King Athelstan Primary School

Food and Non-Food Allergy Policy

King Athelstan Primary School – Inspiring Excellence

We believe in the relentless pursuit of excellence to achieve high standards.

We are driven to inspire our school community to be aspirational, ambitious and to "dream big."

We empower children with choices which prepare them for a life of opportunity.

We teach children that hard work delivers success; we encourage children to take risks and ask brilliant questions in order to inspire a love and passion for learning.

We teach children to think.

We put children's happiness and welfare at the heart of everything we do.

We value friendship, kindness and respect.

We celebrate the excellence in each individual.

We expect families to work with us to form a strong team around every child.

We teach children to be good citizens.

We are proud of our school: Come as you are and leave us great.

Responsibility: Welfare & Attendance Officer	**Governors committee:**	
Status: Statutory	**Review Cycle: 2 years**	
Date reviewed: 17 July 2026	**Date agreed:**	**Next review: July 2028**

Contents

1. Aims and Objectives

It is the policy of King Athelstan Primary School to minimise the risks of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. Where an external kitchen, breakfast/after school club are used, they will either follow this policy or have their own which meets or exceeds this level.

This policy will follow guidance from:

- Department. for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Anaphylaxis UK estimates there are around 680,000 children in England living with allergies. It is also estimated that 20% of the UK population has one or more allergies. Although King Athelstan Primary School cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils/pupils in line with legislation, or where reasonable, better than the standard.

This policy does <u>not</u> include religious, moral/philosophical dietary requirements or other reasons for not eating certain food.

The school is committed to proactive risk food allergy management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff/pupils/pupils suffering from allergies;
- remind staff, parents and pupils/pupils to confirm to the school any allergies when action may be required;
- ensuring pupils/pupils who need them have a health care plan in place, including those with allergies;
- in the same way, the school encourages staff to notify the school of known risk of anaphylaxis to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- keeping an up to date list of staff/pupils/pupils with allergies and ensuring (where required) the school's caterers have access to the information;
- liaising with the school's kitchen and other food providers staff/management;
- regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and
- provision of a whole school awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g. the use of adrenaline auto-injectors such as EpiPens and similar devices). Click here for

the Anaphylaxis UK Whole School Awareness information and resources: https://www.anaphylaxis.org.uk/education/safer-%20schools-programme/

2. Responsible Person

The governing board has ultimate responsibility for making arrangements to support pupils with allergies/medical conditions.

The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the implementation of this policy to Emily Newton, Headteacher who has been appointed as the Responsible Person for the school and has overall responsibility for helping ensure suitable controls are in place.

The day-to-day implementation of this policy is carried out by Natali O'Farrell, Welfare & Attendance Officer for Pupils and with Sarah Kearns, School Business Manager for staff.

The Welfare & Attendance Officer and School Business Manager will work in conjunction with the family/person with the allergy (staff, pupils/pupils and pupils/pupils' families/guardians etc.), the school's first aid staff, catering team and Special Educational Needs Coordinator (SENCO).

They will also ensure that any specific training is organised through the School Nurse Service and will liaise with the school's food providers (such as external canteen, breakfast and after school clubs etc.)

They will also ensure there is a record of all people with allergies, which notes:

- Name
- Picture of the person
- What they are allergic to
- Symptoms
- Actions to take

This document should be reviewed annually or earlier due to new pupils/pupils joining the school or new information being provided relating to a pupil/pupil's medical situation.

Where required, the Welfare & Attendance Officer will ensure the pupil has an Individual Health Care Plan (IHCP)

3. Information from Parents and Staff

Staff are asked to make the school aware of any food allergies they have using the attached form (see Appendix B).

Parents/guardians are required to make the school aware of any allergies suffered by their children. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. See Appendix A.

All relevant information will be passed to key areas within the school including Class Teachers, First Aiders, office staff and Catering colleagues/contractors who work at the school.

4. Training for Staff

The following staff members (at least 2) are responsible for coordinating staff anaphylaxis training:

Natali O'Farrell (Welfare & Attendance Officer)
Sarah Kearns (Business Manager)

All staff are required to complete Anaphylaxis training on an annual basis. (This is separate from general first aid training.)

