New River College
Anaphylaxis Policy

Approved by school governors in **March 2026**

New River College Anaphylaxis Policy

Introduction

This protocol should be read alongside New River College Medical policy and in conjunction with the following documents:

1. **Supporting Pupils at school with medical conditions (DoH, 2014**)
2. **Guidance on the use of adrenaline auto-injector in schools (DoH, 2017)**

Legislation

Schools are now allowed to obtain, without a prescription, "spare" Auto adrenaline injectors (AAI) AAI devices for use in emergencies, if they so wish.
"Spare" AAIs are in addition to any AAI devices a pupil might be prescribed and bring to school. The "spare" AAI(s) can be used if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Not all children with food allergies are at risk of anaphylaxis and these children can be managed with antihistamine. Children who have a clinical diagnosis for potential anaphylaxis will be prescribed AAI to mange symptoms and a care plan signed by a health professional

- the school must have a care plan confirming that the child is at risk of anaphylaxis from a healthcare professional such as GP or allergy clinic
- a healthcare professional has authorised use of a spare AAI in an emergency for that child
- the child's parent/carer has provided consent for a spare AAI to be administered.

Liability and indemnity

The Local Authority provides New River College with appropriate indemnity cover for staff when supporting pupils with medical conditions; this includes liability cover relating to the administration of medication such as AAIs. This is a legal requirement under *Supporting Pupils with medical needs*. 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.**

Anaphylaxis

What is anaphylaxis?

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

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts to a substance that it wrongly perceives as a threat. The body produces an "allergy" antibody called Immunoglobulin E (IgE), which sticks to the substance ("allergen") and causes the release of chemicals such as histamine. In the skin, this results in an itchy rash, swelling and flushing.

Many children (not just those with asthma) can develop breathing problems during an allergic reaction, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched noise (stridor) on breathing.

What can cause anaphylaxis?
Foods: e.g., peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya.
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 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.
Medicine: e.g., antibiotics, pain relief such as ibuprofen
Latex: e.g., rubber gloves, balloons, swimming caps
Insect stings: e.g., bee, wasp

How common is anaphylaxis in schools?
Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food do not always advance to anaphylaxis.
Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. 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.

New River College aims to reduce the risk of an allergic reaction, in line with Supporting Pupils. Box 1 provides a list of actions the school and parent/carers aim take to reduce the risk of exposure to allergens.

Reducing the risk of allergen exposure in children with food allergy

- Bottles, other drinks and lunch boxes provided by parent/carers for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The SENCO will inform catering staff and provide a list on display in the kitchen. The child should be taught to also check before taking food.
- Catering staff should be educated about 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.
- Food should not be given to food-allergic children without parent/carer engagement and permission (e.g., birthday parties, food treats).
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- 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 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, restaurants, food processing plants, school outings or camps, catering requirements of the food-allergic child and Emergency planning are fully considered (including access to emergency medication and medical care).

Symptoms of anaphylaxis

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)

How quickly do symptoms occur?

The time from exposure to the allergen to severe life-threatening anaphylaxis 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.

How is anaphylaxis treated?

- In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction.
- **The treatment of anaphylaxis is to give adrenaline,** by an injection into the outer muscle of the mid-thigh (upper leg). Adrenaline treats both the symptoms of the reaction, and can also stop it from becoming worse.
- Other "allergy" medicines (such as antihistamines) can help with mild symptoms, but are not effective for severe reactions (anaphylaxis).
- **Administration of adrenaline can be lifesaving.**
- Some anaphylaxis reactions require more than a single dose of adrenaline; children can initially improve but then deteriorate later. It is therefore vital to **always dial 999 and request an ambulance whenever anaphylaxis has occurred** – even if there has been a good response to the adrenaline injection.
- Outside hospital, adrenaline can be safely given by non-healthcare workers as an injection into the muscle **using an adrenaline auto-injector (AAI)**.
- Current brands available in the UK are EpiPen®and Jext®.

