



Allergy Safety Policy

This procedure refers to both Wellington Senior School and Wellington Prep School

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Date of Next Review	September 2027
Website	Yes

This policy will be reviewed at least annually and following any serious incident.

1. AIMS AND OBJECTIVES

This policy outlines Wellington School's approach to allergy management, in line with the Department for Education's guidance published in July 2026 (Allergy safety in schools). It also anticipates Benedict's Law coming into force in early 2027.

Benedict's Law will introduce a consistent national framework for allergy safety in schools, requiring whole-school allergy policies reviewed at least annually and published to pupils, staff and parents, a Designated Allergy Lead on the senior leadership team, mandatory staff training, a stock of spare adrenaline devices and the recording of serious incidents and "near misses."

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction occurring, and the procedures in place to respond effectively if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy-aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other related policies:

- Food Policy
- First Aid and Medical Provision
- Administration of Medication

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

An allergy is different to intolerance or coeliac disease. Whilst an intolerance may cause uncomfortable symptoms it does not involve the immune system. Coeliac disease is a serious autoimmune condition where the body reacts to gluten but does not cause acute reactions.

3. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food, referred to as the “main 14” in this policy. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAI, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Devices or ADs to include other adrenaline devices such as EURneffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person’s allergy and their treatment plan.

ALLERGIC RHINITIS: An allergic reaction to something in the environment such as pollen, dust mites or animal dander that causes a blocked or runny nose, sneezing, itchy eyes and sometimes a sore throat, headaches and disrupted sleep. Hay fever is allergic rhinitis triggered by pollen.

ASTHMA: Asthma is a common, long-term condition which affects the lungs. People with asthma have airways that are more sensitive and can become inflamed and narrow on exposure to certain triggers. This can lead to difficulty in breathing.

ASTHMA ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person’s asthma, information about triggers, symptoms, medicines to be used if they have asthma symptoms and when to seek emergency help when they have an asthma attack.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy and asthma management across the school and acting as the main point of contact for pupils, parents and staff. This is referred to as the named senior leader in the statutory guidance.

EMERGENCY RESPONSE PLAN: A document (also known as the Major Incident Protocol) that outlines a school’s procedure for managing an emergency which should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

ECZEMA: A common skin condition, often linked to allergy, causing dry, itchy, sore skin.

EURNEFFY: EURneffy (also known as Neffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector.

INDIVIDUAL HEALTHCARE PLAN (IHP): A detailed document outlining an individual pupil's medical conditions (including allergy), history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. If the pupil has an Allergy Action Plan or an Asthma Action Plan this should be contained within the IHP.

“NEAR MISS”: An event that did not result in harm but had the clear potential to do so, for example when an allergic reaction was averted (e.g. accidental exposure identified before ingestion, or ingestion of a known allergen without a reaction).

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken or to be taken to mitigate those risks. Allergy should be included in all risks assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare Adrenaline devices. These should be held as a back-up; in case pupils' prescribed adrenaline devices are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

SERIOUS INCIDENT: Where someone with an allergy is harmed or placed in immediate or significant risk of harm including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

4. ROLES AND RESPONSIBILITIES

Wellington School takes a whole-school approach to allergy management.

4.1 Governing Body

The governing body is responsible for the strategic oversight of allergy safety across the School. The Named Allergy Governor is Sarah Merry and she works in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at governing body level and is responsible for:

- Ensuring the School has an Allergy Safety Policy in place which is accessible, published on the School's website, available in hard copy on request and awareness of it is raised with staff, pupils and parents;
- Ensuring allergy-related risks are included on the School's risk register and actively managed;
- Ensuring the policy sets out arrangements to reduce the risk of contact with known allergens and emergency response plans for anaphylaxis;
- Ensuring the Allergy Safety Policy is reviewed at least annually and considering review after any serious incident or “near miss.”

- Satisfying itself that the School's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Receiving periodic reports on serious incidents and "near misses"; and
- Ensuring the School's complaints process allows complaints to be raised and investigated following a serious incident or "near miss", including a prolonged failure to put agreed arrangements in place.

