Oreston Community Academy

Anaphylaxis Policy

(incorporating Adrenaline Auto-injectors)

Date Reviewed by the Governing Body: Spring 2022

Next Review date: Spring 2025

Author – Lindsay Houghton, Deputy Headteacher

Oreston Community Academy is an inclusive community that aims to support and welcome all children. We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to all children.

For the purposes of this policy, Oreston Community Academy will:

- recognise that a severe allergic reaction is a life-threatening condition that requires immediate emergency treatment;
- ensure that children with anaphylaxis can, and, do participate fully in all aspects of school life, including art lessons, PE, science, visits, cooking activities, outings or field trips and other out-of-hours school activities;
- ensure that children with anaphylaxis will always have immediate access to auto-injectors;
- keep a record of all children with anaphylaxis;
- develop policies for supporting children with medical conditions and review them regularly;
- develop individual healthcare plans (see administrating medicine policy) for children with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency;
- have procedures in place to manage medicines (see administrating medicine policy);
- ensure staff understand their duty of care to children so that they know what to do in an emergency;
- ensure staff are appropriately trained and supported;
- have an adrenaline auto-injector (AAI) for use in emergencies. **We will ensure that the emergency adrenaline auto-injector is only used by children with anaphylaxis and with medical authorisation and written parental consent for its use** (the draft letter for consent at **Annex A** will be used for this).

Roles and Rresponsibilities

Oreston Community Academy has a duty to make arrangements for children with medical conditions, including those with food allergies (Children and Families Act, 2014). This requirement is supported by the statutory guidance Supporting children at school with medical conditions.

While the school's governing body has ultimate responsibility for this, this is not the sole responsibility of one person. A school's ability to provide effective support depends on a partnership between school staff, healthcare professionals, parent/guardians and children.

At Oreston Community Academy, we believe the following 'shared-responsibilities' are key to the successful implementation of this policy:

Governors:	• will ensure that children with allergies and asthma are supported to enable the fullest participation possible in all aspects of school life. • will ensure that any members of school staff who provide support to children with medical conditions are able to access information and other teaching support materials as needed.

Headteacher:	• will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting children with medical conditions and understand their role in its implementation. For food allergies, the policy should also include strategies to reduce the risk of allergic reactions. • will ensure that all staff who need to know are aware of which children have food or other allergies and are at risk of anaphylaxis. • will ensure that sufficient trained numbers of staff are available to provide treatment to a child having an allergic reaction or anaphylaxis. • has overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support children in this way. • will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
Parents:	• must provide the school with sufficient and up-to-date information about their child's medical needs. • need to take responsibility for telling the school that their child is at risk of anaphylaxis • must provide the school with an appropriate notification, which could be giving the school an Allergy Management Plan signed by a healthcare professional which includes parental consent for the treatment of an allergic reaction. Appropriate plans can be downloaded here. • must provide medicines according to the plan, and ensure they or another nominated adult are contactable at all times.
Children:	• are often best placed to provide information about how their allergies affect them. • should be fully involved in discussions about how to reduce their risk of an allergic reaction, and be empowered to take steps to reduce the risk of an allergic reaction. • other children will often be sensitive to the needs of those with medical conditions.
ALL staff will:	• be trained to recognise the signs and symptoms of an allergic reaction. • understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with or without prior mild (e.g. skin) symptoms. • appreciate the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective). • be aware of the anaphylaxis policy. • be aware of how to check if a child is on the register. • be aware of how to access AAI devices in the school. • be aware of which staff members have received training to administer AAI, and how to access their help.
Designated members of staff:	Will have volunteered to help a child use an AAI in an emergency should: 1. have received training on how to use AAIs, relevant to their level of responsibility. 2. be identified in the school's medical conditions or allergy policy as someone to whom all members of staff may have recourse in an emergency. These are the enhanced first aiders.
Health Professionals:	• should provide parents with an appropriate Allergy Healthcare Plan for children at risk of anaphylaxis, to provide to the school. Appropriate plans can be downloaded here. • should consider a request to prescribe to a child at risk of anaphylaxis and appropriate number of adrenaline auto-injector devices, if a school makes a request for children' own AAI(s) to be kept on school premises.
Adapted from Department for Education (2015) Supporting children at school with medical conditions.	

