



ALLERGY AWARENESS POLICY

Fairview Community Primary School

Reviewed: December 2024

Review Due: December 2025

1. Statement of Intent

The Governing Body believes that ensuring the health and welfare of staff, students and visitors is essential to the success of the school and is committed to ensuring that those with medical conditions, including allergies, especially those likely to have a severe reaction (anaphylaxis), are supported in all aspects of school life.

We will:

- Adhere to legislation and statutory guidance on caring for students with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs).
- Ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Ensure our school raises awareness of allergies and anaphylaxis to the whole school community.
- Conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic students safe for all new joining pupils with allergies and any pupils newly diagnosed.
- Aim to reduce the risk of exposure to allergens to an acceptably low level.
- Make sure that the school is appropriately insured and that staff are aware that they are insured to support students when necessary.

Whilst we will endeavour to ensure our school provides a safe environment for all, we cannot guarantee our school will be allergen-free.

In the event of illness, a staff member will accompany the student to the school office/medical room. In order to manage their medical condition effectively, the school will not prevent students from eating, drinking or taking breaks whenever they need to.

The school also has a First Aid and Administration of Medicines Policy, which may also be relevant, and all staff should be aware of.

This policy applies to all relevant school activities and is written in compliance with all current UK health and safety legislation, and has been consulted with staff and their safety representatives (Trade Union and Health and Safety Representatives).

Review Procedures

This Policy will be reviewed regularly and revised as necessary. Any amendments required to be made to the policy as a result of a review will be presented to the Governing Body for acceptance.

Date	Status / Amendment	Approved by
10.3.23	Sections 3.2 and 3.7.3 amended to reflect updated anaphylaxis procedures following school nurse epi-pen training	J Trundle
22.11.24	Annual review by K Brown	K Brown

Distribution of copies

Copies of the policy and any amendments will be distributed to the Head Teacher; Premises Manager; All Staff; Catering Staff (contracted or in-house); Governors, and Administration office.

2. Roles and Responsibilities

We take a whole-school approach to allergy awareness.

2.1 The Governing Body

- 2.1.1 The Governing Body has ultimate responsibility for health and safety matters - including Allergy Awareness in the school.
- 2.1.2 Ensure the Allergy Awareness Policy is reviewed annually and/or after any operational changes, to ensure that the provisions remain appropriate for the activities undertaken.

2.2 The Senior Leadership Team (SLT) (tasks may be delegated to the main school office)

- 2.2.1 Carry out a risk assessment of allergy needs of students and staff, appropriate to the circumstances of the workplace, and review annually and/or after any significant changes.
- 2.2.2 Ensure that an appropriate number of appointed persons have been provided with allergy awareness training.
- 2.2.3 Ensure all staff are aware of the school allergy awareness procedures.
- 2.2.4 Ensure appropriate allergy awareness assessments are completed and appropriate measures are put in place.
- 2.2.5 Ensure that catering is provided to the reasonable medical needs of staff and students.
- 2.2.6 Report specified incidents to the Health and Safety Executive (HSE), when necessary.
- 2.2.7 Ensure allergy information is recorded and collated for all relevant pupils and that this is kept up to date and any changes are shared with staff.
- 2.2.8 Keep stock of the school's adrenaline auto injectors (AAIs)

2.3 All staff

- 2.3.1 Ensure they follow allergy awareness procedures.
- 2.3.2 Be aware of specific pupils with allergies in their care
- 2.3.3 Ensure they know who the first aiders in school are and contact them straight away.
- 2.3.4 Complete accident reports for all incidents they attend to where a first aider is not called.
- 2.3.5 Inform the Headteacher or their manager of any specific health conditions or allergy needs.
- 2.5.6 Carefully consider the use of food or other potential allergens in lesson and activity planning

