# Pupil Allergy Policy

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# Pupil Allergy Policy


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## 1. Introduction:

Schools must adhere to legislation and statutory guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors (AAIs). This policy should be read in conjunction with the CLT Health & Safety policy, Behaviour policy and the schools Supporting Children with Medical Conditions policy. Anaphylaxis is a life-threatening allergic reaction. Causes can include foods, insect stings, and drugs. Childhood allergy symptoms vary by trigger. Common signs include sneezing, a clear runny nose, itchy or watery eyes, and frequent face-rubbing. Food allergies often cause hives, swelling, or stomach pain, bloating, diarrhea while environmental allergies trigger respiratory issues.

## 2. Rationale:

Roebuck Academy is committed to promoting a whole school approach to health care, welfare & wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- embed awareness strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Roebuck Academy is clear about the need to actively support pupils and staff with medical conditions to participate in school life and will consider what reasonable adjustments need to be made. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils and staff with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted. It is the responsibility of Roebuck Academy:

- to comply with all relevant legislation and statutory guidance
- to encourage proactive steps to keep pupil/students/staff safe

- to ensure pupils/staff from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling
- to work with the catering provider to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school
- to provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take along with other non-food triggers
- to develop a pupil awareness programme through curriculum plans

3. Management and Administration:

Roles and responsibilities are outlined below to ensure the effective risk management of allergies in the school. The school has appointed Mrs K Toal as the Designated Allergy Lead.

Local Governing Body

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures
- Delegate the day-to-day responsibility for the effective delivery of this policy to the Headteacher
- Monitor the effectiveness of this policy to ensure it remains fit for purpose

Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying or at any disadvantage because of their condition
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of safeguarding duties
- Ensure the curriculum contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them
- Ensure there is an allergy register which is kept up to date
- Create links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust
- Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil/student in establishing IHPs.
- Ensure parents/carers provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil/student (appendix 2 - example of an AAP)
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. Log all training and attendees

- Ensure an adequate risk assessment is undertaken prior to any school trips, or offsite activities for pupils/staff who have allergies. This should include onsite PTA/fundraising events, wraparound care, lettings and other ad hoc events
- Oversee the Designated Allergy Lead to ensure the roles and responsibilities have been carried out
- Report to the Board of Governors regarding the management of allergies within the school

Designated Allergy Lead

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Liaise with parents/carers of pupils/students with known declared allergies to produce a risk assessment for their child that includes allergy management, risk minimisation, visual aids for identification and emergency actions
- Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received
- Where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, request the parent/carer liaises with GP, to obtain an up to date copy and/or clarification
- Wherever possible use an AAP for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access
- If an additional written IHP is not required, ensure that the AAP is viewed and treated with the same level of seriousness
- Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils/students or external sources and are of the correct dosage (as recorded on the AAP)
- Record all emergency uses of AAIs or reports of near misses and arrange for the correct disposal of out-of-date AAIs
- Ensure medication is stored securely and clearly labelled with the pupils/student's name and a photograph
- Ensure staff are trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil/student's IHP and/or AAP
- Ensure that, if a pupil/student notifies school that they are no longer allergic to any allergies, this information is checked prior to updating records and the IHP (if applicable)
- Work closely with Catering providers in assisting in the support of pupils/students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements. Ensure that up-to-date allergy information for pupils/students is accessible to catering teams
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review annually and new joiners submit medical information prior to joining
- Monitor items brought into school for events, e.g. PTA events, wrap around care, lettings etc. Ensure best practice in the labelling of foodstuffs and their contents

- Organise, oversee and report an annual anaphylaxis drill to support staff training
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with allergies

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis awareness training and be confident to respond to an allergy emergency
- Raise awareness and self-responsibility about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas.
- Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes
- Any food-related activities must be supervised and risk assessed with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication. Anyone unable to produce their required medication would not be able to attend the excursion

Parents/Carers

- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student. Inform the school of any changes as soon as known
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professionals, where required
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates. Replace medications after use or upon expiry
- Be prepared to discuss with pupil/student about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction
- Agree as part of the AAP that the pupil can carry and administer their own AAI.

