

Allergy and Anaphylaxis Policy

Safeguarding Statement

At Tas, The Anchor SENDfriendly centre we respect and value all children and young people and are committed to providing a caring, friendly and safe environment for all our students so they can learn, in a relaxed and secure atmosphere. We believe every student should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at TAS. We recognise our responsibility to safeguard all who access school and promote the welfare of all our students by protecting them from physical, sexual and emotional abuse, neglect and bullying.

Allergy and Anaphylaxis Policy

Aims and definitions

This policy sets out how TAS The Anchor SENDfriendly centre will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports students with allergies to ensure their wellbeing and inclusion.
- Promote and maintain allergy awareness among the school community
- Minimise the risk of any student suffering a severe allergic reaction whilst at school or attending any school related activity.
- Ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis. Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs. Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction. This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

Common allergens:

Food allergens:

- Peanuts

- Tree nuts (e.g. hazelnuts, almonds, walnuts, cashews)
- Eggs
- Milk
- Wheat
- Soy
- Shellfish

Environmental allergens:

- Pollen
- Dust mites
- Mould
- Pet hair or dander
- Insect sting

Medication allergens:

- Penicillin
- Sulfonamide drugs
- Aspirin
- Ibuprofen
- Acetaminophen

Other allergens:

- Bee stings
- Sunscreen
- Fragrances
- Essential oils
- Latex

Legislation and guidance

This policy is based on the Department for Education's guidance on **allergies in schools** and **supporting students with medical conditions at school**, the Department of Health and Social Care's guidance on **Using emergency adrenaline auto-injectors in schools**, and the following legislation:

- **The Food Information Regulations 2014**
- **Anaphylaxis Uk**
- **The Food Information (Amendment) (England) Regulations 2019** *(if possible, can we have a direct access to the websites, I have put them in bold and i they are some links below)*

Roles and responsibilities

We take a whole-school approach to allergy awareness.

Allergy lead

The allergy lead is the TAS medics and trained staff members

Allergy and Anaphylaxis Policy

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant students
- Ensuring:
 1. All allergy information is up to date and readily available to relevant members of staff
 2. All students with allergies have an allergy action plan completed by a medical professional
 3. All staff receive an appropriate level of allergy training
 4. All staff are aware of the school's policy and procedures regarding allergies
 5. Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

School nurse

The school nurse is responsible for:

- Sourcing, recording and distributing information on medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis from families
- Coordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among students

- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific students with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of students with allergies

Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to assist students with AAIs in an emergency on educational visits. These members of staff will be named on educational visit risk assessments. (**we need volunteers**)

Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Students with allergies

If appropriate, these students are responsible for:

- Being aware of their allergens and the risks they
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the student is not able to do so).

Students without allergies

These students are responsible for:

- Being aware of allergens and the risk they pose to their peers

Assessing risk

The school will conduct a risk assessment for any student at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food or food packaging
- Off-site events and educational trips
- Any other activities involving animals or food, such as animal handling experiences or baking.

A risk assessment for any student at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

Managing risk

Hygiene procedures

- Students are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Students have their own named water bottles

Catering

The school is committed to providing safe food options to meet the dietary needs of students with allergies.

- Catering staff receive appropriate training and can identify students with allergies
- School menus are available for parents 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 students
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing students 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)

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage students 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 student brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be removed.

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All students will always wash hands after interacting with animals to avoid putting students with allergies at risk through later contact
- Students with animal allergies will not interact with animals

Events and educational visits

For events, including ones that take place outside of the school, and school trips, no students with allergies will be excluded from taking part.

The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of students' allergies and to have received adequate training.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips.

Procedures for handling an allergic reaction

Allergy plans

Allergy plans will be developed as part of Individual Healthcare Plans for children and young people with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto injector.

It is the parent/guardian's responsibility to complete the allergy plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Register of students with AAI

The school maintains a register of students 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 student has been prescribed AAI(s) (and if so, what type and dose)
- Where a student 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 student
- A photograph of each student to allow a visual check to be made

The register is kept in Phase Information Folders in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response (**we will do this asap**)

Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

If a student has an allergic reaction, the staff member will initiate the school's emergency response plan, following the student's allergy action plan.

