

# Allergies and Anaphylaxis Policy

## Full School including EYFS

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2024 / 2025



Ibstock Place

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CO-EDUCATIONAL DAY SCHOOL

# IBSTOCK PLACE SCHOOL

## Allergies and Anaphylaxis Policy

### Full School including EYFS

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#### Scope

This policy applies to all pupils (age 4 (EYFS) – 18) and staff at (hereinafter ‘Ibstock’ or ‘the School’). This policy applies at all times when the pupil is in or under the care of the School, that is:

- In or at School
- On School-organised trips
- At a School sporting event

#### Roles and Responsibilities

The Governing Body delegates responsibility to the Head for developing and enacting any required “Good Practice” policies. These policies are non-statutory and do not require ratification by the Governing Body. As such, the Head has delegated accountability and responsibility for the operationalisation of this policy to the Bursar who ensures the consistent application and implementation of this policy across the School. Staff should follow the expectations set out in this policy, as detailed in [section 8](#).

#### 1. Introduction

An allergy is a reaction by the body’s immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

The School recognises its responsibility for the safeguarding of its pupils and the continuous need for awareness of the risk to pupils and staff who may suffer from food allergies or intolerances, particularly those identified to be at risk of anaphylaxis.

## 2. Purpose

The purpose of the policy to:

- Protect members of the School community from potentially harmful food allergens;
- Prevent harm by seeking to develop procedures and practices in this area and to implement these effectively;
- Raise awareness of food allergies throughout the School community;
- Reassure and train staff by providing guidelines when working with affected pupil.

## 3. Aims

The aims of this policy are to:

- Identify the potential threats and the mitigating actions;
- Take all reasonable actions to prevent the presence of certain foodstuffs containing allergens (specifically peanuts, almonds, nuts and sesame) in the School;
- Provide training for staff and pupils, to reduce the risk of anaphylaxis;
- Ensure the School adheres to the relevant food law and regulations when catering for pupils and staff both on site and off site;
- Actively promote and safeguard the welfare of all pupils;
- Provide a culture of safety, equality and protection.

This policy should be read in conjunction with the School's Health and Safety Policy, First Aid Policy and Educational Trips and Visits Policy. The management of an individual pupil's condition is outlined separately in the affected pupil's individual Allergy Action Plan which is prepared in accordance with needs identified within a pupil's Individual Health Care Plan (IHCP) - see **Appendix C**.

## 4. Regulatory Framework

This policy has been prepared to meet the School's responsibilities under:

- Education (Independent School Standards) Regulations 2014
- *Statutory framework for the Early Years Foundation Stage* (DfE, September 2021)
- Education and Skills Act 2008
- Human Medicines Regulations 2012
- Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR)

This policy has regard to the following guidance and advice:

- *Guidance on the use of adrenaline auto-injectors in schools* (Department of Health, September 2017) (AAI Guidance)
- *Supporting pupils with medical conditions at school* (DfE, September 2014)
- *First Aid in schools, early years and further education* (DfE, February 2022)

- Model policy for allergy management at school (British Society for Allergy and Clinical Immunity)
- Medical conditions at school (Health Conditions in Schools Alliance)

## 5. Food Allergens

The School recognises that there are members of the School community who suffer from food allergies including, but not exclusively, the 14 named allergens and they also vary in terms of their severity and complexity.

The website of the Food Standards Agency defines the **14 named allergens** as: the 14 allergens that are required to be declared as allergens by food law, namely: celery, cereals containing gluten (such as wheat, barley and oats), crustaceans (such as prawns, crabs and lobsters), eggs, fish, lupin, milk, molluscs (such as mussels and oysters), mustard, peanuts, sesame, soybeans, sulphur dioxide and sulphites (if the sulphur dioxide and sulphites are at a concentration of more than ten parts per million) and tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts). This also applies to additives, processing aids and any other substances which are present in the final product.

**Nuts** (including peanuts, and pine nuts) and sesame, as well as products containing nuts or sesame are not knowingly permitted onto the School site. A sign to this effect is displayed as pupils, staff and visitors enter the School. However, it should be noted that the School cannot guarantee that the site remains nut or sesame free, particularly given the “may contain traces” and “produced in a factory that handles nuts” labelling on much of the packaging for those food items purchased for on-site consumption.

**Wheat** allergy is a reaction to proteins found in wheat, triggered by the immune system and usually occurs within seconds or minutes of eating.