Important Guidance:

Training on Anaphylaxis should be provided to all school staff on an annual basis

What should the training include?

It should include:

- Recognise signs and symptoms of anaphylaxis
- Know how to manage an emergency
- Know how to administer an adrenaline auto-injector (AAI)
- Care planning
- Consider how to keep the school environment safe for children/staff at risk of anaphylaxis

Important Guidance: **Information, Instruction & Training - Type and Frequency**	
Annual Anaphylaxis Training - All staff	All staff should complete Anaphylaxis training on an annual basis. Access the FREE Anaphylaxis training from your local School Health Team: • **Kingston schools** - click here to request training - Link to Your Healthcare. • **Richmond schools** - the Richmond School Nurses team organises this each year for schools. CLCHT.RichmondSchoolNursing@nhs.net

	• **Sutton schools** - Please contact Sutton's School Nurse Team for training • **Other school** - Please contact your local area's School Nurse Team for training
All staff	All staff should receive in-house training in the application of this policy. General advice on how to use adrenaline auto-injectors (such as Epipens etc.) can be found at the following: https://www.anaphylaxis.org.uk/wp-content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf
Staff providing First Aid assistance:	Where there are pupils/pupils/staff with allergies, schools are advised to take this into account when deciding upon the level of first aid provision at the school and on school trips, the school should review the number of staff that have completed the full three day First Aid at Work training and the Emergency First Aid including Paediatrics to ensure that staff are trained accordingly. For early years and foundation stage, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and should accompany children on outings. Where there are pupils and/ or staff present that are at risk of anaphylactic shock selected staff will also require training in the correct use of adrenaline auto-injector, e.g. EpiPens. It is important that the First Aiders are included in the annual anaphylaxis training as discussed above within this table. Schools should also contact the School Nurse Service for their area to ascertain if further specialist training, relating to a pupil's specific condition would be required and for the expected regularity of refresher training.

5. Supply, storage and care of medication

Auto Adrenaline Injectors are stored in the school office medical cabinet. Other medication in stored in the pupil's class room. Medication stored in the class room will be taken by a member of staff to each class that the child attends. It will remain in the child's class room during break times.

Adrenaline auto-injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Auto Adrenaline Injectors are stored in a plastic see-through wallet and clearly labelled with the pupil's name. The pupil's medication storage container contains:

- Two adrenaline auto-injectors e.g. EpiPen
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

The school holds 2 spare EpiPens (3.0mg and 1.5mg). These are located in the medical room.

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the *Welfare & Attendance officer* will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts with their medicine provider for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

6. Common Food Allergens

Guidance:

Common Food Allergens:
Food Standards reports (https://allergytraining.food.gov.uk/english/rules-and-legislation/) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food. They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

https://allergytraining.food.gov.uk/english/rules-and-legislation/#allergen-rules

The above list does not cover all the food groups that may be an issue (for example kiwi fruit), and only notes those that must be noted on labels.

7. No nuts policy

Guidance:

Banning Nuts:
Nut allergies are the most common, high risk allergy and it is believed that 1 in 55 pupils/pupils have a nut allergy.

Generally, Anaphylaxis UK does not necessarily support 'peanut bans' in all schools provided there are suitable controls in place on the management of allergies and allergens. However, this is dependent on the level of risk towards staff/pupils/pupils.

King Athelstan Primary School has a full ban of nuts (as listed above) in place. This ban is suitably publicised.

8. Communicating Information about Allergies

Information about allergies is on the school's website's policy page. Parents are informed when their children join the school and staff are informed when they join the school and when required.

All staff, including agency and supply staff, are made aware of the school's allergy policy during the Induction and any updates or new risks are included at staff meetings and news items to parents.

9. Reporting Allergies

The school requests that parents and staff report any food allergies that affect staff/pupils/pupils when the pupil or staff member first joins the school (or if they joined prior to this policy being used, they will be asked when this policy is activated).

Parents/Staff are encouraged to report allergies when they are aware of the condition.

Parents will be required to complete and Individual Health Care Plan (Appendix A).

Staff should complete Appendix B.

