South Farnham Educational Trust
The Continual Pursuit of Excellence

Allergy Safety Policy

Wallace Fields Infant School & Nursey

Review DATE:	Summer 2026
NEXT REVIEW DATE:	Summer 2027

South Farnham Educational Trust
The Continual Pursuit of Excellence

Contents

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1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Designated Allergy lead

The designated allergy lead is **Kirstie Smith.** The nominated allergy governor is **Roshie Watkins**

They're responsible for:

- Promoting and maintaining allergy awareness across our school community

- Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer / the school nurse / administrative staff)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils with allergies have an allergy action plan completed by a medical professional
    - All staff receive an appropriate level of allergy training
    - They have attended Designated Allergy Lead Training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - All staff have taken part in statutory Allergy Training – Certificate in Allergy and Anaphylaxis Awareness (Allergy and Anaphylaxis) via the National College Platform.
    - Recognising the range of signs and symptoms of severe allergic reactions
    - Recognising when emergency action is necessary
    - Administering AAIs according to the manufacturer's instructions
    - Making appropriate records of allergic reactions
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 Rachel Vohra (Admin Officer) is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Have gained their certificate in Allergy and Anaphylaxis Awareness (Allergy and Anaphylaxis) via the National College Platform.
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with two (2) in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Complete the consent form to state whether they agree to the school using the school's AAI

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding that an adult may administer an auto injector if they have an allergic reaction

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Seek adult help in an emergency if a child is feeling unwell

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Clubs such as cookery
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

In order to prevent contamination:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

5.2 Primary and Infant Sites Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff (Edwards & Ward) receive appropriate training and can identify pupils with allergies (5.21)
- School menus are available for parents/carers to view with ingredients clearly labelled. Full ingredient breakdown is available on request.
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Catering staff have a list of children with allergens and prepare food for these children in line with these guidelines
- For children with allergens catering staff label and prepare allergen free meals using coloured plates and these meals are provided in advance of the main meal.

5.21 School Procedure for identifying pupils with allergies

At induction and as part of any child joining Wallace Fields Infant School, parents are asked to complete a new joiner form which includes any medical conditions or allergies. If a parent identifies that their child has a medical condition on allergy, the allergy lead and office administrator will:

- Hold a meeting with the parents, to understand the child's allergies and medical needs.
- Request medical evidence confirming the allergy
- Agree a health care allergy plan is agreed using medical evidence. The school may seek medical professional advice such as the asthma nurse, allergy nurse or school nurse to support in devising the plan and understanding the child's needs. The plan is written by the office administrator and approved by the allergy lead and sent to parents for agreement (Appendix 2)
- All children with allergies will have a The British Society for Allergy & Clinical Immunology (BSACI) allergy plan produced by a medical professional.

To identify children with allergens at communal eating times e.g. lunchtime, KidsQuest mealtimes, children will:

- Have a coloured placemat to match the menu they are on e.g. red for allergy aware, green for vegetarian and yellow for dairy free. It will include their first name, class photo and details of their dietary requirements. This placemat will remain at their table seat until the child leaves the table.
- Be seated on the 'kitchen side' of the hall.
- Be provided with a coloured plate which is foiled, named and with the table number labelled. The coloured plate matches the allergy menu they are on and their placemat.
- Have their special meals and puddings placed/served on the child's place mat before all other meals are served.

The catering team have a list of children with known allergies. This list is shared with all staff at the start of the academic year and is a standing item agenda on the school's Monday briefing so that any changes can be communicated with staff.

For children who have alternative foods brought into school, these foods will be clearly labelled with the child's name. e.g. different types of milk. These foods will be kept in a separate part of the fridge or cupboard from other foods/liquids.

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

Packaged tree nuts and peanuts - We are a nut free school

Whilst we take all reasonable steps to minimise the presence of nuts and nut products in school and strive to maintain a nut-aware environment, we cannot guarantee that the school is completely nut-free. We request that the following products are not brought into school.

- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Other nut or peanut containing products

If a pupil brings these foods into school, the parent will be called and the office team will keep the food item out of reach of children.

5.4 Insect bites/stings

Procedures for preventing and dealing with insect bites/sting.