**Coeliac disease**, however, is not the same as an allergy to wheat as it is an autoimmune disease. Coeliac disease is a well-defined, serious illness where the body’s immune system attacks itself when gluten is eaten. This causes damage to the lining of the gut and means that the body cannot properly absorb nutrients from food.

## 6. Common Triggers

Common triggers of anaphylaxis include:

- The 14 known food allergens
- Insect stings
- Latex
- Drugs
- Exercise induced anaphylaxis

On rare occasions there may be no obvious trigger.

## 7. Signs and Symptoms of Anaphylaxis

Allergy UK states that the symptoms of anaphylaxis include one or more of the below:

### Airway

- Swollen tongue, difficulty swallowing/speaking, throat tightness, change in voice (hoarse or croaky sounds)

### Breathing

- Difficult or noisy breathing, chest tightness, persistent cough, wheeze (whistling noise due to a narrowed airway)

### Consciousness

- Feeling dizzy or faint, collapsing; babies and young children may suddenly become floppy and pale; loss of consciousness (unresponsive)

See **Appendix D** for details of action to take if any one or more of these signs are present.

## 8. Roles and Responsibilities

The Schools' Governors (as the proprietors of the School) have overall responsibility for all matters which are the subject of this point. It is the responsibility of the School's Governors to ensure that the School has an effective policy and procedures in place to help manage the risks posed by allergies and anaphylaxis and to monitor the School's compliance with it on a regular basis.

The Bursar has formal oversight of the management of pupils with allergies and in the management of pupils who suffer anaphylaxis working with relevant colleagues as required. This includes:

- Ensuring that sufficient numbers of staff are suitably trained and are able to access all relevant information and support material required to assist pupils with allergies or who are suffering or have suffered anaphylaxis;
- Ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the School, including making contingency plans for staff absence and emergency situations;
- Ensuring that information regarding an individual pupil's allergies is shared with appropriate staff (including supply teachers where appropriate), pupils and third parties on a "need-to-know" basis;
- Ensuring that risk assessments take into account the additional risks posed to individual pupils as a result of their medical conditions; and
- The overall development and monitoring of pupils' individual Allergy Action Plans, as well as the Food Allergy Forms and Allergen Risk Level Matrix and Allergen Control Matrix.

### Staff responsibilities

- All staff will receive and complete anaphylaxis training, as part of their First Aid Training.
- Teachers' conditions of employment do not include giving First Aid, although any member of staff may volunteer to undertake these tasks. Teachers and other staff in charge of pupils are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils at the school.
- Staff should be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food related-activities must be supervised with due caution.

- Staff supervising younger pupils, who are not yet able to carry their own Adrenaline Auto-Injectors (**Prescribed AAls**), will take responsibility for storing the pupil's **Prescribed AAls**.
- The School Nurse will ensure that the School's information management system is up-to-date with information on pupil allergies.
- As part of their induction process, when a new School Nurse joins the school on a permanent basis, he or she will make contact with the parents of those pupils who suffer from severe allergies (in most cases this means the pupil's prescribed an AAl).
- The School Nurse will ensure that the School maintains a supply of in-date spare Adrenaline Auto-Injectors (**School's Spare AAls**).
- Catering staff ensure that food is prepared in accordance with the relevant food standards and legislation.

### Parent responsibilities

- On entry to the School, the parents are required to notify the school of any allergies and to complete the Food Allergy Form and Food Allergen Risk Level Matrix.
- Parents of children with allergies must supply the school with a copy of their child's Allergy Action Plan, completed with the assistance of a GP/Allergy Specialist (the School recommends using the BSACI Allergy Action Plans – see **Appendix B**).
- Parents are responsible for ensuring any medication for the pupil is supplied to the School, in-date and replaced as necessary.
- Parents are requested to keep the School up-to-date with any changes in allergy management. The Allergy Action Plan should also be updated and shared, accordingly.

### Pupil responsibilities

- Pupils are encouraged to have good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils of sufficient age and maturity who are trained and confident to administer their own Prescribed AAls will be encouraged to take responsibility for carrying them on their person at all times.

## 9. Allergy Awareness

We aim to create a whole-school awareness of allergies. All staff, including catering staff, are trained on what allergies are, the importance of knowing and how to avoid the pupils' allergens, signs and symptoms and how to deal with anaphylaxis. Policies and procedures are in place to minimise risk.