2.4 Kitchen manager and catering staff

- 2.4.1 The School has an Allergy Awareness Policy; the catering manager is responsible for ensuring that the Food Allergy requirements are reviewed and reflective of the current menu offerings.
- 2.4.2 All catering staff and catering support staff have received Allergy Awareness Training & records retained <https://allergytraining.food.gov.uk/> certification is retained and refresher training is provided in line with the training schedule.
- 2.4.3 The catering team have received all staff and student allergy requirements, the information is retained and reviews are undertaken. Any food allergies are reported to the catering team.
- 2.4.4 The Allergen Matrix is made available for dishes served - this will be dated and current to the menu offering for that day/week/fortnight and should cover all items on the menu offering. Menus clearly identify ingredients that may pose a risk to allergy sufferers, enabling informed choices to be made.
- 2.4.5 All dishes will be reviewed for allergen contents & that the catering team continue to review the individual ingredients. The frequency will be determined by the change in products delivered, new suppliers appointed and on a regular basis (As suppliers may substitute ingredients or products that previously didn't have an allergen contained, therefore the packaging label should be crossed checked with the school's allergen matrix & updated when required, the catering manager will re-date the allergen matrix to reflect the review).
- 2.4.6 All purchased pre-packaged items have been provided with the list of all ingredients and that the allergen details provided are in bold. To report to supplier if any products have been delivered without the required legal labelling, and the product will not be used, until clarification of any allergens has been received by the manufacturer or supplier.
- 2.4.7 Rigorous food hygiene is maintained to reduce the risk of cross-contamination.
- 2.4.8 Cross-contamination is the physical movement or transfer of allergens from one person, object or place to another food item. Preventing cross-contamination is a key factor in preventing potential allergic reactions.
- 2.4.9 Controlling allergen cross-contamination
 1. Any foods/dishes with any of these 14 allergens in must be carefully stored and handled in the kitchen so to prevent the risks of cross-contamination.
 2. Staff training on kitchen procedures to prevent cross-contamination during storage, preparation and serving of food.
 3. Cleaning utensils before each usage, especially if they were used to prepare meals containing allergens
 4. A storage system should be in place to prevent cross-contamination of ingredients with other ingredients containing allergens. Keeping ingredients that contain allergens separate from other ingredients
 5. Have a spillage plan in place to clean up allergenic ingredients: You should use disposable clothes/towels / blue rolls to prevent cross-contamination.
 6. Effective cleaning, washing up and hand washing using hot water, cleaning and sanitising products.
 7. Physical separation – putting a lid or cover on food, using a clean knife, board, plate, pan, working area, and aprons.
 8. Using separate fryers/cooking equipment.

Allergen cross-contamination can also happen through using the same cooking oil. To cook gluten-free chips, you can't use the same oil which has been previously used for cooking battered fish.

If you can't avoid cross-contamination in food preparation, you should inform customers that you can't provide an allergen-free dish.

2.5 Contractors and visitors

To ensure:

- 2.5.1 The school's Allergy Policy and reporting procedure is followed
- 2.5.2 Their activities do not introduce an allergy risks to the School.
- 2.5.3 A high standard of hygiene is maintained whilst in school premises as a matter of good practice.
- 2.5.4 Any areas which may be contaminated are to be reported to the Facilities Team or their host.

2.6 Pupils and parents

- 2.6.1 The parents or carers of all new starters to the school are asked on the school application form if their child has any allergies. If they tick yes to this question, they are sent an allergy care plan to complete and return, together with our caterers allergy menu information (for food allergies).
- 2.6.2 If details are unclear or ambiguous, the school will follow this up with a phone call to parents for further information which will be recorded by the school.
- 2.6.3 It is parents' responsibility to ensure that if their child's medical needs change at any point that they make the school aware and a revised medical needs form must be completed. Updating the school if their child's medical needs change at any point. Parents are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries, re-testing and new food challenges.
- 2.6.4 Ensure that any required medication (Epipens or other adrenalin injectors, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. The parents of all children who have an adrenaline auto injector in school must complete specific healthcare plan sheets stating the emergency actions to be taken. They should also give permission for the spare emergency adrenaline auto injector to be used in the event it is required.
- 2.6.5 Attend any meeting as required to share further information about their child's food allergy, to plan for food management in school or to complete a care plan.
- 2.6.6 If an episode of anaphylaxis occurs outside school, the school must be informed.
- 2.6.7 Where appropriate, children should be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening.