If an AAI needs to be administered, a designated member of staff will use the student's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure. (**I don't know if we have one**)

If the student has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures by phoning the School Nurse or a First Aider.

Symptoms of anaphylaxis happen very quickly

They usually start within minutes of coming into contact with an allergen, such as a food, medicine or insect sting.

What to look for:

- swelling of the throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in the throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting

- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- a rash that's swollen, raised or itchy.

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.)

Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

If the student has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure

In the event of anaphylaxis:

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. Inject at upper, outer thigh through clothing if necessary
- CALL 999 and state ANAPHYLAXIS

- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR

- Phone parent/guardian as soon as possible

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can re-occur after treatment.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives or accompany the student to hospital by ambulance.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the student will be monitored, and the parents informed.

Adrenaline auto-injectors (AAIs)

Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

AAIs are purchased from a pharmaceutical supplier, such as a local pharmacy, without a prescription. A request signed by the Headteacher (on appropriate headed paper) will outline:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.
- The quantity of AAIs required

A single brand of AAI will be purchased to avoid confusion.

AAIs are available in different doses, depending on the manufacturer:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used
- For children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used.

Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. They will be kept in a red bag
- Always kept on the child/ with person supporting them, In the classroom it will be kept in a safe draw to which all staff have access at all times but is out of the reach and sight of children.
- 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

Spare AAIs are kept separate from any student's own prescribed AAI, and clearly labelled to avoid confusion.

Maintenance (of spare AAIs)

The school Nurse and allergy lead are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

Disposal

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 in the Nurses' Office.

Use of AAIs off school premises

A risk-assessment will be carried out for any pupil at risk of anaphylaxis taking part in a school trip off school premises. Pupils at risk of anaphylaxis will have their AAI with them, and there will be staff trained to administer AAI in an emergency. It may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Students 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 trained to administer AAIs in an emergency should be present on school trips and off-site events

Emergency anaphylaxis kit

(need to create this)

The school holds an emergency anaphylaxis kit. This includes:

- 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 students to whom the AAI can be administered
- A record of when AAIs have been administered

Training

All staff will complete online allergy and anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services • Administering emergency treatment (including AAI) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance • Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

Reducing the risk of allergen exposure in children and young people with food allergies.

[Anaphylaxis UK | Supporting people with serious allergies | Anaphylaxis UK](#)

[Anaphylaxis - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Education | Anaphylaxis UK](#)

[EpiPen® & EpiPen® Jr: Official UK Site](#)

[Welcome to Jext](#)

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the **ABC symptoms** and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheezing (like an asthma attack)

C Consciousness/Circulation

- Feeling lightheaded or faint
- Clammy skin
- Confusion
- Unresponsive/unconscious (due to a drop in blood pressure)

WHAT TO DO



1. Lay the person flat - do NOT allow them to stand and walk
 - A. If unconscious, place them in the recovery position
 - B. If breathing is difficult, allow them to sit up
 - C. If they feel dizzy or appear pale, their legs should be raised



2. Administer an adrenaline auto-injector (refer to device label for instructions)



3. Phone 999 and tell them the person is suffering from anaphylaxis (ana-fil-axis)



4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given



01252 542029



info@anaphylaxis.org.uk



anaphylaxis.org.uk

Charity Number: 10233377

#

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

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- 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 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 until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

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

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby 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 AAI in schools.