4.2 Designated Allergy Lead

The Designated Allergy Lead is Sam Dean who is a member of the Senior Leadership Team with overall responsibility for the Allergy Safety Policy. She reports to the Head and the governing body. She is responsible for:

- Creating and leading the publication and implementation of a school-wide Allergy Safety Policy; (Delegated to Lead Nurse Role)
- Ensuring the safety, inclusion and wellbeing of pupils, staff and visitors with an allergy;
- Taking decisions on allergy management across the School;
- Championing and practising allergy and asthma awareness across the School;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management; (Delegated to Lead Nurse Role).
- Ensuring allergy information is recorded, up-to-date and communicated to all staff; (Delegated to Lead Nurse Role)
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment) which is included in their first aid training;
- Ensuring staff, pupils and parents have a good awareness of the School's Allergy Safety Policy, and other related procedures; (Delegated to Lead Nurse Role)
- Overseeing the review of the stock of the School's spare adrenaline devices (checking the School has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are; (Delegated to Lead Nurse Role)
- Keeping a record of any allergic reactions or "near-misses", reporting these to the governing body and appropriate authority (e.g. Under RIDDOR) where necessary, investigating the incidents and ensuring that the findings of investigations into incidents are used to update relevant policies and procedures; Delegated to Lead Nurse Role

- Regularly reviewing and updating the Allergy Safety Policy at least annually; and (Delegated to Lead Nurse Role)
- Ensuring there is an anaphylaxis drill at least once a year and that lessons learned are used to update the Allergy Safety Policy and school procedures as appropriate. (Delegated to Lead Nurse Role)

The Designated Allergy Lead will monitor implementation of this policy, review procedures at regular intervals and report to the senior leadership team and governing body as appropriate.

4.3 School Lead Nurse / Healthcare Team

The Lead Nurse, Sarah Pattemore, is responsible for:

- Coordinating the paperwork (including creating the Individual Healthcare Plan and collating any Allergy Action Plans and Asthma Action Plans) and collecting information from families to ensure that arrangements are in place before the pupil starts, or within 2 weeks for a mid-year transfer, liaising with the Admissions team as needed;
- Working with HR to keep an updated list of staff with allergies (and creating an Individual Healthcare Plan if necessary) and ensuring arrangements are in place to support them before they start;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum), coordinating medication with families and ensuring medication is in date;
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the School's stock and location of spare adrenaline devices, including brand, dose and expiry date;
- Regularly checking spare adrenaline devices are where they should be, are easily accessible in case of emergency, and that they are in date;
- Replacing the spare adrenaline devices when necessary; and
- Ensuring staff (and pupils where appropriate) can practice with trainer adrenaline devices and arranging refresher training as required e.g. before school trips.

4.4 Admissions Team

The Admissions team request that the new families starting at Wellington School complete a Medical Information Form which asks the parents to disclose any allergies, food or non-food that their child may have. Once completed, this form is then made available to the School Health Centre. They should work with the Designated Allergy Lead and school nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information to the relevant parties (i.e. School nursing team, catering team)
- Parents and applicants are informed of catering arrangements during admissions events;
- Plans are made for emergency mediation if the child is to be left without parental supervision; and
- There is liaison with the child's previous school or future school to ensure a smooth transition between settings.

4.5 All staff

All school staff (this includes all staff present when pupils are expected to be on site, including permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel) are responsible for:

- Championing and practising allergy and asthma awareness across the School;
- Reading, understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication, including carrying it on their behalf if necessary;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis; after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the School's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the School's Anti-Bullying Policy.
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Health Centre; and

- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving the School site for a match or trip.

4.6 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the School's Allergy Safety Policy and considering the safety, inclusion and wellbeing of pupils with allergies;
- Providing the School Health Centre with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the School of any related conditions, for example asthma, allergic rhinitis (hayfever) or eczema;
- Considering and adhering to any food restrictions or guidance the School has in place when providing food, for example in packed lunches, as snacks or for fundraising events. Wellington School is an allergy-aware school and requests that nuts (including peanuts) and nut-based products are not brought into school;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware

4.7 Parents of children with allergies

In addition to point 4.6, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan, provide an accompanying Allergy Action/ Asthma Action Plan;
- Provide consent to the School to administer spare adrenaline devices (and inhalers, if applicable) in an emergency;
- Ensure medication is in date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices, if prescribed, at all times, including on the journey to and from school;
- If applicable, provide the School or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a dispenser, i.e. spoon or syringe), inhalers or creams;

- Update the School with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the School with an up to date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis, advocate for themselves and take reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food to which they are allergic.

4.8 All pupils

All pupils at the School should:

- Be allergy aware
- Understand the risks that allergens might pose to their peers and respect measures to support them;
- Learn how they can support the wellbeing of their peers and be alert to allergy-related bullying;

Older pupils should

- learn how to recognise an allergic reaction and to support their peers and staff in case of an emergency.

4.9 Pupils with allergies

In addition to point 4.8, pupils with allergies, as appropriate to their age and capability, are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can
- Understanding the importance of following the school-specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Carrying two adrenaline devices with them at all times.
- Understanding how and when to use their adrenaline devices and only using them for their intended purpose
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy

- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies
- If leaving the school site with permission during the school day or as a boarding student, knowing what to do if they have an allergic reaction off school premises, including how to treat themselves and how to raise the alarm to get help; and
- Ensuring they have their medication with them on the journey to and from school.