- 2.6.8 Children are encouraged to take increased responsibility for managing choices that will reduce the risk of allergic reactions. Expectations are age appropriate.
- 2.6.9 Consider the food they pack for lunches to reduce the number of allergens. Adhering to our nut free school.
- 2.6.10 Children are not allowed to share food with each other at lunchtime. Where there is an element of sharing food such as class food tasting, parents are provided with a full list and/or advised not to bring food containing allergens
- 2.6.11 Members of staff or volunteers will be asked to disclose any food allergies.

3. Arrangements

3.1 Medication and Auto-injectors

3.1.1. Students' medication is stored in:

- Class medical bags
- Students keep their own auto injectors with them in class

3.1.2. Student Allergy Care Plans are completed and stored on SIMs.

3.1.3 For food allergies, a Medical Diet Menu parent confirmation form is completed by the parent and provided to the catering team.

3.2 First Aid

3.2.1 In the case of a student's anaphylactic shock, the procedures are as follows:

Mild Reaction

- a) A member of staff administers treatment as per the pupil's Care Plan
- b) Full details of medication administered are recorded on the back of the Care Plan
- c) Parents are contacted and informed

Severe Reaction

- a) Administer auto-injector as per the Care Plan and send an orange 'Epi-Pen' card to the school office or call via a school phone to alert a member of staff to take the spare auto-injector straight away to the pupil experiencing an anaphylactic reaction.
- b) Phone 999
- c) Parents are contacted and informed
- d) If the child has to be taken to hospital or the injury is 'work' related then the accident is reported to the Governing Body.
- e) If the incident is reportable under RIDDOR (Reporting of Injuries, Diseases & Dangerous Occurrences Regulations 2013), then as the employer the Governing Body will arrange for this to be done.

3.3 Insurance Arrangements

3.3.1 Aspen Insurance (via Medway Council) – policy number IoA4WXU22AoQ

3.4 Educational Visits

3.4.1 In the case of a **residential visit**, a member of school staff will administer First Aid. Reports will be completed in accordance with school policy and procedures at the Residential Centre.

3.4.2 In the case of **day visits** the Group Leader will carry a travel kit in case of need, including the prescribed auto-injector required for the pupil's needs.

- 3.4.3 Where packed lunches are provided for day visits, the catering team will adhere to providing food taking into account the pupil's known allergies.
- 3.4.4 Where food is provided by a 3rd Party caterer on a day or residential trip, they will be provided with all known allergies of the pupils attending the educational visit.
- 3.4.5 Parents are reminded on Educational visit letters that nuts should not be included.

3.5 Administering Medicines

- 3.5.1 **Prescribed medicines** may be administered in school (by a staff member appropriately trained by a healthcare professional) where it is deemed essential. Wherever possible, the student will administer their own medicine, under the supervision of a member of staff. In cases where this is not possible, the staff member will administer the medicine.
- 3.5.2 If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- 3.5.3 In all cases, we must have written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given. These forms are available in the school office.
- 3.5.4 Staff will ensure that records are kept of any medication given.
- 3.5.5 Non-prescribed medicines must not be taken in school.

3.6 Storage/Disposal of Medicines

- 3.6.1 Students' medication will not be locked away and will be available in the class medical bag. On educational visits this will be held by the group leader. It is the responsibility of the school to return medicines that are no longer required, to the parent for safe disposal.
- 3.6.2 Spare Auto Injectors (Epi Pens) will be held by the school for emergency use, as per the Department of Health's protocol.

3.7 Anaphylaxis

3.7.1 Anaphylaxis is a severe and potentially life-threatening reaction to a trigger such as an allergy. Anaphylaxis usually develops suddenly and gets worse very quickly

3.7.2 The symptoms include:

- feeling lightheaded or faint
- breathing difficulties – such as fast, shallow breathing
- wheezing
- a fast heartbeat
- clammy skin
- confusion and anxiety
- collapsing or losing consciousness

There may also be other allergy symptoms, including an itchy, raised rash (hives); feeling or being sick; swelling (angioedema) or stomach pain.