4. Allergy Awareness and Nut Bans

Roebuck Academy supports the approach advocated by many allergy charities towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergies. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies

and procedures are in place to minimise risk. Roebuck Academy messaging and signage will promote the school to be allergy aware.

5. Adrenaline Auto-Injectors (AAIs)

The designated allergy lead is responsible for purchasing AAIs, ensuring they are stored correctly and disposing according to the manufacturers guidance. The allergy lead will make sure all AAIs are stored at room temperature. Other storage locations will need to take the following into consideration:

- Protect from direct sunlight and extreme temperatures
- In a safe and suitably central location to which all staff have access at all times
- Out of the reach and sight of children
- AAIs are not locked away, but accessible and available for use at all times
- Not located more than 5 minutes away from where they may be needed (larger schools will require more than one AAI kit, ideally located near the dining area and playground)
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

The spare AAIs will be sourced from: KITT medical
The quantity of spare AAIs required: 4
Which brand(s) of spare AAIs are purchased (schools are recommended to buy a single brand to avoid confusion): KITT medical
The dosage required: Kit provide 2 x 150mcg and 2 x 300mcg AAI's
Storage locations: medical room

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions: in a sharps bin for collection by the schools clinical waste service).

Mrs K Toal and Mrs C Elson are responsible for checking monthly that AAIs are present and in date. Any replacement AAIs are obtained when the expiry date is near. The Cluster FM will set up & monitor a check and test on Smartlog and assign this to each user.

Any emergency anaphylaxis kits must include:

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

6. Training

The school is committed to training all staff in allergy response and awareness. Training will be carried out annually and completion monitored by the Designated Allergy Lead. New staff will be enrolled as part of the new starter induction process at the school. This will be carried out via the National College and will include:

- What is an allergy
- Signs and symptoms of an allergy and anaphylaxis
- Adrenaline devices
- The 14 allergens
- Food labelling
- Creating an allergy aware school

The Designated Allergy Lead will complete 'Certificate in the Role of Allergy Lead' training on National College annually. This course will cover the following content:

- Understanding the role and responsibilities of the designated Allergy Lead in creating a safe, inclusive and effective whole-school approach to allergy management
- Applying the key principles of the Department for Education's guidance to develop robust allergy policies, systems and individual support plans
- Coordinating effective communication, staff training and emergency preparedness to ensure children and young people with allergies are supported across all aspects of school life
- Implementing practical approaches to recognising, responding to and reviewing allergy incidents, including emergency procedures and the use of adrenaline auto-injectors
- Monitoring allergy provision and driving continuous improvement through effective leadership, governance and quality assurance

7. Managing Allergy Risks

7.1 Catering

The Trust and the school is committed to providing safe food options to meet the dietary needs of pupils with allergies. Catering staff receive appropriate training from their company and are able to identify pupils with allergies. The Designated Allergy Lead and Catering Manager should consider visual aids to help identify pupils where necessary. School menus are available for parents/carers to view with ingredients clearly labelled. Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils. Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA). Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination, as directed by the catering contractor.

Pupils are reminded to wash their hands before and after eating and that sharing of food is not allowed. Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended. We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts

- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated. PTA/ school tuck shops/vending machines are not permitted to sell food containing nuts or sesame seeds. Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age. Food and allergy labelling will need to be in place at all events.

### 7.2 Insect bites/stings and animals

When outside, shoes should always be worn, food and drink should be covered when eating and all pupils should wash their hands after interacting with animals to avoid putting pupils with allergies at risk through later contact. Pupils with animal allergies will not interact with animals. School pets should have their own risk assessments and this must be considered when interacting with children with allergies.