A copy of the documents will be kept securely on file.

10. Data Protection (GDPR)

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff/Depts and third parties., including a photo of the pupil (where required). This will include the following:

- First Aid Lead
- Catering contractor/School caterers
- Breakfast Club
- Home Economics Dept.
- Senco (for pupils/pupils)
- Documents pertaining to educational visits

11. School Catering, Cooking Activities, Events

The school will work with its caterers and Food Technology team each year when reviewing the pupil lunch menus and source of ingredients. Information gathered using this policy will be used to reduce the risk to people within the school.

The caterers will review their procedures as required. For example they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies ;(this may include photos);

Teachers will:

Review all classes for pupils/pupils with allergies attending. The teachers will be aware of any pupil with a relevant allergy and will take suitable action, including:

- carefully plan cooking activities including lesson planning and risk assessments;
- maintaining high standards of cleaning;
- minimise contamination during cleaning procedures;
- opening windows to maintain good general ventilation where appropriate;
- consider the provision of disposable masks (FFP3) for those pupils with allergies (FFP = Filtering Facepiece); and
- have an approach of the parent, carers, pupil/pupil and teachers working together.

Important Guidance:

Minimising contamination

It is good practice to:

- Provide clean equipment and clothing and a work space not used by other pupils/pupils.
- Keep a basic plastic box with a set of equipment in it that is not used for cooking with allergens.
- Aprons washed thoroughly and only used by pupils/pupils/staff with allergies

Fetes/Fairs/Events

The school will suggest parents bring food *replacements* for events, such as fetes/fairs, bake sales and birthdays, so the allergic child can feel more involved.

The school will minimise using food as a treat or reward.

12. Symptoms and Treatment

12.1 Symptoms

We follow the advice provided by Anaphylaxis UK:

What to look for:

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.

The term for this more severe reaction is anaphylaxis. 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. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil 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.

What does adrenaline do?

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

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

12.2 Treatment and Action

Action:

Keep the child where they are, call for help and do not leave them unattended.

1. **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.
2. **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Adrenaline Auto-injectors should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
3. CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
4. If no improvement after 5 minutes, administer second adrenaline auto-injector.
5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.
7. 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.
8. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Guidance:

Spare Injector:
The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription. Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

For more information on this, go to: https://www.anaphylaxis.org.uk/campaigning/spare-pens-in-schools-campaign/

Please note:

Excerpt from the current "Guidance on the use of adrenaline auto-injectors in schools"

> *"Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare auto-injector(s) held by a school should be in addition to those already prescribed to a pupil."*

The school holds 2 spare EpiPens (3.0mg & 1.5mg) located in the medical room.

13. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils/pupils prior to the trip and make plans accordingly taking into account the activities planned.

Where reasonable, school trips will avoid areas that may affect a pupil/pupil's allergy. Where such trips are being planned, the school will get advice from the School Health Team and work with the parents and the School Health Team to work out what is possible.

Where reasonable, school trips will avoid areas that may affect a pupil's allergy.

If pupils/pupils are going offsite, staff will check to ensure each pupil/pupil/s two adrenaline auto-injectors (or other suitable medication) is being carried, before setting off. (Please note that pupils and pupils who need adrenaline auto-injectors need to have two of them with them - current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injectors should carry two of the devices at all times.)

The need for an injector will be noted on all relevant educational visit documents during the planning stage.

14. Disposal of Used Adrenaline Auto-Injectors

Adrenaline auto-injectors are single use and must be disposed of as sharps when they have been used. They can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. The sharps bin is kept in the medical room.

The school provides sharps boxes for use in school and on trips where necessary.

15. Cross Contamination

Cross contamination can occur between food and objects if arrangements are not in place to avoid this.

Staff and pupils/pupils are encouraged to wash their hands after eating and the school has good hygiene procedures in place to reduce the risk

See also Section 12 - Food Catering which discusses this.

16. Allergy Bullying

The school will monitor for allergy bullying and where required will teach all pupils/pupils about the risk from allergies.

The school also has an anti-bullying policy in place.