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils and staff with an allergy

The School has a register of pupils and record of staff who have an allergy. This includes children and staff who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils and staff with an allergy where no adrenaline devices have been prescribed. The register includes whether they have an Individual Healthcare Plan and an Allergy or Asthma Action Plan.

5.2 Individual Healthcare Plans

The School will arrange for a pupil with an allergy to have an Individual Healthcare Plan if:

- They have an allergy which has a functional impact on them in school;
- They are at risk of harm as a result of their allergy; and
- They require arrangements which are additional to or different from those made generally.

The information on this plan includes:

- The child's name, date of birth, class, a photograph and emergency contact details;
- Known allergens, risk factors for allergic reactions and any adaptations needed;
- The child's understanding of their allergy, if the child is able to take responsibility for their condition including in an emergency and if they are likely to know they are having an allergic reaction;
- A history of their allergic reactions and the symptoms that they have previously experienced;
- If the pupil has asthma and any other medical conditions and necessary detail;
- Details of the medication that the pupil has been prescribed, including their dose, this should include adrenaline devices, antihistamine, inhalers etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis, and asthma inhalers;

- An indication of how the child's condition may impact on their health, learning or wellbeing;
- What support or adaptations the School has put in place, including how the risk of exposure to allergens will be managed, or arrangements needed to ensure participation in educational visits; and
- A copy of their Allergy and/or Asthma Action Plan.

5.3 Visitors:

Where possible, visitors will be asked in advance of their visit whether they have any allergy the School should be aware of, particularly where they are likely to be offered food, for example at parents' events, open days, sports fixtures or work experience placements.

Where a visitor discloses a known allergy, the School will consider practical steps to keep them safe, including making relevant staff aware and considering any adjustments needed to food served during the visit.

5.4 Information Sharing

- Staff will know which pupils have allergies, what they are allergic to, their triggers and other relevant information. Where appropriate they will also know which staff and visitors have allergies.
- When relevant to do so, information may be shared with external organisations, for example, for the purposes of keeping pupils, staff and visitors safe.
- Information will be shared in line with our Privacy Notices.

6. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, staff should adapt the activity. The School will ensure compliance with the Equality Act 2010.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1 Catering in school

The school is committed to providing safe and inclusive meals and snacks for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering providers;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Catering staff are available to discuss the provision of allergen safe meals with parents/carers;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The catering team and school staff will endeavour to ensure pupils are not segregated from peers at mealtime;
- The school has robust procedures in place to identify pupils with food allergies. These are red flag lists that are available via a QR code displayed across the school campus who any member of staff to access on the Firefly platform. All students with an allergy are also identified under their own iSAMS account and their allergies are explained in the red flag system. The catering department have visual records of all students with an allergy and regular communication is held between the Catering Manager and the School Health Centre.

Wellington School kitchens are single production kitchens (Prep and Senior School) with no separate facilities to cook allergen-free meals. However, the kitchen maintains careful procedures to minimise the risk of cross contamination both at the preparation and the serving stage. It also maintains procedures to minimise the risk of meals containing allergens being wrongly served to individuals with allergies/intolerances.

Key kitchen procedures maintained in regard to allergens include: -

- An allergen matrix is prepared for every meal detailing all items on the menu and the allergens they contain (or may contain).
- This is made available (to staff and students) at each meal for reference.
- The allergen matrix is signed off by the most senior 'duty chef'
- Dishes and menus containing the main 14 allergens are clearly labelled using full words, not symbols or abbreviations.
- Information on allergens will be available for the pupil to check independently.

- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.
- Where changes are made to the ingredients which involve the introduction of a known allergen this will be communicated to pupils with dietary needs by the designated allergy counter chef;
- As far as possible:
 - Meals for allergy students are standardised so that they can be eaten by as wide a range of allergies/intolerances as possible. This minimises the risk of mistakenly providing an unsuitable meal to an allergic/intolerant pupil. Where this is not possible, the clear labelling will minimise the risk of mistakes.
 - Allergy meals are never frozen for later consumption. Where boarders are off-site or engaged in events and require a late supper we have implemented a system, where the boarding staff alert the catering team to numbers and we can safely chill food for consumption in house after 19.30 or, if prior to this time, students can come to the dining hall to collect their meal directly.
 - All students with a life-threatening food allergy must come to the dining room allergy counter at mealtimes.
 - The salad bar is a source of potential cross contamination as is self-service. If a student has a severe allergy they are not to eat from this area and are to request salad items from the kitchen
 - Students with an intolerance or non-anaphylactic allergy (in the senior school) do not have to eat from the food at the allergy counter and are free to discuss with the duty chef which items from the main counter will be suitable for them to eat each day.
 - Staff and visiting adults, with allergies or intolerances are invited to discuss with the chef on duty what may be suitable for them to eat if they are unsure.
 - A designated chef separately prepares any meals for the allergy counter that are required if meals on the main menu are unsuitable for allergy/intolerant pupils. These meals are served in the dining room from the dedicated 'allergy' counter.
 - Food (for students with specific dietary needs) being consumed outside the dining room is wrapped and labelled with the student's name to ensure allergen requirements are met.
 - Teaching staff must be aware of the allergy/intolerant students to help ensure that they are only served their labelled food on trips
- Due to the existence of severe allergies in the School currently, there are further additional measures:
 - no nuts (including peanuts) are used as ingredients in the kitchen at all
 - any externally manufactured items that identify 'may contain nuts' or 'not suitable for individuals with a nut allergy' are clearly identified at the counter