When outdoors to prevent bites/ stings:

- Shoes should always be worn
- Food and drink should be covered

In the event of a bit or sting:

- Remove the stinger quickly
- Move away calmly
- Clean the sting site
- Apply a cold compress
- Take antihistamines or use hydrocortisone cream to relieve itching and inflammation if prescribed and available
- Administer AAI in the event of anaphylaxis upon seeking medical advice from 999

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Family dogs are not to be brought on site
- A risk assessment will be conducted for animal workshops or visits
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies will have additional support if required through:

- ELSA support
- Regular check-ins with their class teacher

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).
- For PTA events named ingredients on baked sale goods will be supplied with a label and risk assessments will be in place for these events detailing control measures for food at school events.

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

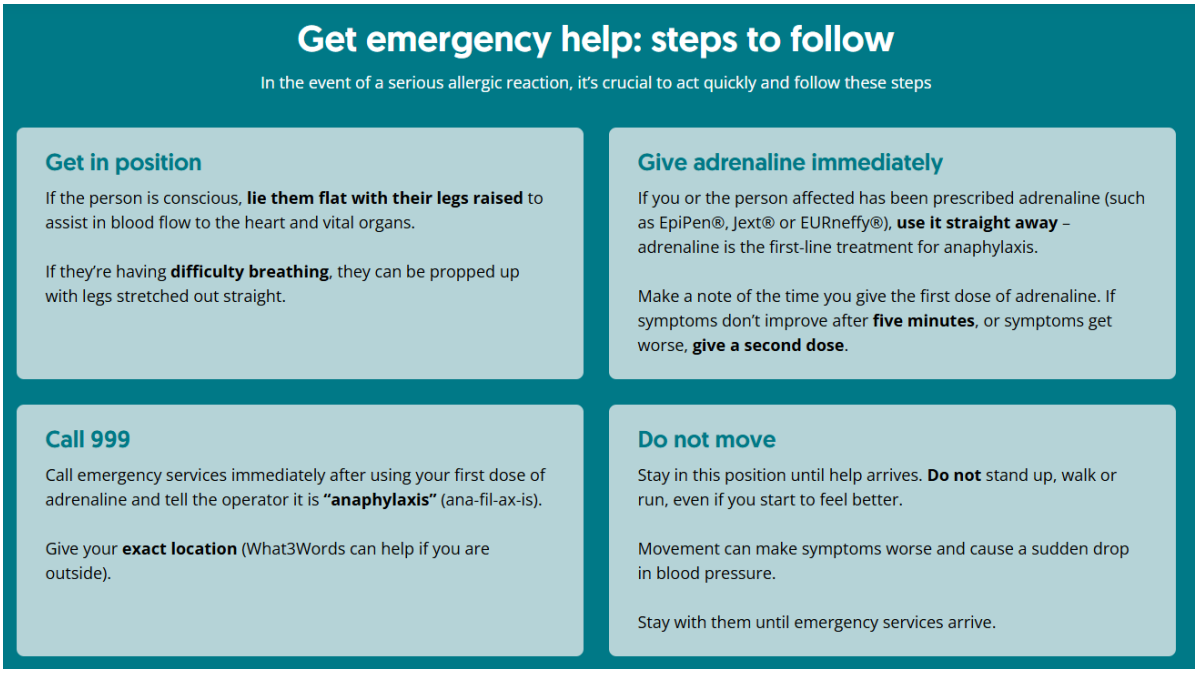
- The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)

- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made with parents' consent

- The register is kept in the first aid cupboard in every classroom so it can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one following medical advice
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- If a pupil experiencing any of the following symptoms, it should be treated as a **medical emergency**
  - Airway – swelling in the throat, tongue or upper airways, horse voice, difficulty swallowing
  - Breathing – sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
  - Circulation – dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse
- Following any of the symptoms above, staff will follow Anaphylaxis' UK Guidance:



- A school AAI device will be used instead of the pupil's own AAI device if:
  - Medical authorisation has been given via 999 at the time of a severe allergic reaction,
  - Written parental consent has been provided,
  - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed
- If the child has been prescribed antihistamine and this has been provided to the school, a dose will be given in the event of a mild reaction, and this communicated to parents.