Signed: _____

Print name: _____

Date: _____

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

How to give EpiPen®



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



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



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

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

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: _____

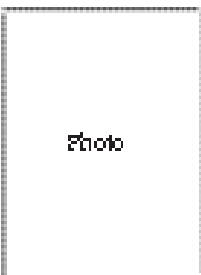
BSACI ALLERGY ACTION PLAN



This child has the following allergies:

Name _____

DOB _____



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
- Give adrenaline autoinjector (s)
- Give oral histamine

If you will not give adrenaline, please sign here

• Please parent/teacher/primary 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 **3 UNIDENTIFIED BREATHING DIFFICULTY**

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A AIRWAY</p> <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <p>B BREATHING</p> <ul style="list-style-type: none"> • Difficulty or noisy breathing • Wheeze or persistent cough | <p>C CONSCIOUSNESS</p> <ul style="list-style-type: none"> • 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-EEZ)
 - 3 In a school with type of back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOJECTOR 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/teacher/primary contact

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

You must dial 999 for an ambulance, or use 112 from a mobile phone if you are in a rural area. UK and a licensed 020 for the rest of the world. Do not dial 999 for any other reason. For more information on what to do when you get an ambulance to the school and on 'top up' for the adrenaline autoinjector, visit www.nice.org.uk/guidance/CG136

Emergency contact details:

- 1) Name _____

- 2) Name _____

Parental consent: I have signed and returned this form to my child's school. I understand that my child has a severe allergic reaction to the above named allergen(s) and that my child has been prescribed an adrenaline autoinjector. I understand that my child has been prescribed an adrenaline autoinjector and that I have been given instructions on how to use it. I understand that my child has been given instructions on how to use it. I understand that my child has been given instructions on how to use it.

Signature: _____
 Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: www.nice.org.uk/guidance/CG136

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Additional instructions:

If necessary: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then take the child to hospital for further treatment.

This BSACI Action Plan on Allergic Reactions is for children and young people with 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. There can be downloaded at www.bsaci.org

For further information, consult NICE Clinical Guidance [CG136](http://www.nice.org.uk/guidance/CG136) and [CG137](http://www.nice.org.uk/guidance/CG137) in children and young people at www.nice.org.uk/guidance/CG136

This form was created by the National Allergy Centre for Children and Young People (NACC) and is intended to be used by schools and other organisations. It is not intended to be used as a substitute for medical advice. It is not intended to be used as a substitute for medical advice. It is not intended to be used as a substitute for medical advice.

Signature of parent/teacher/primary contact: _____

Stamp the school: _____

Date: _____

BSACI ALLERGY ACTION PLAN RCPCI anaphylaxis UK

This child has the following allergies:

Name _____

DOB _____



Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/ringling 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 (if)
- Give oral histamine

If you will not use, sign at bottom

Signature parent/teenage proxy 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 **3** ~~DIFFICULTY~~ **DIFFICULTY**

- A AIRWAY**
 - Persistent cough
 - Rhine twice
 - Difficulty swallowing
 - Swollen tongue
- B BREATHING**
 - Difficulty or noisy breathing
 - Wheezing or persistent cough
- C CONSCIOUSNESS**
 - 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 **as soon as possible** (eg. Jext®) (Dose: _____ mg)
- 3 Dial 999 for ambulance and say **ANAPHYLAXIS (ANA-FIL-AXIS)**

***** 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
- 3PHONE parent/teenage proxy contact
- 4 If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You must dial 999 for an ambulance, or use 112 if you are abroad. If you are unable to call, use a mobile phone and a contact to call for you. Do not use a mobile phone if you are unable to call.

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I have read and understand the contents of this plan and agree to the use of the information contained herein for the purpose of providing the child with the necessary medical care.

Signature: _____

Date: _____

Signature: _____

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

How to give Jext®



1
FORM THE FIST AND PULL THE PULLER OFF YELLOW SAFETY CAP



2
PLACE BLUE END OF JEXT IN ARM MUSCLE WITH OTHER END POINTING



3
PUSH DOWN HARD until you feel the firm resistance or see the plunger move for 10 seconds



4
REMOVE JEXT. Massage the site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document. It is not a toy. It is not to be used for anything other than the purpose for which it was designed. It is not to be used for anything other than the purpose for which it was designed. It is not to be used for anything other than the purpose for which it was designed.

Signature: _____

Signature: _____

Date: _____

| | |
|---------------|--------------------------|
| Policy status | Non-statutory |
| Adopted | July 2024 |
| Review date | July 2026 |
| Written By: | Mariam Ssebaduka (Nurse) |