Legislation
Oreston Community Academy will ensure that all children with medical conditions – including food allergies – will have an Individual Healthcare Plan agreed between the parents and the school. This is particularly important where an adrenaline auto-injector (AAI) has been prescribed for use in emergencies.
Teachers and other non-healthcare professionals are permitted – but not obligated – to administer an AAI under existing legislation, but only to the person the AAI device has been prescribed. They cannot use an AAI prescribed to child 'A' to treat anaphylaxis occurring in child 'B'.

In 2017, the law was changed to allow schools to obtain, without a prescription, "spare" AAI devices for use in emergencies (Human Medicines (Amendment) Regulations, 2017). "Spare" AAIs are in addition to any AAI devices a child might be prescribed and bring to school. The "spare" AAI(s) can be used if the child's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

"Spare" AAI devices can be used in any child known to be at risk of anaphylaxis, so long as the school have medical approval for the "spare" AAI to be used in a specific child, and the child's parent/guardian has provided written authorisation.

Not all children with food allergies and at risk of anaphylaxis are prescribed AAIs. These children can be given a spare AAI in an emergency, so long as:

- the school has a care plan confirming that the child is at risk of anaphylaxis
- a healthcare professional has authorised use of a spare AAI in an emergency in that child
- the child's parent/guardian has provided consent for a spare AAI to be administered.

Liability and Indemnity
Schools should have appropriate levels of insurance in place to cover staff when supporting children with medical conditions; this includes liability cover relating to the administration of medication such as AAIs. This is a legal requirement under Supporting Children. The only exception to this are acts of serious and wilful misconduct. Carelessness or a simple mistake does not amount to serious and wilful misconduct. Local Authorities may provide schools with appropriate indemnity cover; however schools need to agree any such cover directly with the relevant authority. Academies should ensure that either the appropriate level of insurance is in place, or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

What is Anaphylaxis?
Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something that they are allergic to (known as an allergen). Reactions usually begin within minutes and progress rapidly, but can also occur up to 2-3 hours later.
It is potentially life-threatening, and always requires an immediate emergency response.

What can cause anaphylaxis?
Common allergens that can trigger anaphylaxis are:

FOODS (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)	**MEDICINES** (e.g. antibiotics, pain relief such as ibuprofen)	**LATEX** (e.g. rubber gloves, balloons, swimming caps)	**INSECT STINGS** (e.g. bee, wasp)

It is very unusual for someone with food allergies to have anaphylaxis without actually eating the food. Coming into contact with an allergen might trigger a local skin reaction, but it is very unlikely to trigger anaphylaxis. However, if the allergen gets on to some food which the person then eats, this can then trigger a reaction.

The time it takes for a reaction to become severe varies, depending on the allergen:

- **Food:** symptoms often begin immediately and may be mild, initially. Severe reactions can occur within minutes, but often develop around 30 minutes later. Severe reactions occasionally happen over 1-2 hours after eating – in particular, this has been reported for milk – such reactions can mimic a severe asthma attack, without any other symptoms (e.g. skin rash) being present.
- **Insect stings:** severe reactions are often faster, occurring within 10-15 minutes.

What are the Symptoms of Anaphylaxis?

You may notice any of these severe symptoms: there may be a dramatic fall in blood pressure (anaphylactic shock). The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse, unconsciousness and – on rare occasions – death. Anaphylaxis usually develops suddenly and gets worse very quickly.