In order to increase awareness of allergies and anaphylaxis, pupils in the Prep and Senior Schools receive PSHE sessions on allergy awareness. The administering of Prescribed AAls is covered in the First Aid course, undertaken by S10 pupils, as part of the PSHE programme.

## **10. Specific Actions by School Staff**

Staff have a responsibility to safeguard and support pupils with allergies. Staff are aware that nuts (including peanuts) and sesame as well as products containing nuts or sesame are not permitted on to the School site.

When parents accept an offer of a place for their child, at the start of the academic year, the School Nurse will write to all parents to request they complete a Food Allergy Form. All children with food allergies should have an Allergy Action Plan, created with the help of the child's GP/allergy specialist. A copy of this template form is included in **Appendix A**. The parents must share the Allergy Action Plan with the School prior to or at the beginning of the academic year (if this is available).

In addition to this, the School Nurse will write to all parents at the start of each academic year to request that the parents review and update any existing Food Allergy Form or complete a new Food Allergy Form (if the child has subsequently developed an allergy).

The School Nurse records food allergen information (including from the Food Allergy Form and Allergy Action Plan (if available), together with any other medical information about the pupil, on to the School's management information system. This information is circulated to relevant individuals on a "need to know only" basis, such as the catering team, pastoral and teaching staff, and staff taking pupils on educational trips and visits as well as other pupils (where it is appropriate to do so).

Based on this information, the School Nurse creates an Allergen Control Matrix to assess the level of risk in relation to each pupil with varying dietary needs. This is set out in **Appendix B**.

On receipt of the completed Food Allergy Form and Allergen Control Matrix the School Nurse will review the documents in order to:

- Check that this is consistent with the information held on the School's management information system;
- Confirm the appropriate allergen risk level for each pupil using the Allergy Control Matrix.



The School is likely to be able to cater for all pupils with a Risk Level of 3, 4, 5 and 6. In some cases, a pre-plated meal will be offered to pupils with these Risk Levels.

Consideration about the risk of catering for an individual child with Risk Level 1 and 2 will be determined on a case-by-case basis. In considering pupils who are in Risk Level 1 and 2 School staff such as the Executive Chef, the School Nurse and other senior staff, will meet the parents, and the pupil, as appropriate to discuss the child's needs to discuss appropriate arrangements.

The School will consider individual requests for dietary requirements in relation to pupils with medically evidenced food allergies and intolerances, as well as those who follow a particular diet for cultural or religious reasons.

The School catering team will adhere to food allergen laws and regulations in catering for pupils, staff and visitors on site. Allergen information sheets are completed by the Executive Chef and displayed in the server, which clearly state ingredients used and where products with "may contain" labelling were used.

The School can provide meals which do not include nominated allergens for certain pupils; however, it cannot guarantee that dishes do not contain traces of allergens and there is a risk of cross contamination on display counters, particularly self-service areas such as salad bars.

While the School does not knowingly use nuts or sesame seeds in any of the food we prepare and serve, it is unable to guarantee that dishes/products served are free from all allergens including, from nuts, nut derivatives, sesame and sesame derivatives, due to the use of precautionary allergy statements such as 'may contain' which are used by our suppliers.

Staff embarking on food projects or using food as part of their educational provision, such as in Cookery and Science lessons, have responsibility for checking the food allergy status for all the pupils in their class (either via the School Nurse or directly on the School's management information system). If a pupil has a known allergy to an ingredient being used, staff will liaise with the School Nurse to put steps in place to protect the child (including but not limited to the preparation of an individual risk assessment).

## 11. Potential Threats and Actions

The School has identified the following (non-exhaustive) potential threats to pupils with allergies and who are at risk of anaphylaxis together with relevant mitigating action taken by the School:

Potential Threats	Mitigating actions
<p>Any food on the School premises provided by the School (i.e., at tuck, lunch, tea or in cookery lessons or co-curricular activities)</p>	<p>The School's Catering Team follows Food Hygiene and Health and Safety Laws and Regulations, which include adherence to Natasha's Law.</p> <p>The menu is available to view in advance on My School Portal. Allergen information sheets are displayed in the servery during lunchtime service.</p> <p>Catering staff are aware of pupils with known allergies, where they have been disclosed to the School. Prep School pupils wear lanyards stating their allergies, so that catering staff can identify them and serve them accordingly.</p>
<p>Allergens in food brought into school via snacks/lunch from home (i.e., break- time snacks, bake sales)</p>	<p>Signage is in place to inform pupils, staff and any visitors to the site that peanuts, nuts and sesame, as well as products containing nuts or sesame, are not permitted on site.</p> <p>A reminder will also be displayed on the school website and on the sites that host the lunchtime menu. At the start of each term, a reminder message will be issued via the School Bulletin and in the weekly newsletter sent by the Head and Prep Heads.</p>
<p>Events where food is served on the premises but not prepared on the premises [i.e., FIPS Festive Fair, packed lunches, items in the Sixth Form Café]</p>	<p>Signage is in place to inform pupils, staff and any visitors to the site that peanuts, nuts and sesame, as well as products containing nuts or sesame, are not permitted on site.</p> <p>Pre-packaged food from external providers that is served on site is subject to Natasha's Law and allergens are clearly displayed. Where this is not the case the School's Catering Team follows Food Hygiene and Health and Safety Laws and Regulations and adheres to Natasha's Law where this applies.</p>

<p>Lists of ingredients not explicitly naming the allergen (e.g., casein and whey as milk derivative, arachis oil as another name for peanut oil...)</p>	<p>Allergen information must be displayed for all 14 named allergens for all food prepared on site and any packaged food served on site also contains this allergy information. The Allergen information sheet should also denote where products with “may contain” labelling were used.</p>
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## 12. Adrenaline Auto-Injectors (AAI)

Pupils in the Senior School should take responsibility for and carrying their Prescribed AAIs on them at all times. Following consultation with parents, older pupils in the Prep School, with severe allergies, may also carry their own prescribed AAIs. Pupils should carry their prescribed AAIs in a small bag, with their Allergy Action Plan, antihistamine, and inhaler (if included on the plan).

In the Senior School, pupils at risk of anaphylaxis should carry two prescribed AAIs on their person at all times. If a pupil’s Allergy Action Plan states that antihistamine and an inhaler are required, the pupil should also carry these about their person.

Prescribed AAIs stored by the school on behalf of Prep pupils should be stored in a box, clearly labelled with the pupil’s name and a photograph. The pupil’s medication box should contain:

- Two prescribed AAIs
- An up-to-date Allergy Action Plan
- Antihistamine as tablets or syrup with spoon (if included on the Plan)
- Asthma inhaler (if included on the Plan)

It is the responsibility of the child’s parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. Parents can subscribe to expiry alerts for their child’s prescribed AAI online.

In the Prep School, older pupils with severe allergies may – following consultation with parents and a medical professional – carry their own prescribed AAIs. For younger Prep pupils or those with less severe allergies, subsequent to consultations with the parent, one AAI will be stored in an easily accessible place in the classroom known to the child and the teacher, in the child’s main classroom and another AAI will be held in the Refectory. The AAI will be given to the supervising teacher for any lessons that take place outside of the main classroom (e.g., PE).

Delays in administering AAIs (whether prescribed or the School’s spare) have been associated with fatal outcomes. **AAIs MUST be administered without delay** to pupils if

there are **ANY signs of anaphylaxis present** to those pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of Prescribed or the School's AAls have been provided.

**School staff must always call 999 and request an ambulance if an AAI is used** and keep a detailed record including where the reaction took place and how much medication was given. Relevant parents or guardians should be informed as soon as practicable.

The School Nurse and the Bursar are responsible for ensuring that the AAI Guidance is properly implemented and followed.

The School's Spare AAls are to be stored, cared for and disposed of in accordance with Part 3 of the AAI Guidance and the other requirements of this policy apply to the School's Spare AAls, including but not limited to appropriate training, use and record keeping.

The School Nurse will have overall responsibility for restocking at least one Spare AAls (which may be bought without prescription). The School Nurse will check the stock on a monthly basis to ensure that the School's Spare AAls are present and in date and that replacement School Spare AAls are obtained in good time.

The School's Spare AAls should only be used on pupils who are known to be at risk of anaphylaxis, for whom both medical authorisation and consent for the use of the School's Spare AAls have been provided.