- the kitchen maintains a stock of dairy-free and gluten-free products stored in allocated area of the dry stores. Where possible an alternative gluten free option is made available for desserts, where this is not possible fruit is freely available.

7.2 Food brought into school

We ask if parents wish to send in cakes for student birthdays this is agreed in advance with the class teacher or tutor and that cakes are purchased with all correct labelling which needs to be checked against the known allergies in the class concerned.

Senior school students can go into town and purchase food which they may consume on Campus, including in the Boarding houses. They are briefed about the policy and should adhere to it at all times. Within the Sixth Form Centre (SFC) food including tea/ toast is prepared and eaten. The Head of Sixth Form brief students on the current Food Policy and Allergen Safety Policy.

Staff bringing in food for their own consumption may only consume it in the staff room or areas not used by students (unless separately approved by senior management) and must abide by the nut free food policy.

7.3 Food bans or restrictions

This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food. Although we recognise that this cannot be guaranteed, Wellington School aims to be a nut-free school so far as is reasonably practicable. This policy serves to set out all measures to reduce the risk to those students and adults who may suffer an anaphylactic reaction if exposed to allergens to which they are sensitive. The School aims to protect students who have allergies, as they grow up, to take responsibility for what foods they can eat and to be aware of where they may be put at risk. We do not allow nuts (including peanuts) or nut products in school lunch boxes.

In response to our allergy awareness approach, we encourage the school to be a Nut-Free campus and we advise that the following items should not be brought into school:

- Packs of nuts (including peanuts)
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts (including peanuts)
- Chocolate bars or sweets that contain nuts (including peanuts)
- Sesame seed rolls (children allergic to nuts (including peanuts) may also have a severe reaction to sesame)
- Cakes made with nuts or peanuts

We have a policy to not use nuts (including peanuts) in any of our food prepared on campus. Our suppliers provide us with nut-free products. However, we cannot guarantee freedom from nut traces.

7.4 Food hygiene for pupils

- The School will encourage pupils to wash their hands with soap and warm water before and after eating;
- Parents/carers and pupils will be advised that;
 - Water bottles and packed lunches should be clearly labelled and food should not be shared or swapped; and
 - Throwing food is not allowed.

8. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader if they themselves have any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils, where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay.;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- School day trips are often undertaken with a school-packed lunch. Allergens will be clearly labelled on catered packed lunches.
- Sporting matches played away are often followed by a match tea provided by the host school. Wellington School staff will always inform external food providers of the allergies of Wellington students. However, the safety of food consumed externally is out of the control of the school.

Overnight and residential trips are often catered externally by non-school provision. Wellington School staff on trips will always be trained to understand food allergy, can recognise symptoms and know what to do in an emergency. Before signing up for a trip, parents must discuss with the trip leader whether their student's allergy could be practically managed on that trip.

Parents and staff are able to ask the school nurses for advice. Staff leading trips will follow the schools risk assessment protocols and identify any students with allergies. They will take individual students emergency bags and action plans with them on the trip. They can ask the school nurse for advice and training before the trip departs.

Emergency kit for student's requiring it will be taken on ALL school trips in accordance with their Care Plans and advice from the Lead Nurse.

All students who require Adrenaline devices must show their trip leaders that they have these before they leave the school campus. If the student is unable to show 2 Adrenaline devices, the student must not go on

the school trip. If the School Health Centre is open, it may be able to offer their spare Adrenaline devices to the student so they can attend the trip but communication will be sent to parents requesting that the Adrenaline devices are returned as soon as the students returns from the trip.

For students who have previously experienced allergic reactions and have present symptoms such as swollen tongue, lips and throat but have not been prescribed an Adrenaline device will be identified on the Red Flag List. If these students attend a school trip, we will risk assess the school trip and student to establish if spare Adrenaline devices need to be provided to the trip leader.

9. INSECT STINGS

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered

The Estates Manager will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It is normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact ;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ASTHMA

The School understands that it is vital that pupils with asthma keep it well- controlled. As well as increasing the risk of asthma attacks, poor asthma control can exacerbate allergic reactions and poorly managed asthma increases the severity of an allergic reaction.