Symptoms include:

AIRWAY:	• Persistent cough • Vocal changes (hoarse voice) • Difficulty in swallowing • Swollen tongue
BREATHING:	• Difficult or noisy breathing • Wheezing (like an asthma attack)
CONSCIOUSNESS:	• Feeling lightheaded or faint • Clammy skin • Confusion • Unresponsive/unconscious (due to a drop in blood pressure).

Anaphylaxis usually occurs together with more mild symptoms of an allergic reaction (such as an itchy mouth or skin rash), but can also happen on its own without any mild signs being present. In addition to those severe symptoms listed above, there may also be:

- Widespread flushing of the skin
- Nettle rash (otherwise known as hives or urticaria)
- Swelling of the skin (known as angioedema) anywhere on the body.
- Swelling of the lips
- Abdominal pain, nausea and vomiting

What is the Emergency Treatment for Anaphylaxis?

Pre-loaded auto-injectors (sometimes referred to as 'pens') containing adrenaline are prescribed for people believed to be at risk of anaphylaxis. Current brands available in the UK are EpiPen®, Emerade®, Jext®). Adrenaline is referred to in some countries as epinephrine, which is the internationally recognised term for adrenaline. (Anaphylaxis Campaign, 2019).

Reducing Risk of Reactions in Schools

Up to 8% of children in the UK have a food allergy. On average, most school classes in the UK will have one or two children with food allergy. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school. Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with Supporting pupils at school with medical conditions:

- Bottles, other drinks and lunch boxes should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager.
- Where food is provided by the school, staff should know how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. The Food Standards Agency (FSA) has provided useful guidance for caterers which schools and parents may find useful.
- Children (where appropriate) should be encouraged to check with catering staff and read ingredients labels before buying food.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. parties, food treats).
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fêtes, assemblies, cultural events) needs to be considered and may need to be restricted, depending on the allergies of particular children and their age.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements for food-allergic children, and emergency planning (including access to emergency medication and medical care).

Oreston Community Academy recognise that the best way to keep our children safe from allergic reactions is for our school to be "allergy-aware". This means:

- Those with allergies can participate in daily school life and not feel left out.
- Raising awareness of food allergies and anaphylaxis, so it becomes something which everyone knows about
- Everyone can play their part in keeping people with food allergies safe.

Many schools have successfully taken this on as a project in social responsibility, involving both students and school staff. Click here for more information.

Supply, Storage and Care of AAIs

Many children at risk of anaphylaxis are prescribed adrenaline auto-injector (AAI) devices by their doctor, and should bring these to school. Oreston Community Academy will adopt the legislation and national 'best practice' guidance and incorporate this into policy. The following outlines how we will manage AAIs:

Supply of "spare" AAI:	From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to purchase their own supply of AAI(s) from a pharmaceutical supplier (such as a local pharmacy) without a prescription, if they wish to. This is subject to the following rules: • Only a reasonable number can be purchased, on an occasional basis (AAIs tend to have an in-date period of 12-18 months before they expire) • The school does not intend to profit from the purchase. • A request, signed by the head teacher (ideally on appropriate headed paper), is provided which states: • the name of the school for which the product is required; • the purpose for which that product is required, and • the total quantity required.