3.7.3 What to do if someone has anaphylaxis. Anaphylaxis is a medical emergency. It can be very serious if not treated quickly. If someone has symptoms of anaphylaxis, you should:

- Use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first.
- Call 999 for an ambulance immediately (even if they start to feel better) – mention that you think the person has anaphylaxis.
- Remove any trigger if possible – for example, carefully remove any stinger stuck in the skin.
- Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties.
- Give another injection after 5 to 15 minutes if the symptoms do not improve and a second auto-injector is available.

People with potentially serious allergies are often prescribed adrenaline auto-injectors to carry at all times. These can help stop an anaphylactic reaction from becoming life-threatening.

They should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them. An orange 'Epi-Pen' card will also be sent to the school office to alert a member of staff to take the spare auto-injector straight away to the pupil experiencing an anaphylactic reaction.

There are 3 main types of an adrenaline auto-injector, which are used in slightly different ways. It is therefore important that staff have sufficient training and awareness of how to use the auto-injectors.

These are:

EpiPen
Jext
Emerade

Spare autoinjectors are held within school in the medical room and kitchen managers office.

Office staff check autoinjectors are stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

These are kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children

These are **Not** locked away, but accessible and available for use at all times

Office staff check these regularly to ensure they remain in date.

3.8 Accidents/Illnesses requiring Hospital Treatment

3.8.1. If a student has an incident, which requires urgent or non-urgent hospital treatment, the school will be responsible for calling an ambulance in order for the child to receive treatment. When an ambulance has been arranged, a staff member will stay with the student until the parent arrives, or accompany a child taken to the hospital by ambulance if required.

3.8.2. Parents will then be informed and arrangements made regarding where they should meet their child. It is vital therefore, that parents provide the school with up-to-date contact names and telephone numbers.

3.9 Defibrillators

- 3.9.1. Defibrillators are available within the school as part of the first aid equipment. Appointed first aiders are trained in the use of defibrillators.
- 3.9.2. The local NHS ambulance service have been notified of its location.

3.10 Difference between Food Allergy and Food Intolerance

- a) **A food allergy** is when the body's immune system (which is the body's defense against infection) mistakenly treats the protein in food as a threat. The body responds to this threat by releasing a number of chemicals in the body. These chemicals cause the symptoms of an allergic reaction.
- b) **A Food intolerance** is more common than a food allergy. Food intolerances are thought to affect 1 in 10 people. Food intolerances do not involve the immune system. Instead, a food intolerance involves the digestive system and can cause difficulty digesting certain foods leading to symptoms such as abdominal pain, gas and diarrhoea. Those who are affected often rely on allergen labelling to avoid the foods that make them ill.

3.11 Food Allergens

3.11.1 The Food Information (Amendment) (England) Regulations 2019

The UK Food Information Amendment, also known as Natasha's Law, came into effect on the 1st of October 2021 and requires food businesses to provide full ingredient lists and allergen labelling on foods pre-packaged for direct sale on the premises. The legislation was introduced to protect allergy sufferers and give them confidence in the food they buy.

Under the new rules, food that is pre-packaged for direct sale (PPDS) must display the following clear information on its packaging:

- 1) The food's name**
- 2) A full list of ingredients, emphasising any allergenic ingredients.**

For schools, the new labelling requirements will apply to all food they make on-site and package, such as sandwiches, wraps, salads, and cakes. It applies to food offered at mealtimes and as break-time snacks. And, as mentioned earlier, it will apply to food the pupils select themselves or that caterers keep behind the counter.

Food businesses need to tell customers if any food they provide contains any of the listed allergens as an ingredient.

Consumers may be allergic or have an intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law in the UK.

The main 14 allergens (as listed in Annex II of the EU Food Information for Consumers) are:

- 3.11.2 **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats
- 3.11.3 **Crustaceans**, Invertebrates (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.

3.11.4 **Egg**, Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.

3.11.5 **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.

3.11.6 **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems and it is rare for people with a peanut allergy to react to other legumes.

Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.

3.11.7 **Soybeans**, Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturised vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.

3.11.8 **Milk**, includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.

