- Ensuring all school staff complete allergy training every year
- Educating pupils through awareness assemblies and within PSHE
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Recording any near misses or incidents and improving practice where necessary.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

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8. Food Provision and 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.

Sandwich Junior School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensuring the school menu is available for parents to view in monthly advance with all ingredients listed and allergens highlighted on Parent Pay.
- Informing the Catering Manager of pupils with food allergies.
- Teaching pupils not to food share, trade food or share utensils or food containers with the reasons why
- 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 8 warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Teaching pupils to check with catering staff, before selecting their lunch choice.
- *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.*

9. Supply, storage and care of medication

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

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

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

It is the responsibility of the child's parents 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during unstructured times, wrap around care etc).

Storage

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

Disposal

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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.

At Sandwich Junior School Adrenaline devices that are used will be disposed of in a sharps box, kept in the Main Office or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

10. Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Sandwich Junior School holds 4 spare adrenaline devices for use in emergency situations. **These are not a replacement for a pupil's own adrenaline device.** Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency, however if their own device not working (e.g. because they are out of date) then the spare device may be administered if permission has been provided by the parent.

These are stored in **two blue coloured boxes, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen'**, kept safely, not locked away and accessible and known to all staff in the

School office.

The Allergy lead with the support of two dedicated Teaching Assistants is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires. All checks are logged and kept in the box with the devices.

11. Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

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

Jemma Burton

Martin Dyson

All staff will complete anaphylaxis training and an online (Kent Health or AllergyWise) refresher every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device

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- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A trainer device is also available for all staff to practice

During fire drills and lockdown practices, Sandwich Junior School will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation

12. School Trips and External Visits

Sandwich Junior School ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils unable to produce their required medication will not be able to attend the excursion.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. **Sandwich Junior School** will provide additional spare adrenaline devices should the risk assessment for the trip deem necessary to take them ensuring that pupils remaining in school still have access to spare adrenaline devices should the need arise.

Sandwich Junior School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When a sports tea is provided, the pupils' school will ensure the pupils' allergies are communicated and appropriate food is provided.

13. Serious Incidents and "Near Misses":

Sandwich Junior School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Sandwich Junior School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Sandwich Junior School uses an allergy incident form (see appendix 4) to record allergic reactions (incidents) and near misses (e.g., accidental exposure without reaction, or labelling errors) immediately. The incident or near miss will be reviewed and a report written.

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Sandwich Junior School will share the report with the pupil's parents/carers, the pupil and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. **Sandwich Junior School** will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.

14.Wellbeing and Support

At **Sandwich Junior School** allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Sandwich Junior School:

- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks
- Includes allergy and anaphylaxis lessons during assembly or in PSHE lessons
- Plans school celebrations, rewards, and communal events inclusively from the outset to eliminate social isolation
- Involves pupils and staff with allergies in developing and reviewing the policy and procedures for allergy management
- understands that allergy bullying is extremely serious and actively monitors, prevents, and addresses any stigmatisation or bullying directed at individuals due to their allergies or dietary constraints
- promotes "allergy champion" roles for staff and pupils (not just within the catering team) who act as a point of contact for pupils and staff with allergies, they can share feedback and support new joiners or anxious pupils
- invites new joiners with allergies to have a tour of the kitchen and canteen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify pupils with allergies in the dining hall
- has proactive engagement with new joiners with known allergies, setting out the school, policies and the support available

15. Safeguarding:

Sandwich Junior School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to a school, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

16. Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

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17. 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

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

18. Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations 2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

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Appendix 1:

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ALLERGY ACTION PLAN

RCPCH

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 needed, may 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 EpiPen®) (Dose: ... 0.3 ... 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 autoinjectable device, if available

You can dial 999 here 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 medication listed on this plan, including a 'spare' back-up adrenaline autoinjector, held if available on an ad hoc basis with Department of Health Guidance in the case of ill health or absence.

Signed: .....

Print name: .....

Date: .....

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

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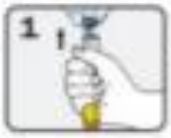
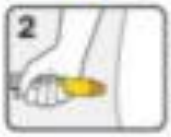
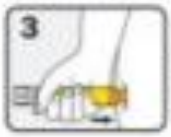
How to give EpiPen®



1 PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2 Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

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

This is a working 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, as permitted by the Human Medicines (Amendment) Regulations 2017. Ordering a spare adrenaline autoinjector device must be requested as hand luggage, as can be carried, and **NOT** in the hold luggage. **This action plan and authorisation is invalid with an expiry medication date have passed by.**

Sign & print name: .....

Hospital/Clinic: .....

..... Date: .....

Appendix 2:

Sandwich Junior School Allergy Register

Name	Year group & class	Allergy	Medication	Allergy Action Plan signed Y/N	Spare pen consent Y/N	Expiry date of adrenaline auto-injectors	Date information checked

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Appendix 3:

Individual Healthcare Plan for allergy (IHP)

Pupil Name	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *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.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.*	

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Give details of the specific support or adaptations to manage food allergy at meal and snack times. *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*
Visits and trips: *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.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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Appendix 5:

Sandwich Junior School
Allergy Incident form

Following a near miss, reaction or anaphylaxis a thorough review needs to be undertaken to understand why the incident happened and to identify the measures needed to prevent future occurrences.

Completed by		**Role**		**Date**	
Date of incident		**Type of incident**	**Near miss/reaction/anaphylaxis**		
Location of incident		**Person affected**	**Pupil/staff**		
What happened – the cause?					
Were AAIs administered?	Yes No				
What action was taken?					
What were the contributory factors?					
What needs to happen in future to avoid a recurrence?					
Are there any training needs?	Yes No				
Does the policy need reviewing?	Yes No				
Have staff (and students) involved been debriefed?	Yes No	**Have staff (and students) involved been offered support?**	Yes No		
Does the student have an allergy action plan?	Yes No	**Has the allergy action plan been updated if needed?**	Yes No		
Does the student have an IHP?	Yes No	**Has the IHP been updated?**	Yes No		
Has replacement medication been obtained?	Yes No				

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Is this RIDDOR reportable?	Yes No
Parent/staff comments	
Date reported to manager	
Manager's comments	
Manager's signature	
Form completer's signature	

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