	A template letter which can be used for this purpose can be found in Annex A
Different brands of AAIs:	A number of different brands of AAIs are currently available in the UK, in different doses: Emerade: 150, 300 and 500 microgram doses available  Epipen: 150 and 300 microgram doses available. Epipen Junior delivers a 150 microgram dose  Jext: 150 and 300 microgram doses available  To reduce confusion and assist with training, the school will purchase the brand of AAI most commonly prescribed to children. The decision as to how many devices and brands to purchase, will depend on local circumstances and is left to the discretion of the school. Schools may wish to seek medical advice when deciding which AAI device(s) are most appropriate.
The emergency anaphylaxis kit: **Located in the 'School Office'**	Our emergency anaphylaxis kit includes: • 1 AAI; • instructions on how to use the device(s); • instructions on storage of the AAI device; • manufacturer's information; • a checklist of injectors, identified by their batch number and expiry date with monthly checks recorded; • a note of the arrangements for replacing the injectors; • a list of children to whom the AAI can be administered as per parental consent form; • an administration record (i.e. when the AAI has been used).
Offsite Activities and Outdoor Learning:	• Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have anaphylaxis and all PE teachers at the school are aware of which children have anaphylaxis from the school's emergency health conditions register (incorporating asthma; anaphylaxis; diabetes and seizures). • A risk-assessment takes place for any child at risk of anaphylaxis taking part in a school trip off school premises. • Children at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. All staff should be trained to use the AAI. • The spare AAI(s) obtained for emergency use will be taken on trips where children are identified as at risk of anaphylaxis. • Classroom teachers and out-of-hours school sport coaches are made aware of the potential triggers for children with anaphylaxis, tips to minimise these triggers and what to do in the event of an anaphylaxis. • Staff also are aware in particular of the difficulties very young children may have in explaining how they feel. • Children must take their AAIs with them when leaving the school premises for any off-site activities.

Storage of AAI prescribed to children:	Delays in administering adrenaline have been associated with fatal reactions. • AAIs will be kept in red locked safe Code 999 (labelled with the child's name) in the child's classroom in the first aid area. • AAIs should not be located more than 5 minutes away from where they may be needed. • Childs/families may forget to send the AAI(s) into school, so schools may find it easier to request AAIs are kept on school premises in term time. However, children at risk of anaphylaxis should always have access to AAI(s), so parents/guardians need to ensure AAI(s) are available for the journey to/from school. • Healthcare professionals may need to prescribe more than 2 AAIs to children: one or two AAIs to be kept with the child, and a further device held centrally on the school premises.
Storage of "spare" AAI: **Located in the 'School Office'**	The spare "spare" AAI devices will be kept in the Emergency Kit should be kept separate from any AAIs prescribed to children. The spare AAI(s) will: • be kept in the school office – known to all staff who can access. • be clearly labelled. • be kept at room temperature (in line with manufacturer's guidelines) away from direct sunlight and extremes of temperature. • not be stored in a refrigerator. This kit will be kept with the "emergency asthma inhaler kit". Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.
Disposal:	• AAIs are for single-use and cannot be reused. Used AAIs can be given to the ambulance paramedics on arrival, or can be disposed of in a pre-ordered sharps bin for collection by the local council. • Time-expired AAIs should be returned to the local pharmacy for disposal.
Monthly audit/checks:	Any "spare" AAIs are checked on a monthly basis, to ensure they are: a. in date. b. not damaged.
Replacement AAIs:	These must be obtained when expiry dates approach (schools may wish to sign up for free to the expiry alerts system via the relevant AAI manufacturer's website).

TREATING AN ALLERGIC REACTION

Detailed information is contained within Appendix A, but the following flowchart summarises the symptoms of an allergic reaction, and the steps to take in managing a reaction:

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:
- Phone parent/emergency contact
- If vomited, can repeat dose

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

AIRWAY	BREATHING	CONSCIOUSNESS
Persistent cough, hoarse voice, difficulty swallowing, swollen tongue	Difficult or noisy breathing, wheeze or persistent cough	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

IF ANY ONE (OR MORE) OF 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

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 2nd adrenaline dose** using a second autoinjector 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.

A copy of the above poster is displayed in each classroom; first aid box/area and main office. A copy will also be made available for off-site activities and outdoor education first aid kits.