- **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.

Delays in giving adrenaline are a common finding in fatal reactions.
See Sample Allergy management plan
Child prescribed AAI –Appendix 1
Child not prescribed AAI – Appendix 2

Supply, storage, care and disposal of 'spare' AAI(s)

Supply
The school can purchase their own supply of AAI(s) from a local pharmacy *without a prescription*, but 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 principal or 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 -*see appendix 3*
- Pharmacies are not required to provide AAIs free of charge to schools: if the school decides to purchase "spare" AAI, then the school must pay for them as a retail item.

AAI devices & dosing
Three different brands of AAIs are currently available in the UK, in different doses:

- **Epipen**: 150 and 300 microgram doses available. Epipen Junior delivers a 150-microgram dose
- **Jext**: 150 and 300 microgram doses available

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

NB: Individual pupils may be prescribed a different dose to that recommended above, but the doses suggested in the table are considered appropriate in the context of supplying schools with AAIs, for use in an emergency.

Which and how many AAI devices to purchase

- The **Lead for Safeguarding** will seek medical advice when deciding which AAI device(s) are most appropriate to purchase from the school nurse and pupil's health care plan.

- The decision as to how many devices and brands to purchase will depend on the circumstances such as the number of allergic pupils and the layout and size of the school site.

The emergency anaphylaxis kit

Spare AAIs are stored as part of an emergency anaphylaxis kit, which include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the devices i.e., temperature, sunlight etc.
- Manufacturers information- found on the manufacturer's information leaflet included with the AAI.
- A checklist of AAIs, identified by their batch number and expiry date with monthly checks recorded and signed.
- Arrangements for replacing used or expired AAIs
- A list of pupils to whom the AAI can be administered
- An administration record.

Emergency anaphylaxis kit may be kept together with emergency asthma inhaler kit (containing salbutamol inhaler device and spacer) as many food allergic children also have asthma, which is a common symptom during anaphylaxis.

Storage & location

Severe anaphylaxis is a time-critical situation: delays in administering adrenaline have been associated with fatal reactions.

All AAI devices – including those prescribed to the pupil themselves, as well as any spare AAI(s) – must:

- Be accessible at all times, in a safe and suitably central location in designated areas
- NOT be locked away in a cupboard or kept in an office where access is restricted.
- AAIs should not be located more than 5 minutes away from where they may be needed.
- "Spare" AAI devices in the Emergency Kit should be kept separate from any AAIs prescribed to named pupils to avoid confusion
- Spare AAI(s) should be clearly labelled.
- AAIs should be kept at room temperature (in line with manufacturer's guidelines), away from direct sunlight and extremes of temperature.
- They should *not* be stored in a refrigerator.

Designated areas for safe storage of medication, first aid equipment

Primary site – Medical room
Secondary site – Main office, staff room and food room
Medical site – Medical cabinet in school reception

When AAIs are prescribed to pupils, where should they be kept?

Delays in administering adrenaline have been associated with fatal reactions. Allowing pupils to keep their AAIs with them will reduce delays, and simplifies the need to confirm consent without having to check a register. Schools need to ensure they have a proportionate and flexible approach to checking the register, to avoid any delay in using an AAI in an emergency.

Current guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) recommends that 2 AAI devices are prescribed, which patients should have available at all times.

On the Primary Site:

- AAIs should be kept in the medical room.
- Pupils at risk of anaphylaxis should always have access to AAI(s), so parents/carers need to ensure AAI(s) are available for the journey to/from school.
- Healthcare professionals may need to prescribe more than 2 AAIs to pupils: one or two AAIs to be kept with the pupil, and a further device held centrally on the school premises.

On the Secondary and Medical Sites:

- Pupils should be encouraged to be independent and keep their own prescribed AAIs with them at all times.
- An additional device is kept on the school premises, in case pupils forget to bring their AAIs to school. Pupils may therefore need to be prescribed an additional AAI to be held centrally on school premises.