- Staff will be aware of common asthma triggers which may include airborne allergens such as pollen, house dust mite, mould spores or pet dander and food allergens.
- Pupils with asthma should have an Asthma Action Plan. Where relevant, an Asthma Action Plan will be in addition to an Allergy Action Plan.

- The Asthma Action Plan will be included in the pupil's Individual Healthcare Plan and will include medical and parental consent for staff to administer medicines, including an emergency reliever inhaler in the event of an asthma attack.
- Children and young people known to have asthma should have their own reliever inhaler at school at all times and on the journey to and from school.
- Where a pupil is able to manage their asthma themselves, they should keep their inhaler on them. If they cannot, it should be stored in a clearly labelled, easily accessible location; and
- The School will consider air quality and ventilation as part of its wider health and safety arrangements.
- The School Health Centre has a supply of emergency inhalers available. For School trips where it is identified that a student with a diagnosis of asthma is attending the trip, the trip leader will be provided with a spare inhaler and spacer in the first aid kit along with guidance on managing an asthma attack.

12. ALLERGIC RHINITIS/ HAYFEVER AND ECZEMA

All students who have disclosed that they suffer with hay fever are placed on medical alert list on iSAMS so all staff are aware. As most students are day students, we advise that they take their antihistamines before they come into school. The health centre is open during the school hours so any students experiencing a reaction to hay fever can be assessed by the school nursing team and treated appropriately with consent from parents (age dependent). Boarding students can be prescribed antihistamines by the school medical officer if required and these can be kept in the boarding house and administered by the boarding staff.

- Pupils with more serious hay fever will be supported through reasonable adjustments where needed, for example wearing sunglasses during sport, having a window closed during high-pollen periods, or receiving additional medication during the school day;
- Most pupils with allergic rhinitis or eczema manage their condition at home and will not need an Individual Healthcare Plan; pupils with more severe or harder-to-manage symptoms will be considered for one;
- Pupils with eczema may be supported by staff, if needed, to apply moisturiser or emollient during the school day;
- Staff will be mindful that allergic rhinitis or eczema-related sleep disruption can affect a pupil's concentration and behaviour, and will make reasonable adjustments; and

13. INCLUSION AND MENTAL HEALTH

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

- Staff are alert to the possibility of allergy-related bullying and are proactive in safeguarding the wellbeing and inclusion of pupils with allergies;
- Bullying related to allergy will be treated in line with the school's anti-bullying policy
- No child should be excluded from taking part in a school activity, whether on the school premises or a school trip because of their allergies;
- Pupils with allergies may require additional pastoral support including regular check-ins from their Tutor/ House Parent etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives;
- Bullying related to allergy will be treated in line with the School's Anti-Bullying Policy; and
- Uniform policies take into account that children may need emergency medication near them at all times.

14. Adrenaline Devices

See the government guidance on [Adrenaline Devices in Schools](#).

14.1 Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have rapid access to two, in-date devices at all times;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away or in rooms with restricted access;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices should be disposed of as sharps.

14.2 Spare adrenaline devices

The Allergy Lead and Lead Nurse are responsible for:

- Deciding how many spare devices are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand to buy. Schools are recommended to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices. See government guidance above; and
- Distribution around the school site and clear signage.

Adrenaline devices held by the school should be considered a spare / back-up device and not a replacement for a pupil's own Adrenaline device. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an Adrenaline Pen should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,¹ and any Adrenaline devices held by a school should be in addition to those already prescribed to a pupil.

Adrenaline devices are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children weighing under 30kgs (approx. age under 6 years): a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg), or Jext 150 microgram device).
- For children weighing over 30kgs (approx.. age 6+ years): a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg), or Jext 300 microgram device).

Across the Wellington School Campus, staff have access to 6 emergency anaphylaxis kits. Each emergency kits contains a 0.15mg and 0.3mg adrenaline pen (currently EpiPens). They are located in the following places:-

1. Cafe
2. School Main Kitchen
3. PRSC Kitchen
4. The Hub
5. Prep School
6. School Health Centre
7. Year 5/6 Teaching Block
8. Bulford Pavillion

The Emergency Anaphylaxis kits are checked on a monthly basis by the School Nursing Team and this is documented on our emergency kit checklist.

The School's spare Adrenaline devices can be used instead of a pupil's own prescribed Adrenaline devices, if these cannot be administered correctly, without delay

14.3 Adrenaline devices on off-site activities

- No child with a prescribed adrenaline device will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

14. Management of an allergic / anaphylaxis reaction

What to do if an individual is experiencing an allergic reaction

Adrenaline devices are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. In the event of a possible severe allergic reaction in a pupil who does not have an Adrenaline devices prescribed and experiencing their first anaphylaxis reaction, please administer an Adrenaline device and phone for an ambulance. It is no longer a requirement that permission is needed from ambulance control to administer an adrenaline device

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly starts together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own Adrenaline devices if available, if not use the spare Adrenaline devices.