17. Intolerance to Food

Guidance:

Food Intolerance:
Although not life threatening, food intolerances are more common than allergies and can cause people to feel unwell. The symptoms of food intolerances tend to come on slower, even several hours after consumption. For example, people can be intolerant to gluten. This is called coeliac disease.

Typical symptoms include bloating and stomach cramps.

This Policy focuses on allergies rather than food intolerance.

Guidance:

Useful Links
Department for Education: Supporting pupils with medical conditions at school
Link: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Anaphylaxis Campaign
Link: https://www.anaphylaxis.org.uk/

18. Links to other policies and forms

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Allergy
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Medicine form
- Individual Health Care Plan

King Athelstan Individual Health Care Plan

Please complete this form to inform the school of your child's medical needs.

Pupil Details

Pupil's Full Name: _____

Date of Birth: ____ / ____ / _____

Class: _____

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1. Allergies & Intolerances

Does your child have a diagnosed allergy or intolerance?

☐ Yes ☐ No

If no, please move onto section 2.

Important: If your child has an allergy or intolerance, you will need to provide supporting medical evidence. A child cannot be recorded as having an allergy or intolerance without medical evidence.

Allergy Details

Type of allergy

☐ Food Allergy

☐ Non-Food Allergy

☐ Both

If both, please specify:

Please list the allergen(s):

Medical Confirmation

Has this allergy been confirmed by your child's GP, consultant or another medical professional?

☐ Yes ☐ No

Do you have medical evidence (dated within the last three years)?

☐ Yes ☐ No

Reaction to the Allergen

What level of reaction does your child have, and what are their usual symptoms?

(For example: mild rash, swelling, vomiting, breathing difficulties, anaphylaxis.)

Contact with the Allergen

How does your child need to come into contact with the allergen for a reaction to occur? *(Tick all that apply.)*

☐ Ingested (eaten)

☐ Skin/physical contact

☐ Airborne contact

☐ Other (please specify)

Managing the Allergy

What actions should be taken if your child has an allergic reaction?

Is your child at risk of anaphylaxis?

☐ Yes ☐ No

Does your child require emergency medication (e.g. an adrenaline auto-injector such as an EpiPen, Jext or Emerade)?

☐ Yes ☐ No

If yes, please state which medication is required:

If your child has been prescribed an adrenaline auto-injector, do you give permission for school staff to administer the school's emergency adrenaline auto-injector if your child's prescribed device is unavailable, has already been used, or cannot be administered?

☐ Yes ☐ No

☐ Yes ☐ No

Please note: If your child requires medication to be administered in school, you will also need to complete a **Medicine Request Form**.

Information Sharing

To help keep your child safe, relevant allergy information may need to be shared with staff who have responsibility for your child, including catering staff where appropriate.

I give permission for relevant allergy information and, where appropriate, a photograph of my child to be displayed in designated staff areas to support the safe management of their allergy.

☐ Yes ☐ No

I understand that the school may request further information, including medical evidence, to ensure my child's allergy is managed safely.

☐ Yes ☐ No

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2. Medical Diagnosis (Non allergy)

Medical diagnosis or condition

(If you completed the allergy section, please write "Allergy".)

Date of diagnosis

____ / ____ / _____

Review date (if known)

____ / ____ / _____

Clinic / Hospital / Specialist

Clinic / Hospital Telephone Number

GP Name

GP Telephone Number

3. Parent / Carer Information

Full Name

Relationship to Child

Telephone Number

4. About Your Child's Medical Condition

Please provide as much information as possible so that school staff can safely support your child.

Description of your child's medical needs

Please include details of:

- Symptoms
- Triggers
- Warning signs
- Treatment
- Equipment or medical devices
- Environmental considerations
- Any other relevant information

5. Medication

Please include:

- Name of medication
- Dosage
- Method of administration
- When it should be given
- Possible side effects
- Any contraindications

Daily Care Requirements

Educational, Social and Emotional Support Required

Arrangements for Educational Visits / School Trips

6. Emergency Procedures

Please describe:

- What constitutes an emergency
- What action should be taken
- Any emergency medication required

7. Declaration

Date completed

____ / ____ / _____

Full Name Printed

Signature

This layout is much easier to read than the Google Form and would make a professional-looking school form. It can also be enhanced with school branding, checkboxes, tables, and signature boxes if you're intending it to become an official document.