The School Nurse will maintain an up-to-date register of pupils at risk of anaphylaxis. This includes pupils who have Prescribed AAls and those who have been provided with a medical plan confirming this, but who have not been Prescribed AAls and in respect of whom parental consent to the use of the School's Spare AAI has been obtained. This is available in the Medical Centre, SCR Noticeboard, Prep and Pre-Prep staff rooms and at Reception. The register should include the following:

- Known allergens and risk factors
- Confirmation that parents have consented to the use of the School's Spare AAI or Prescribed AAI as applicable
- A photograph of each pupil to allow for a visual check

The register should be reviewed regularly to take into account pupils' changing needs. A further copy of the register is also to be stored with the School's Spare AAls.

Parents are to notify the School as soon as practicable that a particular pupil is at risk of anaphylaxis and in that case provide their consent to use their Prescribed AAls or the School's Spare AAls (as applicable). Completed consent forms should be stored on the pupil's file and, where appropriate, the ICHP updated accordingly.

### **13. Protocols for Packed Lunches**

Where a request is made for the Catering staff to provide a packed lunch, the member of staff requesting the packed lunches should provide the Catering staff with allergy information for any children due to receive a packed lunch. The member of staff may include the School Nurse in this process if it is appropriate to do so. The catering staff will endeavour to provide an allergy-free meal, labelled with the child's name where possible.

When elements of packed lunches are provided by external companies, they comply with Natasha's Law and allergens are stated in the product ingredient declaration by the manufacturer.

### **14. Off-Site Activities**

Staff organising the activity/trip/visit are provided with a list of pupils who are at risk of anaphylaxis. Older pupils who have been prescribed an AAI should carry their two Prescribed AAIs (plus inhaler/antihistamine, where relevant) with them. For younger pupils, the class teacher will give the Prescribed AAIs (plus inhaler/antihistamine, where relevant) to the member of staff supervising the activity/trip/visit.

### **15. Inclusion and Safeguarding**

The School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

### **16. Risk Assessment**

Where a concern about a pupil's welfare is identified, the risks to that pupil's welfare will be assessed and appropriate action will be taken to reduce the risks identified.

The format of risk assessment may vary and may be included as part of the School's overall response to a welfare issue, including the use of individual pupil welfare plans (such as behaviour, healthcare and education plans, as appropriate). Regardless of the form used, the School's approach to promoting pupil welfare will be systematic and pupil focused.

The Head has overall responsibility for ensuring that matters which affect pupil welfare are adequately risk assessed and for ensuring that the relevant findings are implemented, monitored and evaluated.

Day to day responsibility to carry out risk assessments under this policy will be delegated to the School Nurse who has been properly trained in, and tasked with, carrying out the particular assessment.

Where the medical condition could give rise to potential safeguarding concerns, the School's child protection and safeguarding policies and procedures will be followed as appropriate. Staff are particularly reminded to be alert to indicators of sexual violence and female genital mutilation where in each case there are specific reporting procedures under the School's safeguarding and Child Protection policy.

## **17. Data Protection**

Pupils' medical information is stored in accordance with our Privacy Notice for pupils, a copy of which is available on the School's website.

## **18. Policy Promotion**

This policy will be promoted to staff and parents through:

- An initial circulation of its relevant contents
- Renewed and updated circulation at the beginning of each academic year
- Inclusion in New Staff Induction
- Awareness by staff of pupils with allergies
- Staff being informed and provided with training opportunities
- Fellow pupils in classes being made aware (with parental and pupil permission) and the pupil encouraged to let friends/class know of their allergies

## **19. Useful Links**

[www.allergyuk.org](http://www.allergyuk.org)

[www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk)

AllergyWise training for schools

<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

AllergyWise training for School Nurses (Anaphylaxis Campaign)

<http://www.anaphylaxis.org.uk/information-resources/allergywise-training/for-healthcare-professionals/>

## **Queries**

Queries on this policy should be directed to the Bursar.

## **Review and Verification**

This policy is reviewed annually by the Bursar.

## **Appendices**

Please see below.

### **APPENDIX A: FOOD ALLERGY FORM**

Please see Microsoft Form, here: <https://forms.office.com/e/n1ndWn8MPY>

### **APPENDICES B – E**

Please see overleaf.