The Adrenaline devices can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.

If breathing is difficult, allow the pupil to sit. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better.

A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN ADRENALINE DEVICE IS USED.

15. TRAINING

15.1 The School is committed to training all staff to give them a good understanding of allergy. This includes:

- Understanding what an allergy is and that it includes multiple conditions (food allergy, asthma, eczema, allergic rhinitis etc) is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How to treat an asthma attack using a reliever inhaler;
- How the school manages allergy, for example, understanding the school's Allergy Safety Policy, emergency response, documentation, communication etc;
- How to check who has an allergy, and how to use an IHP and Allergy or Asthma Action Plan (including knowing where to find information on allergy triggers);
- Where adrenaline devices are kept (both prescribed pens and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- How to report an allergic reaction or "near miss".

All staff in the school will take part in an anaphylaxis drill once a year. This involves an exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the school response.

16. SERIOUS INCIDENTS AND NEAR MISSES

16.1 Wellington School recognises that, despite robust allergy management procedures, serious incidents and near misses may still occur. The School is committed to responding promptly, learning from such events and continually improving arrangements to protect pupils, staff and visitors with allergies.

16.2 The School will adopt a "no blame" approach to the investigation of allergy-related incidents, focusing on identifying lessons learned and reducing the risk of recurrence.

16.3 Definitions

Serious incident – a serious incident is any event relating directly to allergy where a pupil, member of staff, visitor or contractor:

- Suffers actual harm as a result of an allergic reaction;
- Experiences anaphylaxis;
- Requires administration of adrenaline;
- Requires urgent medical intervention or attendance by emergency services; or
- Is placed at immediate and significant risk of harm.

Examples include:-

- administration of an Adrenaline Device following anaphylaxis;
- accidental exposure to a known allergen resulting in significant symptoms;
- a pupil requiring hospital assessment following an allergic reaction.

Near Miss - A near miss is an event relating directly to allergy that did not result in harm but had the potential to do so.

Examples include:

- a meal containing a known allergen being identified before it is consumed;
- incorrect allergen information being provided but identified before harm occurs;
- a pupil being served the wrong meal but recognising the error before eating it.

Near misses will be treated seriously as they provide important opportunities for learning and improvement.

16.4 Recording Incidents

All serious incidents and near misses will be recorded as soon as reasonably practicable.

The record should include:

- who was involved;
- the date, time and location of the incident;
- details of the allergen involved, if known;
- symptoms experienced;
- action taken by staff;
- whether medication was administered;
- whether emergency services were called;
- the outcome of the incident; and
- any immediate recommendations arising.

Records will be maintained by the School Health Centre and reviewed by the Designated Allergy Lead.

16.5 Reporting Incidents

Where a pupil is involved, parents or carers will be informed as soon as reasonably practicable.

The Designated Allergy Lead will be informed of all serious incidents and near misses and will determine whether further reporting is required.

Where appropriate, reports may also be made to:

- the Governing Body;
- catering contractors;
- healthcare professionals involved in the pupil's care;
- the Health and Safety Executive (HSE) under RIDDOR requirements;
- local authority Environmental Health teams; or
- any other relevant regulatory body.

16.6 Investigation and Review

Following a serious incident or significant near miss, the Designated Allergy Lead shall coordinate a review to establish:

- what happened;
- whether the incident could reasonably have been prevented;
- whether relevant policies, procedures, risk assessments or Individual Healthcare Plans were followed;
- whether staff had received appropriate training;
- whether existing arrangements remain suitable; and
- whether additional control measures are required.

The review may involve:

- the pupil and their family;
 - relevant staff;
 - healthcare professionals;
 - catering personnel; and
 - members of the Senior Leadership Team.
-

16.7 Learning Lessons

The findings of investigations will be used to improve allergy safety across the School.

Actions may include:

- revisions to Individual Healthcare Plans;
- updates to risk assessments;
- additional staff training;
- amendments to catering procedures;
- changes to supervision arrangements;
- updates to this Allergy Safety Policy; and
- additional awareness activities for pupils and staff.

Relevant learning points will be communicated to staff where appropriate.

16.8 Review Following Incidents

Any serious incident involving anaphylaxis or any significant near miss will trigger a review of:

- the pupil's Individual Healthcare Plan;
- any relevant Allergy Action Plan;
- associated risk assessments; and
- relevant sections of the School's Allergy Safety Policy.

Where necessary, control measures will be strengthened without delay.