Continued:

Mild-moderate symptoms:	• Generally respond to antihistamine medicines given by mouth. • The child does not normally need to be sent home from school, or require urgent medical attention. • Although most mild reactions resolve, occasionally they can worsen and develop into anaphylaxis: anyone having a mild-moderate (non-anaphylaxis) reaction should be monitored (e.g. in the first aid area) for any progression in symptoms. • Younger children may find it difficult to explain how they feel during a reaction.
Anaphylaxis	• Anaphylaxis usually occurs together with more mild symptoms of an allergic reaction (such as an itchy mouth or skin rash), but can also happen on its own without any mild signs being present. • Always give adrenaline FIRST (before other medicines such as inhalers) in someone with known food allergy who has sudden-onset breathing difficulties – even if there are no skin symptoms. • If there are any ABC symptoms of anaphylaxis present, then administer an adrenaline auto-injector without delay.
Adrenaline Auto-Injector (AAI):	• You should administer the child's own AAI if available, if not use the "spare" AAI, so long as the necessary consents are in place. • AAIs can be administered through clothes and should be injected into the outer mid-thigh, in line with the manufacturer's instructions.
IF IN DOUBT, GIVE ADRENALINE A dose of adrenaline administered with an AAI into the outer mid-thigh muscle is safe and can be lifesaving.	
After giving the AAI:	• Do NOT move the child. Standing someone up with anaphylaxis can trigger cardiac arrest. Bring the AAI to the child, not the other way round. • Provide reassurance. The child should lie down with their legs raised (if pregnant, lie on their left hand side). If breathing is difficult, allow the child to sit. • Note the time the AAI was given.
999	• ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED • If the child has their own AAI prescribed, give the AAI and then dial 999. • Always call for an ambulance, even if the person has already self-administered their own AAI and is feeling better. • A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards. • When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS"). • Give clear and precise directions to the emergency operator, including the postcode of your location. • Send someone outside to direct the ambulance paramedics when they arrive. • Additional information: • Each classroom has a red card for a child (if there is not another adult in the classroom) to take into the next classroom or school office to summon first aid help in the case of any emergency. • There is also a red card in all club registers. • Another adult would lead the rest of the class away from the situation.
If the child's condition does not improve 5 to 10 minutes after the initial injection, then give a second dose of adrenaline:	• Use another AAI device – AAI devices are single-use only. This can be the child's own device, or the school's "spare" AAI. • If you give a second dose, call the emergency services again to confirm that an ambulance has been dispatched.
When the paramedics arrive, tell them:	• If the child is known to have an allergy • What might have caused this reaction e.g. recent food eaten • The time the AAI was given.
Record keeping:	Once the child is stable: • Remember to call the parent/guardian/carer (details should be on the child's allergy plan) • Note in the school's records where and when the REACTION took place (e.g. PE lesson, playground, classroom), how much medicine was given, and by whom. • If the child is transferred to hospital, the hospital will inform the GP about the reaction.

Staff Training and Support

Supporting Children requires governing bodies to ensure that staff supporting children with a medical condition have appropriate knowledge, and where necessary, support.

Oreston Community Academy have duty of care to provide training to staff in the emergency management of anaphylaxis where they have a child who has been diagnosed as being at risk. This includes the use of an adrenaline auto-injector (AAI), although staff are not obligated to use AAI if they do not wish to. Where a child in the school has been diagnosed as being at risk of anaphylaxis, specialist training will be organised. This training will include practical instruction in how to use the different AAI devices available. Online resources and e-learning modules are available, but will not be considered a substitute for face-to-face training.

Free online training is available at: https://www.anaphylaxis.org.uk/information-training/allergywise-training/

Further Information:

Anaphylaxis Campaign https://www.anaphylaxis.org.uk/
Allergy UK https://www.allergyuk.org/
British Society for Allergy and Clinical Immunology (downloadable Paediatric Allergy Plans) https://www.bsaci.org/about/download-paediatric-allergy-action-plans
Department for Health (2018) Guidance on the use of emergency auto-injectors (AAI) in schools. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
The Human Medicines (Amendment) Regulations 2017 http://www.legislation.gov.uk/uksi/2017/715/contents/made
Spare Pens in Schools https://www.sparepensinschools.uk/for-schools/

Acknowledgement:

This policy has been devised in collaboration with healthcare professionals who have provided advice on the subject matter. Most of the information contained within this policy has been taken from "Spare Pens for Schools" campaign which has been most useful.