3.11.9 **Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut)). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes

3.11.10 **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.

3.11.11 **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.

3.11.12 **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.

3.11.13 **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables.

E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

- 3.11.14 **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.
- 3.11.15 **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.

4. Conclusions

- 4.1 This Allergy Awareness policy reflects the school's serious intent to accept its responsibilities in all matters relating to management of allergy awareness and the administration of auto-injectors / medicines. The clear lines of responsibility and organisation describe the arrangements which are in place to implement all aspects of this policy.
- 4.2 The storage, organisation and administration of first aid and medicines provision is taken very seriously. The school carries out regular reviews to check the systems in place meet the objectives of this policy.

5. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy

Appendix 1 – Allergy Care Plan

Fairview Community Primary School



GENERAL MEDICAL CONDITION/FOOD INTOLERANCE OR ALLERGY CARE PLAN

Pupil Information

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Child's name

Date of birth

Child's address

Medical condition or allergy

Date

Review date (to be completed by school)

Family Contact Information

1st Emergency Contact Name

Relationship to child

Phone no. (mobile)

Phone no. (work)

2nd Emergency Contact Name

Relationship to child

Phone no. (mobile)

Phone no. (work)

Clinic/Hospital Contact (if applicable)

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms, triggers, signs, treatments etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements (eg before sport/lunchtime)

Arrangements for school visits/trips etc. if different from above

Describe what constitutes an emergency, and the action to take if this occurs

Please inform us of any incidents of anaphylaxis that have happened outside of school

To be completed by School:

Who is responsible for providing daily support in school

Who is responsible in an emergency (*state if different for off-site activities*)

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2 - Parental agreement to administer medicine

Fairview Community Primary School

PARENTAL AGREEMENT TO ADMINISTER MEDICINE



(one form to be completed for each medicine)

The school will not give your child medicine unless you complete and sign this form.

I understand that I must deliver the medicine safely to school office

Name of child _____

Date of Birth _____/_____/_____

Medical condition or illness _____

Medicine: To be in original container with label as dispensed by pharmacy

Name/type and strength of medicine _____

(as described on the container)

Date commenced _____/_____/_____

Dosage and method _____

Time to be given _____

Self administration? Yes / No (delete as appropriate)

Special precautions _____

Are there any side effects that the
School should know about? _____

Procedures to take in an emergency _____

Parent/Carer Contact Details:

Name _____

Daytime telephone no. _____

Relationship to child _____

Address _____

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

Parent's signature _____

Print Name _____

Date _____

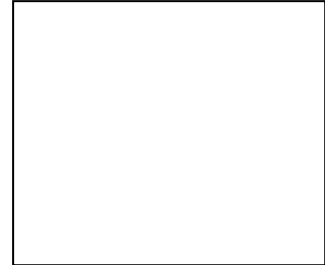
Appendix 3 – Auto Injector: Emergency Instructions

EpiPen®: EMERGENCY INSTRUCTIONS FOR AN ALLERGIC REACTION

Child's Name: _____

DOB: _____

Allergic to: _____



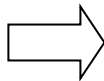
ASSESS THE SITUATION

Send someone to get the emergency kit, which is kept in:
In the locked cupboard in the First Aid Room

IT IS IMPORTANT TO REALISE THAT THE STAGES DESCRIBED BELOW MAY MERGE INTO EACH OTHER RAPIDLY AS A REACTION DEVELOPS

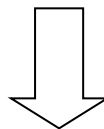
MILD REACTION

- Generalised itching
- Mild swelling of lips or face
- Feeling unwell/Nausea
- Vomiting



SEVERE REACTION

- Difficulty breathing/choking/coughing
- Severe swelling of lips/eyes/face
- Pale/floppy
- Collapsed/unconscious



ACTION

- Give _____
(Antihistamine) immediately
- Monitor child until you are happy he/she has returned to normal.
- If symptoms worsen see –
SEVERE REACTION

ACTIONS

1. Get _____ EpiPen® out and send someone to telephone 999 and tell the operator that the child is having an

'ANAPHYLACTIC REACTION'