Secondary site – Main office and staff room
Medical site – Staff room

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.

Record Keeping

- The schools medical /allergy /anaphylaxis policy should detail staff responsibilities for checking and maintaining the Emergency anaphylaxis kit.
- The **Lead for Safeguarding** have responsibility for ensuring that:
- On a half termly basis the spare AAIs are present and checked alongside batch numbers
- Spare AAIs are in date
- Replacement AAIs are purchased when expiry dates approach. (Schools can sign up to AAI expiry Alerts through relevant AAI manufacturer)

New River College ask parent/carers to take their child's own prescribed AAI(s) home before school holidays (including half-term breaks), to ensure that prescribed AAIs remain in date and have not expired.

School Trips and sporting activities

- Risk-assessment is conducted for any pupil at risk of anaphylaxis taking part in a school trip off school premises
- Pupils at risk of anaphylaxis should have their AAI with them, and all staff are trained annually to administer AAI in an emergency.

- Under some circumstances, spare AAI(s) may be obtained for emergency use on some trips, for example remote locations.

Children in whom the spare emergency AAI can be used

The guidance on the use of adrenaline auto-injector in schools (DoH, 2017) enables schools to use the spare adrenaline auto-injector (AAI) for children that are suspected as having an anaphylactic reaction and must only be used in the following scenarios:

1. A child at risk of anaphylaxis who has been provided with a health care plan confirming this, and **has** been prescribed an AAI, but they are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/carer must be obtained.
2. A child at risk of anaphylaxis who has been provided with a health care plan confirming this, but **has not** been prescribed an AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/carer must be obtained.
3. If a pupil is having anaphylaxis but **does not** have the required medical authorisation and parent/carer consent for a "spare" AAI to be used, the school should immediately call 999 and seek advice: If "spare" AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate.

Register of pupils with allergy *(See Appendix 4)*

The register must contain:

a) Details of children prescribed AAI's with documented health care professional (GP/Allergy clinic) and parent/carer consent for administration of spare emergency AAI

b) Details of children not prescribed AAI's with documented health care professional (GP/Allergy clinic) and parent/carer consent for administration of spare emergency AAI

To support staff to know which pupils have been prescribed AAIs the register is accessible in designated areas and easy to read. SENCOs regularly check the register and have a proportionate and flexible approach to this. **Delays in giving adrenaline have been associated with fatal outcomes.** Allowing pupils to keep their AAI(s) with them will reduce delays, and allows for confirmation of consent without the need to check the register.

Parent/carer consent for use of an AAI is gained when a pupil's individual healthcare plan is agreed. Consent is updated annually when these are reviewed and to take account of any changes.

Allergy Plans *(See Appendix 1)*

- All children with a diagnosis of food allergy and at risk of anaphylaxis should have a written Allergy Management Plan
- The allergy plans provided by allergy clinic can be used as the pupil's individual healthcare plan to meet the school's duty under ***Supporting Pupils,*** where the pupil has no other healthcare needs.
- If a school chooses *not* to use the allergy plans provided by allergy clinic there needs to be an alternative which includes the following information:

- Known allergens and risk factors for anaphylaxis in the pupil.
- Whether the pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI: if parental consent has been given for use of the spare AAI.
- A photograph of the pupil to allow a visual check to be made (this will require parental consent).

Roles and responsibilities

Governing body

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

Head teacher

- Should 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 pupils 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**.
- Should ensure that all staff who need to know are aware of which pupils have food or other allergies and are at risk of anaphylaxis.
- Should ensure that sufficient trained numbers of staff are available to provide treatment to a pupil having an allergic reaction or anaphylaxis.
- Have 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 pupils in this way.
- Should 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.