School Use Only

Management of the Medical Condition

Does the pupil's medical condition require additional control measures, such as access to medication?

☐ Yes ☐ No

If yes, where will the medication be stored?

Please describe any additional control measures required to support the pupil safely in school.

Individual Healthcare Plan

Does the pupil have an Individual Healthcare Plan (IHCP)?

☐ Yes ☐ No ☐ Not Applicable

Medication

Has a completed Medicine Request Form been received and approved by the school?

☐ Yes ☐ No ☐ Not Applicable

Has the parent/carer supplied the required medication?

☐ Yes ☐ No ☐ Not Applicable

Information Sharing

Has a photograph of the pupil been obtained (where appropriate) for display in agreed staff areas to support the safe management of their medical condition?

☐ Yes ☐ No ☐ Not Applicable

Has relevant information about the pupil's medical condition been shared with the school's first aiders and other appropriate staff?

☐ Yes ☐ No

Staff Training

Have relevant staff received the training required to manage this medical condition (e.g. administration of an adrenaline auto-injector, diabetes management, epilepsy awareness)?

☐ Yes ☐ No ☐ Not Applicable

School Responsible Person

Name of Responsible Person

Date Completed

____ / ____ / _____

Review Date

____ / ____ / _____

Catering and Food Providers *(Food Allergies Only)*

Where a pupil has a food allergy, the school's catering provider will be informed so that ingredients, menus and food preparation procedures can be reviewed where appropriate to reduce the risk of accidental exposure.

Has a copy of the completed allergy information (and, where appropriate, a photograph of the pupil) been shared with the school's catering provider?

☐ Yes ☐ No ☐ Not Applicable

Staff Food Allergy Information Form

Please complete this form if you have a diagnosed food allergy. The information provided will help the school support your health and safety while at work.

Staff Member Details

Full Name

Department

Working Location(s)

Email Address

Food Allergy Information

Allergy Details

Please indicate the food allergen(s) that apply:

☐ Celery

☐ Cereals containing gluten (e.g. wheat, rye, barley, oats)

☐ Crustaceans (e.g. prawns, crab, lobster)

☐ Eggs

☐ Fish

☐ Lupin

☐ Milk

☐ Molluscs (e.g. mussels, oysters)

☐ Mustard

☐ Peanuts

☐ Sesame

☐ Soya

☐ Sulphur dioxide and sulphites

☐ Tree nuts (e.g. almonds, hazelnuts, walnuts, cashews, pecans, pistachios, macadamia)

☐ Other (please specify)

Medical Confirmation

Has your allergy been confirmed by your GP, consultant or another medical professional?

☐ Yes ☐ No

Reaction to the Allergen

What level of reaction do you experience and what are your usual symptoms?

(For example: mild rash, swelling, vomiting, breathing difficulties, anaphylaxis.)

Managing Your Allergy

What action should be taken if you have an allergic reaction?

Please describe the steps that should be followed, including any emergency procedures.

Emergency Medication

Do you require emergency medication (e.g. an adrenaline auto-injector such as an EpiPen, Jext or Emerade)?

☐ Yes ☐ No

If yes, please state which medication is required.

Where is your medication normally stored while you are at work?

Information Sharing

To help ensure your safety, relevant information about your allergy may need to be shared with members of the First Aid Team.

Do you consent to your allergy information being shared with the school's First Aid Team?

☐ Yes ☐ No

Declaration

Name of person completing this form

Signature

Date Completed

____ / ____ / _____

Anaphylaxis UK - Save a Life - Symptoms and Actions

anaphylaxis UK

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
- Swelling in throat, tongue or upper airway

B Breathing
- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation
- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis

01252 542029
info@anaphylaxis.org.uk
anaphylaxis.org.uk
Charity Number: 1085527

NHS advice on anaphylaxis and how to use an adrenaline auto-injector

Link to NHS Advice on Anaphylaxis

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- EpiPen instructions (EpiPen website)
- Jext instructions (Jext website)