2. Sit or lay the child on the floor.
3. Take EpiPen® and remove the grey safety cap.
4. Hold EpiPen® approximately 10cm away from the outer thigh.
5. Swing and jab the black tip of EpiPen® firmly into the outer thigh. MAKE SURE A CLICK IS HEARD AND HOLD IN PLACE FOR 10 SECONDS.
6. Remain with the child until the ambulance arrives.
7. Place the used EpiPen® into the container without touching the needle.
8. Contact parent/carer as overleaf.
9. Send orange 'Epi-Pen' card to the office to alert a member of staff to bring the spare auto-injector in case this is required

Appendix 4 - Checklist for Responding to Emergency Situations

The school must have a clear emergency procedure for cases of anaphylaxis, which should include arrangements for:

1. Summoning an ambulance in an emergency.
2. Treating the child if necessary whilst waiting for the ambulance to arrive.
3. Where to find the adrenaline, e.g., in a known, accessible location and not locked away.
4. Who should administer the adrenaline and how they can be contacted swiftly in an emergency.
5. Who else must be contacted in an emergency.
6. Ensuring that accident forms are filled out if applicable.

These procedures should be agreed with the relevant parties and clearly set out in the student's individual care plan.

Remember that even if the student is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

- Is the student having marked difficulty in breathing or swallowing?
- Does the child appear suddenly weak or debilitated?
- Is there any steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay, and an ambulance must be called.

Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education. The H&S lead in the school will keep it under review to ensure links are current.

Department for Education

Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Department of Health

Guidance on the use of Auto Injectors in Schools

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Allergy Awareness Training

- Food Standards Agency
<https://allergytraining.food.gov.uk/>
- Allergy Wise training for schools
<https://www.allergywise.org.uk/>

Resources for Specific Conditions

- Allergy UK
<https://www.allergyuk.org/>
<https://www.allergyuk.org/living-with-an-allergy/at-school/>
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>
- The Anaphylaxis Campaign
www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign)
www.asthma.org.uk
- National Eczema Society
www.eczema.org
- Psoriasis Association
www.psoriasis-association.org.uk/

Resources for Food Allergy

Further Guidance can be obtained from The Food Standards Agency

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

The Food Standards Agency has also published guidance about the new requirements for PPDS food.

<https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

Peanut Allergy - Peanuts are a common cause of food allergy, caused when the immune system reacts to the protein found in peanuts. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades. It usually develops in early childhood but, occasionally, can appear in later life. Peanut allergy tends to be persistent and only approximately 1 in 5 children outgrow their allergy, usually by the age of 10.

<https://www.allergyuk.org/resources/peanut-allergy-factsheet/>

Allergen Resources - General information

Allergen guidance for consumers

<https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance>

Allergen guidance for food businesses

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>

Allergen labelling for food manufacturers

<https://www.food.gov.uk/business-guidance/allergen-labelling-for-food-manufacturers>

EU commission notice on HACCP and allergens

[https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016XC0730(01)&from=EN)

EU Food Information for Consumers Regulation No. 1169/2011

<https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:304:0018:0063:EN:PDF>

Food alerts, product recalls and withdrawals

<https://www.food.gov.uk/news-alerts/search/alerts>

Food Information Regulation (England) 2014

<https://www.legislation.gov.uk/ukxi/2014/1855/contents/made>

Safer Food Better Business

<https://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb>

Technical guidance

https://www.food.gov.uk/sites/default/files/media/document/fsa-food-allergen-labelling-and-information-requirements-technical-guidance_0.pdf

Useful resources

Allergy and intolerance sign

<https://www.food.gov.uk/sites/default/files/media/document/allergen-signage.pdf>

Chef's recipe card

https://www.food.gov.uk/sites/default/files/media/document/recipe-sheet_0.pdf

Dishes and their allergen content chart. Template and more information at

www.food.gov.uk/allergy-guidance

Allergen Checklist for Food Business

<https://www.food.gov.uk/business-guidance/allergen-checklist-for-food-businesses>

Spare Pens in Schools - adrenaline auto-injectors (AAIs).

<http://www.sparepensinschools.uk>