Parent/carers

- Should provide the school with sufficient and up-to-date information about their child's medical needs and risk of anaphylaxis
- Provide the school with an appropriate notification, which could be giving the school an Allergy Management Plan signed by a healthcare professional which includes parent/carer consent for the treatment of an allergic reaction. http://www.bsaci.org/about/download-paediatric-allergy-action-plans
- Should provide medicines according to the Child's individual allergy management plan, and ensure that they are in date at all times (not expired)
- Ensure they or another nominated adult are contactable at all times.

Pupils

- Should 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 pupils will often be sensitive to the needs of those with medical conditions.

School Nurse Health Teams

- The role of the school nurse is to provide the school with support and advice on managing children with a diagnosis of allergy.
- The school nurse will work in partnership with the family, school and specialist allergy team with a focus on safety, inclusion and keeping the child healthy in school.
- The school nurse will support the school with the provision of the annual anaphylaxis and adrenaline training.

ALL school staff should

- 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 contents of this policy.
- Be aware of how to check if a pupil 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 who have *volunteered* to help a pupil use an AAI in an emergency should:

- have received training on how to use AAIs, relevant to their level of responsibility.
- 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.

Non-Adherence to Policy

If a child and/or parent/carer are not engaging with adhering to this policy e.g. health care plan and/or prescribed medication are not brought to school, and there is sufficient concern, then refer to the school's safeguarding policy.

Further Information

- Spare Pens in Schools http://www.sparepensinschools.uk

Official guidance relating to supporting pupils with medical needs in schools:

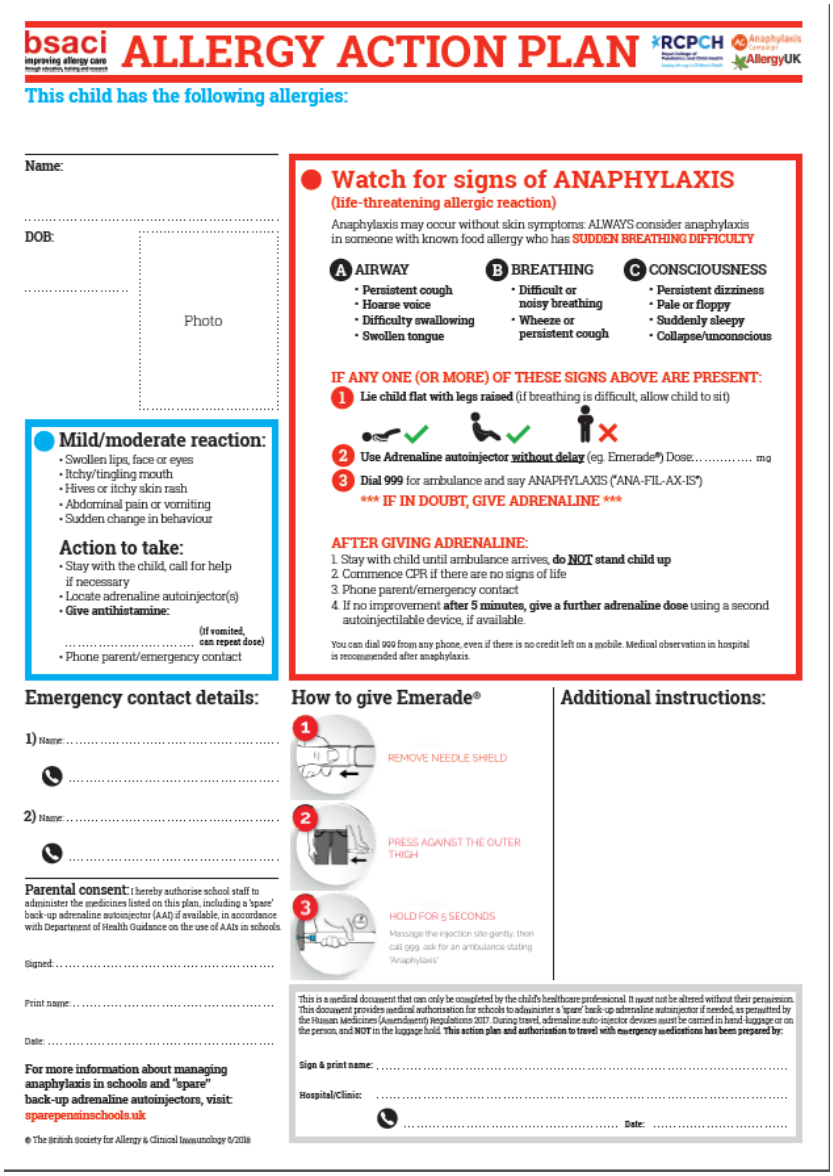
- Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools (Department for Education, 2014). https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Allergy UK https://www.allergyuk.org/
- Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management
- Anaphylaxis Campaign https://www.anaphylaxis.org.uk