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, below are Wallace Fields Infant School & Nursery procedures for AAIs, covering these areas:

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

- AAIs will be sourced from an online pharmacy (Teleta Pharma | Quality Aesthetic and Cosmetic Wellbeing Supplier)
- The quantity of AAIs required:
  - **Infant School with Nursery** - EpiPen Jr 0.15mg x 2, EpiPen 0.3mg x 2
- SFET schools will purchase EpiPens 0.15 and 0.3 centrally and distribute to schools each June.
- The dosage required (based on Resuscitation Council UK's age-based criteria)
  - **Under 6 years:** usually **150 microgram** devices
  - **Age 6–12 years:** usually **300 microgram** devices
  - **Adults and child age 12+ years:** a dose of **300 or 500 microgram**

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location (Appendix A) to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times

- **Not** located more than 5 minutes away from where they may be needed

Spare AAIs will be kept separate from any pupil's own prescribed AAI and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Kirstie Smith and Rachel Vohra are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (in a sharps bin for collection by the local council) or sent with the paramedics when they arrive at the school.

7.5 Use of AAIs off school premises

- Staff at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events
- Staff will carry AAIs for all pupils at risk of anaphylaxis
- School will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises.
- It will be decided on a case-by-case basis by the Designated Allergy Lead whether it may be appropriate to take spare AAI(s) obtained for emergency use on a trip.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

The school maintains a central management log for all spare adrenaline auto-injectors. The log records the type, dose, batch number, expiry date, storage location (Appendix A), monthly checks, replacement actions, and any administration of AAIs in an emergency.

The log is updated following each scheduled check and immediately following any use, removal, or replacement of an AAI. Responsibility for maintaining the log sits with the Allergy Lead and designated support staff.

8. Training

The school is committed to training all staff in allergy response.

This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis and contacting 999 for guidance and permission where required to use schools' own AAI.
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Annual training will be carried out for all staff utilising a training module by National College Allergy Training – Certificate in Allergy and Anaphylaxis Awareness (Allergy and Anaphylaxis) and updates will be given by the allergy lead throughout the academic year
- Termly anaphylaxis drills will be carried out inline with fire and lockdown drills. This will enable the staff to practise in a drill type experience- lessons learned documents will be created by the allergy lead and shared with all staff and governors.