## APPENDIX B

### FOOD ALLERGEN RISK LEVEL MATRIX

The School uses Risk Levels to consider its food allergen management and to identify special diets. The Risk Levels are defined below:

RISK LEVEL	Allergy severity
1	Your child has a severe life threatening allergy/ anaphylactic shock. They do not need to be in direct contact with diagnosed allergens e.g. airborne or have multiple sensitivities beyond the 14 major allergens (listed earlier).
2	Your child has a severe life threatening allergy/ anaphylactic shock if in contact with the diagnosed allergen or more than 3 sensitivities/ allergens.
3	Your child has a severe life threatening allergy/ anaphylactic shock if they ingest the diagnosed allergen.
4	Your child becomes very unwell if they ingest a food, diagnosed as allergic or intolerant but does not go into anaphylaxis e.g., coeliac.
5	Your child experiences minor ill health if they ingest food which they are known to be intolerant (e.g. nausea).
6	Your child experiences no ill-health after they ingest their food but wishes to avoid certain food for religious, cultural or moral / beliefs reasons.



## APPENDIX C

### Allergen Control Matrix

The purpose of this Allergen Control Matrix is to assist the School to assess the level of risk to determine whether and how it can support each pupil, with varying food allergies and intolerances, safe food from within the School catering environment. The environment and its constraints have formed part of this assessment.

Risk Level	Risk Description	Risk Controls
Level 1	Your child has a severe life threatening allergy/ anaphylactic shock. They do not need to be in direct contact with diagnosed allergens e.g. airborne or have multiple sensitivities beyond the 14 major allergens (listed earlier).	A bespoke risk assessment and risk controls to be agreed in consultation with relevant stakeholders
Level 2	Your child has a severe life threatening allergy/ anaphylactic shock if in contact with the diagnosed allergen or more than 3 sensitivities/ allergens.	A bespoke risk assessment and risk controls to be agreed which may include: <ul style="list-style-type: none"><li>• Food prepared separately in designated area</li><li>• Food stored in separate hotplate/ separate dedicated container</li><li>• Persons preparing or serving food change their gloves beforehand</li><li>• Food plated with separate utensils</li><li>• All food that is provided is recorded and double check by an additional member of the team</li></ul>

Level 3	Your child has a severe life threatening allergy/ anaphylactic shock if they ingest the diagnosed allergen.	<p>A bespoke risk assessment and risk controls to be agreed which may include:</p> <ul style="list-style-type: none"> <li>• Food prepared separately in designated area</li> <li>• Food stored in separate hotplate/ separate dedicated container</li> <li>• Persons preparing or serving food change their gloves beforehand</li> <li>• Food plated with separate utensils</li> <li>• All food that is provided is recorded and double check by an additional member of the team</li> </ul>
Level 4	Your child becomes very unwell if they ingest a food, diagnosed as allergic or intolerant but does not go into anaphylaxis e.g. coeliac.	<ul style="list-style-type: none"> <li>• Information on the ingredients readily available</li> <li>• Ensure that there is a good variety of suitable choices at each serving period</li> <li>• Food stored on separate hotplate/ in separate container</li> <li>• Persons preparing food change their gloves beforehand</li> <li>• Food plated with separate utensils</li> </ul>
Level 5	Your child experiences minor ill health if they ingest food which they are known to be intolerant (e.g. nausea).	<ul style="list-style-type: none"> <li>• Information on the ingredients readily available.</li> <li>• Ensure that there is a good variety of suitable choices at each serving period.</li> </ul>
Level 6	Your child experiences no ill-health after they ingest their food but wishes to avoid certain food for religious, cultural or moral / beliefs reasons.	Ensure that there is a good variety of suitable choices at each serving period.

APPENDIX D

Example Allergy Action Plan

This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

**Mild/moderate reaction:**

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

**Action to take:**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: \_\_\_\_\_ (if available, can repeat dose)
- Phone parent/emergency contact

**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)**

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

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

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

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
- 2 Use Adrenaline autoinjector without delay** (eg EpiPen®) (Dose: ..... mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS (ANA-FE-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.

**Emergency contact details:**

1) Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2) Name: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parental consent:** I hereby authorize school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

© The British Society for Allergy Clinical Immunology (BSACI)

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides written authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. Subsequent adrenaline auto-injector doses must be ordered in hand luggage, not on the person, and NOT in the luggage held. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: \_\_\_\_\_

Signature/clinic: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX E

The signs of an allergic reaction are:

### Mild-moderate allergic reaction:

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

### ACTION:




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS  
(life-threatening allergic reaction):**

<b>AIRWAY:</b>	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
<b>BREATHING:</b>	Difficult or noisy breathing Wheeze or persistent cough
<b>CONSCIOUSNESS:</b>	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

### IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)  
2. Use Adrenaline autoinjector\* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS 

**\*\*\* 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 dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.