- AllergyWise training for schools https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
- Education for Health http://www.educationforhealth.org

24 Guidance on the use of adrenaline auto-injectors in schools

- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2011) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834
- Department of Health (England) (2017) Guidance on the use of adrenaline auto-injectors in schools. Available from: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

Appendix 1: BSACI Allergy Action Plan 1



bsaci improving allergy care through education, training and research

ALLERGY ACTION PLAN

RCPCH 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 • 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** (eg. Emerade®) 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 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 autoinjectilable 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 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

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How to give Emerade®

1. REMOVE NEEDLE SHIELD
2. PRESS AGAINST THE OUTER THIGH
3. HOLD FOR 5 SECONDS
Massage the injection site gently, then call 999, ask for an ambulance stating 'Anaphylaxis'

Additional instructions:

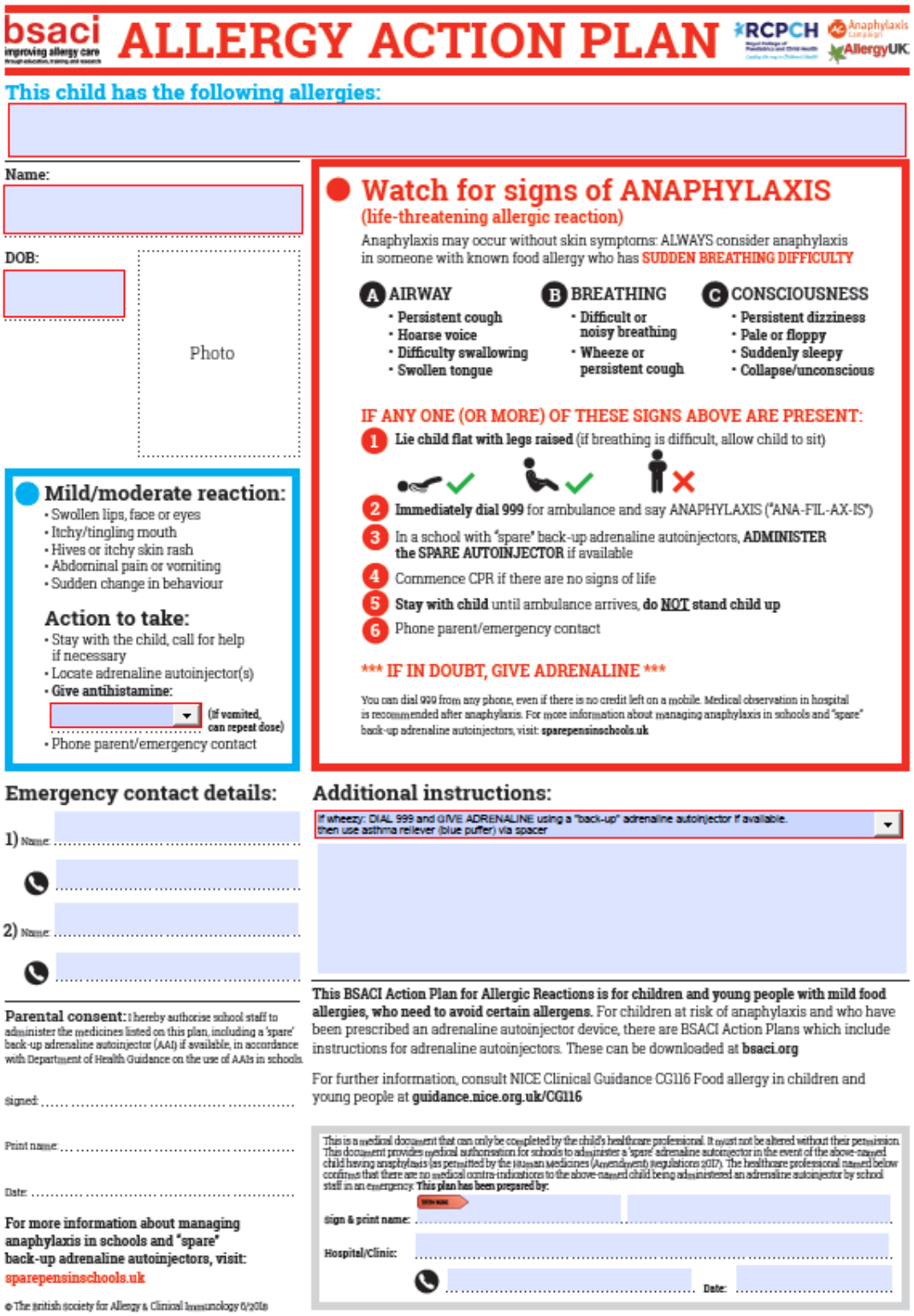
This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (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 authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