9. Monitoring

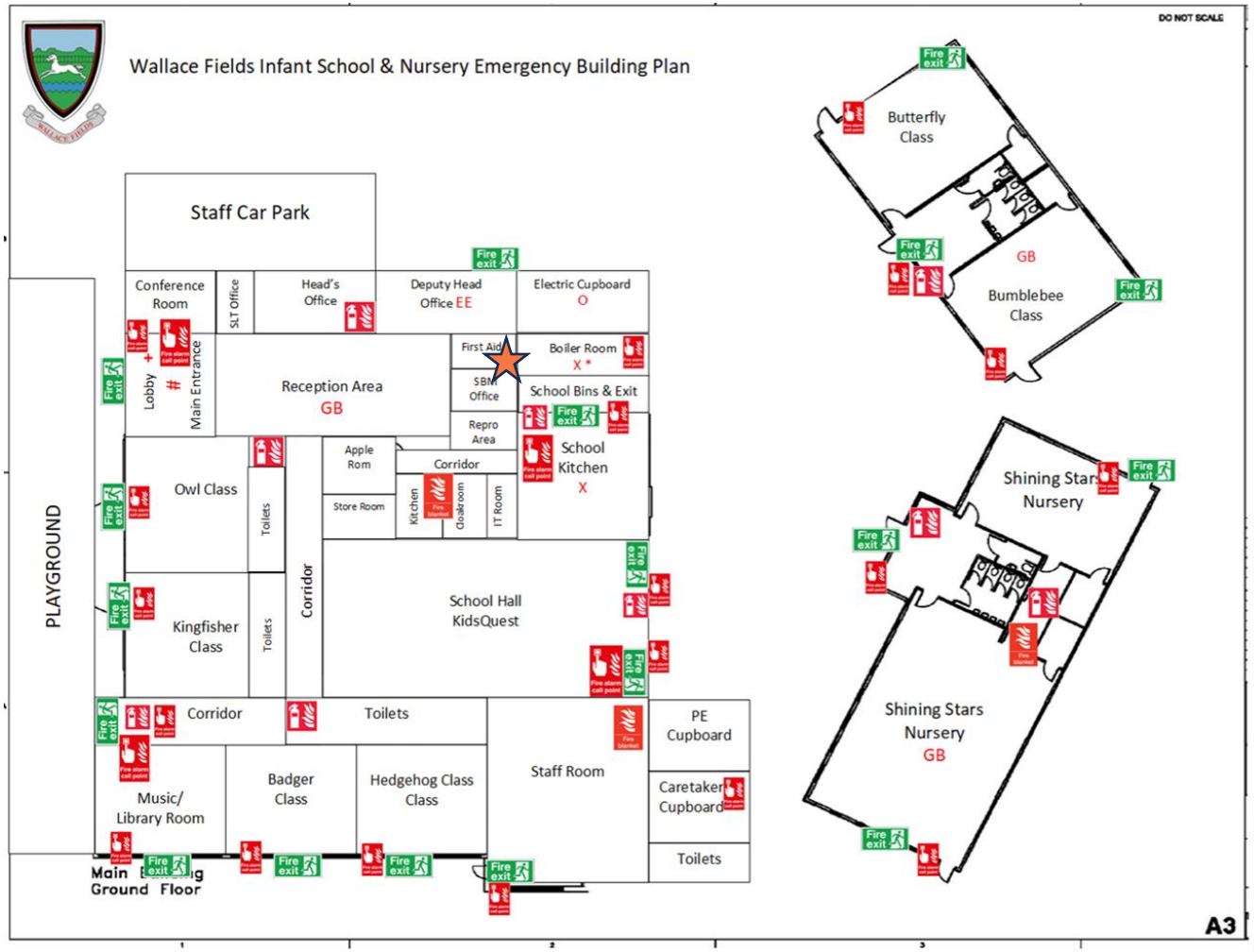
- The allergy Lead will regularly review the policy and procedures
- During governor of the month visits, governors will review compliance, governors will monitor the 'lessons' learned documents from allergy drills
- In the event of a near miss a near miss incident form (Appendix C) will be completed to allow the school to review its procedures. These will be reviewed with staff, parents, the allergy lead and governors.

10. Links to other policies

This policy links to the following policies and procedures:

- SFET Health Safety and Welfare Policy
- SFET First Aid Policy
- SFET Pupils with Medical Needs Policy

Appendix A- Location of Spare AAI Map



Location of Emergency Adrenaline Autoinjectors (AAIs)

KEY	
Fire exit	Emergency Exit
	Fire Alarm Call point (Break glass)
	Fire Extinguisher
	Fire Blanket
GB	Grab Bag
X	Gas cut off valves
*	Water cut off valves
O	Electric cut off valves
+	Intruder alarm
#	Fire alarm

Appendix B - Medical/Allergy Plan (BSACI Allergy Action Plan for EpiPen AAIs)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

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

Loratadine 5mg

(If vomited, can repeat dose)

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

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

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

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

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

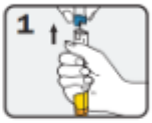
Print name: .....

Date: .....

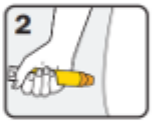
Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

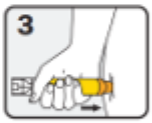
How to give EpiPen®



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



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



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

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

BSACI Allergy Action Plan for JEXT AAIs

BSACI ALLERGY ACTION PLAN

RCPCH · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

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

Loratadine 5mg

(If vomited, can repeat dose)

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

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

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

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

2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: ▾ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

How to give JEXT®

1. Form fist around Jext® and PULL OFF YELLOW SAFETY CAP
2. PLACE BLACK END against outer thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
4. REMOVE Jext®. Massage injection site for 10 seconds

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 for EURNeffy Nasal Device

BSACI ALLERGY ACTION PLAN

BSACI Improving Allergy Care

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate EURneffy® nasal device
- **Give antihistamine:**

(If vomited, can repeat dose)

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

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

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

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

2. **Use EURneffy® nasal device without delay**
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second EURneffy device into the same nostril. Further adrenaline can also be given using a "spare" adrenaline autoinjector device, if available.