### 7.3 Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. The school should consider procedures that can be put in place to support their mental health and wellbeing, in line with the school's behaviour policy and any other measures in place to prevent bullying. Pupils with allergies will have additional support through pastoral care and regular check-ins with their class teacher/form tutor

### 7.4 Events, school trips and sporting events

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part, provided they produce the required medication. The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training. Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events, a member of staff will need to verify they have this before the visit commences. This will need to be reflected in the trip/event risk assessment for safe storage, risk control measures and accessibility. The Trip Leader will be responsible for the planning of the risk assessment in line with the relevant educational visits policy.

## 8. Procedures for handling an allergic reaction

### 8.1 Register of pupils with AAIs

This links to the schools 'supporting pupils with medical conditions' policy. The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis

- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)

The register is kept in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

8.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately. Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency.

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan. If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one. A school AAI device will only be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergies and, if needed, the school's normal emergency procedures. As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Actions for the school's emergency response plan:

- Keep the child where they are, call for help and do not leave them unattended
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given
- AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second AAI
- If no signs of life commence CPR
- Call parent/carer as soon as possible
- Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop
- All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed. Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body

- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening.

Appendix 1

Allergy Management Checklist

| | |
|---|---|
| Has your school purchased spare pens? | |
| Does each child have a completed and signed Allergy Action Plan? | |
| Does each child have an Individual Healthcare Plan? | |
| Have ALL school staff been trained in allergy and anaphylaxis within the last year? | |
| Is there a School-wide allergy awareness programme (for example assemblies, PHSE content, communication with all parents and pupils)? | |
| Does the school allergy policy include where AAIs are stored and policy posted on the school website and Policy Viewer? | |
| Annual anaphylaxis drill planned and scheduled? | |
| Is there a Smartlog check & test to check the expiry dates on spare AAIs and each child's AAI? | |
| Has the school completed an allergy risk assessment? | |
| Do risk assessments of extra curricular activities incorporate allergies? | |
| Does the allergy policy cover safeguarding children with allergies, including bullying? | |

Appendix 2 - BSACI Allergy Action Plan

# BSACI ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

**This child/young person has the following allergies:**

**Name:**

**DOB:**

## Mild/moderate reaction:

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

### Action to take:

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

Loratadine 5mg

**(If vomited, can repeat dose)**

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

## Watch for signs of ANAPHYLAXIS

**(a potentially life-threatening allergic reaction)**

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

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

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

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



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

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

**AFTER GIVING ADRENALINE:**

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

**Commence CPR if there are no signs of life**

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

## Emergency contact details:

1) Name: _____

_____

2) Name: _____

_____

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

Signed: _____

Print name: _____

Date: _____

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

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

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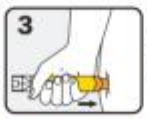
## How to give EpiPen®



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



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



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

## Additional instructions:

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

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

**Sign & print name:** _____

**Hospital/Clinic:** _____

_____ **Date:** _____

# ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH Royal College of Paediatrics and Child Health | anaphylaxis UK | AllergyUK

## This young person has the following allergies:

**Name:**

**DOB:**

## Mild/moderate reaction:

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

### Action to take:

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

Loratadine 5mg

**(If vomited, can repeat dose)**

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

## Watch for signs of ANAPHYLAXIS

**(a potentially life-threatening allergic reaction)**

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

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

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

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



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

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

### AFTER GIVING ADRENALINE:

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

**Commence CPR if there are no signs of life**

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

## Emergency contact details:

1) Name:

2) Name:

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

Signed:

Print name:

Date:

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

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

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## How to give JEXT®




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

## Additional instructions:

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

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

**Sign & print name:**

**Hospital/Clinic:**

**Date:**

Appendix 3 - DfE Template Individual Healthcare Plan

| | |
|---|---|
| Name of school/setting | |
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

**Family Contact Information**

| | |
|---|---|
| Name | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |
| Name | |
| Relationship to child | |
| Phone no. (work) | |
| (home) | |
| (mobile) | |

**Clinic/Hospital Contact**

| | |
|---|---|
| Name | |
| Phone no. | |

**G.P.**

| | |
|---|---|
| Name | |

| | |
|---|---|
| Phone no. | |
| Who is responsible for providing support in school | |

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues 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

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to