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

Appendix 2: BSACI Allergy Action Plan 2



bsaci ALLERGY ACTION PLAN

RCPCH 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 • 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. **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:

Appendix 3: Pharmacy Letter

[To be completed on headed school paper]

[Date]

Dear Pharmacy,

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

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.

Please supply the following devices:

Brand name*		**Dose* (State milligrams or micrograms**	**Quantity Required**
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: Date:

Print name:

Head Teacher/Principal

*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:

Children age under 6 years	**Children age 6-12 years**	**Teenagers age 12+ years**
Epipen Junior (0.15mg) Jext 150 microgram	Epipen (0.3 milligrams) Jext 300 microgram	Epipen (0.3 milligrams) Jext 300 microgram

Appendix 4a: Register of Children prescribed AAI

Name	DOB	Class	Consent to use spare AAI Yes/No

Appendix 4b: Register of Children NOT prescribed AAI

Name	DOB	Class	Consent to use spare AAI Yes/No

Appendix 5: RACE plan

Whittington Health NHS

CHILD HAVING AN ALLERGIC REACTION?

UCL

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RECOGNISE

Early recognition is key

Make yourself aware of children with known allergies

Know the child, know the allergy

Reactions can occur from minutes to 2 hours post-exposure

REMOVE

allergen immediately if in contact

A

ANAPHYLAXIS ABC

Signs of anaphylaxis:

Airway
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

Breathing
- Difficult/noisy breathing
- Wheeze
- Persistent cough

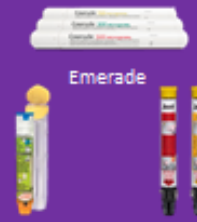
Consciousness
- Persistent dizziness
- Pale/floppy
- Suddenly sleepy
- Collapse
- Unconsciousness

C

CARE

Lie the child flat
Sit up if breathing difficulty

Use adrenaline pen according to instructions



E

EMERGENCY 999

Always call ambulance after using adrenaline pen

Say ANAPHYLAXIS
("ANA- FIL-AX- IS")

Keep child lying down

No improvement after 5 mins?
Give 2nd adrenaline pen

Wheezy?
Give 6-10 puffs of blue inhaler with spacer

In anaphylaxis,
it's a RACE against time.

Ciaran Cyriac, UCL Medical Student
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Adapted from BSCA Allergy Action Plan 09/17

Whittington Health NHS Trust

New River College