16.9 Wellbeing Support

Following a serious allergic reaction, anaphylaxis event or significant near miss, Wellington School will consider the wellbeing of:

- the pupil involved;
- their family;
- any pupils who witnessed the incident; and
- members of staff involved in the response.

Appropriate pastoral support will be provided where required.

ANAPHYLAXIS SYMPTOMS AND ACTIONS SHEET



Visit us at:
www.allergyuk.org
or call our Helpline on:
01322 619 898

Anaphylaxis (pronounced ana- fill - axis) is a medical emergency, common causes of anaphylaxis include food, wasp/bee venom (stings) and medication. Recognising the signs and symptoms early and treating quickly with the medicine 'adrenaline' is vital to save life.

Symptoms

Signs of a severe allergic reaction (anaphylaxis) include **one or more of the following symptoms:**



Airway:

- Swollen tongue
- Difficulty swallowing
- Throat tightness
- Change in voice (hoarse/croaky)



Breathing:

- Difficulty breathing
- Chest tightness
- Noisy breathing
- Persistent cough
- Wheeze



Circulation:

- Feeling dizzy or faint
- Collapse
- Loss of consciousness
- Pale and floppy (in babies/small children)

ACTION

Give Adrenaline - If you suspect someone is having a severe allergic reaction, give adrenaline **WITHOUT DELAY** - if available. **IF IN DOUBT, GIVE ADRENALINE!**

How to use your Adrenaline Autoinjector device

Epipen - <https://www.epipen.co.uk/en-gb/patients>

Jext - <https://adults.jext.co.uk>

Position

Lie the person flat with legs raised, if breathing is difficult allow to sit with legs raised. **Do not stand the person up!**



Call for help

Dial 999 for an ambulance and state anaphylaxis (ana - fill - axis) to get medical help as soon as possible

Management

Stay with the person having the allergic reaction until medical help arrives.

If there is no improvement after five minutes and another adrenaline autoinjector (AAI) is available, a second dose of adrenaline can be given ideally in the other leg.

If a person has an allergic reaction that requires adrenaline, they should always go to hospital for further observation and treatment e.g. additional doses of adrenaline.

Adrenaline

Adrenaline is an emergency medicine used to treat a severe allergic reaction. It works quickly to reverse the symptoms of anaphylaxis by reducing swelling, opening up the airway and improving blood pressure.

Antihistamines should never be taken instead of adrenaline in the case of a severe allergic reaction. If asthma and symptoms of a severe allergic reaction occur at the same time then adrenaline should always be given first and the asthma relief inhaler afterwards.

AAIs are prescribed by a doctor for those at risk of a severe allergic reaction based on an individual's needs. They are designed to be user-friendly and to be used by anyone that has been trained

It is important to know how to use the type of AAI you have been prescribed.

Appendix 2: Individual Health Care Plan – Allergy Management

Initial Medical Care Plan Creation Date	Review Date

Personal Information			
Name			
Address		Contact Number for Parents / Guardian	
Date of Birth		Year Group	
GP Surgery Address			

What is the cause of your son/daughter's allergy?
When was your son/daughter diagnosed with an allergy
What symptoms has your child ever shown when suffering from an allergic reaction? Please give as much information as possible

Emergency Medication	
Has your child been prescribed an Adrenaline Device Yes ☐ No ☐	
Does your child require access to antihistamines to treat their allergy symptoms? ☐ Yes No ☐	
Please provide any further information on medication that you child requires to manage their allergies: 	
Has your son/daughter ever required emergency admission to A&E / admission to hospital for their allergies?	
Does your child's allergy have any impact on their learning including any physical or sporting constraints	
Is there anything your son/daughter need to do in their day-to-day life to help manage their allergies and their safety	

Treatment for an Allergic reaction

If your child experiences an allergic reaction whilst at school or on school trips, we will provide the following care and treatment:

- We will follow advice on your son/daughter individual health care plan to determine how they are usually managed for their allergy i.e. use of antihistamines or the use of an Adrenaline Device (EpiPen) and the symptoms that they usually develop
- Your son/daughter will be continuously monitored to observe for any signs of anaphylaxis as below

● 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®)
- 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 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

- If your son/daughter displays any symptoms of an anaphylaxis reaction, we will administer an Adrenaline Device immediately. If your child is not currently an Adrenaline Device carrier and we suspect any symptoms of anaphylaxis, an ambulance will be called and permission from the ambulance will be sought to allow us to administer adrenaline under their guidance.
- An ambulance will always be called when a student is displaying symptoms of an anaphylaxis reaction. If the symptoms have not eased after 5 minutes, the 2nd Adrenaline Device will be administered.
- The School will make contact with parents/guardians in the event of your child experiencing any form of allergic reaction.