Policy Author: Lindsay Houghton
Date Reviewed: Spring 2022
Review Date: Spring 2025 (or sooner if required)

Annex A Consent letter to Parent/Carers

Dear Parents/Carers

Re: Adrenaline Auto-Injector (AAI) Pens

Following the amendment to the Human Medicines Regulations 2012 to permit schools to hold spare adrenaline auto-injectors (AAIs), the Department of Health has issued non-statutory guidance to support schools in their management of AAIs.

Oreston Community Academy has now made arrangements to hold an emergency AAI pen for the use in children who have a diagnosis of severe allergy/anaphylaxis and whose prescribed AAI pen is not available for various reasons in the event of an emergency.

According to our records, your child suffers from severe allergy/anaphylaxis and has been prescribed an AAI (for example Epi-pen®, Jext pen®, Emerade pen®).

AAIs will only be administered to children for whom written parental consent for the use of the emergency AAI has been given. If your child has been diagnosed with a severe allergy/anaphylaxis and has been prescribed an Adrenaline pen, please could you complete the attached form - Emergency Adrenaline Auto-Injector Consent Form.

Completed forms may be returned to the school office.

Yours faithfully

CONSENT FORM

Use of Emergency Auto Adrenaline Injectors (AAI)

(for children displaying signs and symptoms of severe allergic/anaphylatic reaction)

1. I can confirm that my child has been **diagnosed with a severe allergy/anaphylaxis and has been prescribed an Auto Adrenaline Injector.**

2. I confirm that my child has a working, in-date AAI, clearly labelled with their name, which is held in school.

3. In the event of my child displaying symptoms of **severe allergy/anaphylaxis**, and if their AAI is **not available or is unusable**, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Signed: …… Date: ……

Name (print) ……

Child's name: ……

Class: ……

Parent's address and contact details:

……

……

……

Telephone: ……

E-mail…….

Completed forms may be returned to the school office.

Annex B Template Letter for Pharmacy

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: _____ Date: _____

Print name: Role: Head Teacher

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
Epipen Junior (0.15mg) or Emerade 150 microgram or Jext 150 microgram	Epipen (0.3 milligrams) or Emerade 300 microgram or Jext 300 microgram	Epipen (0.3 milligrams) or Emerade 300 microgram or Emerade 500 microgram or Jext 300 microgram

The guidance is available at:

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Further information can be found at http://www.sparepensinschools.uk

ANNEX C Labels for Boxes

Insert Photo Here

Name of Child:____

Year Group:____

Class: ____

Allergy/ies: ____

Number of adrenaline auto-injectors: _____________________

Brand: ____

Date of Expiry: ____

Emergency Contact Number: ____________________________

Insert Photo Here

Name of Child:____

Year Group:____

Class: ____

Allergy/ies: ____

Number of adrenaline auto-injectors: _____________________

Brand: ____

Date of Expiry: ____

Emergency Contact Number: ____________________________

Insert Photo Here

Name of Child:____

Year Group:____

Class: ____

Allergy/ies: ____

Number of adrenaline auto-injectors: _____________________

Brand: ____

Date of Expiry: ____

Emergency Contact Number: ____________________________

ANNEX D **Allergy Action Plan *Generic***

bsaci improving allergy care through education, training and research ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health — Anaphylaxis Campaign — AllergyUK

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 vomited, 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**

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

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

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

2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

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

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise 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 AAIs in schools.

Signed: .....

Print name: .....

Date: .....

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

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

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 medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Specific allergy action plans available for Epipen Junior, Emerade and Jext AAI pens: https://www.bsaci.org/about/download-paediatric-allergy-action-plans