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

Signed

Print name:

Date:

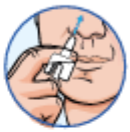
Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

Emergency contact details

1) Name

2) Name

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



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

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

Additional instructions:

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

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency adrenaline has been prepared by:**

Sign & print name :

Hospital/Clinic:

Date:

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

Wallace Fields Infant School & Nursery In-House Medical Healthcare Plan for children with Allergies

Pages 1 and 4

In the event of an emergency relating to the medical condition(s) on page 1:
1. Dial 999 and ask for an Ambulance
2. State the nature of the medical emergency and the child's condition(s)
3. Give the full address of the school: Wallace Fields Infant School, Wallace Fields, Epsom KT17 3AS
4. If applicable, provide details of where the child is located within school
5. Tell the call handler details of any first aid and/or medication given
6. Follow the call handler's advice regarding giving further first aid/medication
7. Ensure any used adrenaline auto-injectors are handed to paramedics
8. Inform Headteacher of action taken and inform
9. Inform all persons with parental responsibility
10. Complete OSHENS report (https://surreycc.oshens.com/Login/Default.aspx)
11. Order replacement adrenaline auto-injectors / blue inhalers as required

Emergency Contacts:			
Parent 1:	INSERT NAME	**Contact No:**	
Parent 2:	INSERT NAME	**Contact No:**	

Medical Contacts:			
INSERT POSITION	INSERT NAME	**Contact No:**	
INSERT POSITION	INSERT NAME	**Contact No:**	

Medical Healthcare Plan 2026-2027

Name:			
Date of Birth:		**Year/Class:**	
Medical Condition(s):		•	

Summary:

INSERT DETAILS

Date created: September 2026 Reviewed:

Wallace Fields Infant School & Nursery In-House Medical Healthcare Plan for children with Allergies with AAI prescribed Pages 2 and 3

Medications Held in School

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

BSACI Allergy Action Plan

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 auto-injector(s) • Give antihistamine (INSERT DOSE)

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**

Airway	Breathing	Consciousness
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THE 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 (e.g. EpiPen, JEXT)
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. If wheezy, give reliever inhaler (blue inhaler) via spacer **after adrenaline**
4. Phone parent/emergency contact
5. If no improvement **after 5 minutes, give further adrenaline dose** using a second adrenaline autoinjector device if available.

Wallace Fields Infant School & Nursery In-House Medical Healthcare Plan for children with Allergies <u>without AAI prescribed</u>
<u>Pages 2 and 3</u>

Medications Held in School

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

Medication type:	
Name of medication:	
Format (i.e. inhaler):	
Dosage:	
Method of administration:	
Frequency:	
Expiry date:	

BSACI Allergy Action Plan – No Adrenaline Autoinjector Prescribed

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 auto-injector(s) • Give antihistamine (INSERT DOSE)

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**

Airway	Breathing	Consciousness
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF <u>ANY ONE</u> (OR MORE) OF THE 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. <u>In</u> a school with a 'spare' back-up adrenaline autoinjector, **ADMINISTER the SPARE AUTOINJECTOR** if available (e.g. EpiPen / JEXT)
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do <u>NOT</u> stand child up**
6. Phone parent/emergency contact
7. If no improvement **after 5 minutes, give further adrenaline dose** using a second 'spare' adrenaline autoinjector device if available.

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

Medical observation in hospital is recommended after anaphylaxis.

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Appendix B

Allergy incident and near miss report

School: **Named Allergy Lead:**

This form should be completed as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents.

Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named allergy senior leader and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where needed.

Date	Time	Incident location	Child affected	Staff member present	Emergency services called?
What happened/allergen involved (if known)?					

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Why the incident happened? (as far as is known)

How staff and pupils responded?

What support was provided to the individual including any medication administered?

What immediate actions were taken afterwards?

Any lessons learned and recommended changes to any policies, procedures, training and supervision?

Reviewed by:	Name	Signed	Date
School allergy governor			
School allergy lead			