Advice for School Staff in managing an anaphylaxis reaction:



1. If the student has any symptoms of anaphylaxis, do not encourage them to move around. You should lie the student flat with their legs raised. If the student is struggling to breathe, they can be propped up, but this should be for as short a time as possible. You must avoid any sudden change in posture to the student. You must not stand them up, or sit in a chair, even if they are feeling better. This could lower their blood pressure drastically.



2. As soon as you suspect anaphylaxis you must use one of the student's adrenalin devices without delay.

The adrenaline device should be given into the muscle in their outer thigh. It can be given through clothes if necessary, avoiding bulky pockets or seams. Specific instructions vary by brand – always follow the instructions on the device.

Note the time that the first Adrenaline Device was administered so you can inform the ambulance crew and be aware if a second Adrenaline Device is required after 5 minutes. Wait for the ambulance to arrive before the child is moved.

Additional Information for School Nurses, Boarding Staff or Teachers

Additional information – e.g. other Health Care Professionals involved Please attach any further supporting information e.g. hospital / doctor's letters when replying to the email

For Students who are prescribed an Adrenaline Device: To comply with the Allergy and Anaphylaxis Policy, Wellington School Health would like to request additional information about your child's Adrenaline Auto-Injector Pen.									
Name of Adrenaline Device									
Dose of Adrenaline Device									
Expiry Date of Adrenaline Device									
I understand that it is our responsibility as parents/guardian that our son/daughter comes into school every day with two Adrenaline Devices and they must remain with them throughout the school day. Before your son/daughter leaves the school to attend a school trip/sports fixture, the trip leader will always check that your son/daughter has two Adrenaline Devices with them. Unfortunately, if your child does not have their Adrenaline Devices, they are not allowed to attend the school trip / sports fixture. ☐ Yes, I understand the school's guidance of managing Adrenaline Devices for students									
<table border="1"> <tr> <th colspan="2">Anaphylaxis</th> </tr> <tr> <td colspan="2">If your child has anaphylaxis and has been prescribed an EpiPen, please indicate if you give consent for them to be administered the emergency EpiPen should their EpiPen be unavailable.</td> </tr> <tr> <td>I consent for my child to be administered the emergency Adrenalin Device held in school.</td> <td>☐</td> </tr> <tr> <td>I do not consent for my child to be administered the emergency Adrenaline Device held in school.</td> <td>☐</td> </tr> </table>		Anaphylaxis		If your child has anaphylaxis and has been prescribed an EpiPen, please indicate if you give consent for them to be administered the emergency EpiPen should their EpiPen be unavailable.		I consent for my child to be administered the emergency Adrenalin Device held in school.	☐	I do not consent for my child to be administered the emergency Adrenaline Device held in school.	☐
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I consent for my child to be administered the emergency Adrenalin Device held in school.	☐								
I do not consent for my child to be administered the emergency Adrenaline Device held in school.	☐								

It is the parent/guardian's responsibility to inform the school of any changes to any part of this medical plan and to pass copies of any new medical advice from health care professionals.

Parent/Guardian Signature		Nurse Signature	
Print Name		Print Name	
Date		Date	

Please contact the School Health Centre if you would like to discuss any aspect of your child's allergy management

BSACI Improving Allergy Care through education, training and research	ALLERGY ACTION PLAN	RCPCH Royal College of Paediatrics and Child Health Leading the way in Child Health	anaphylaxis UK UK Allergy Society AllergyUK						
This child/young person has the following allergies:									
Name: _____ DOB: _____	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 <table border="1"> <thead> <tr> <th>A AIRWAY</th> <th>B BREATHING</th> <th>C CONSCIOUSNESS</th> </tr> </thead> <tbody> <tr> <td> - Persistent cough - Hoarse voice - Difficulty swallowing - Swollen tongue </td> <td> - Difficult or noisy breathing - Wheeze or persistent cough </td> <td> - Persistent dizziness - Pale or floppy - Suddenly sleepy - Collapse/unconscious </td> </tr> </tbody> </table> 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: - 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. - Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over. - 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.			A AIRWAY	B BREATHING	C CONSCIOUSNESS	- Persistent cough - Hoarse voice - Difficulty swallowing - Swollen tongue	- Difficult or noisy breathing - Wheeze or persistent cough	- Persistent dizziness - Pale or floppy - Suddenly sleepy - Collapse/unconscious
A AIRWAY	B BREATHING	C CONSCIOUSNESS							
- Persistent cough - Hoarse voice - Difficulty swallowing - Swollen tongue	- Difficult or noisy breathing - Wheeze or persistent cough	- Persistent dizziness - Pale or floppy - Suddenly sleepy - Collapse/unconscious							
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									
Emergency contact details: 1) Name: _____ 2) Name: _____ Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools. Signed: _____ Print name: _____ Date: _____ Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk © BSACI 10/2024	How to give EpiPen® 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: _____								