MS 041Allergy and Anaphylaxis Policy

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Responsibility	Debbie Hanson
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Signed	

MEATH SCHOOL

CONTENTS:

1. Introduction

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

Having this Allergy and Anaphylaxis Policy ensures that everyone at Meath School:

- Is clear on procedures
- Understands their responsibilities for reducing the risk of allergic reactions happening
- Knows how to respond appropriately if an allergic reaction occurs

2. AIMS AND OBJECTIVES

This policy outlines Meath School's approach to allergy management, in line with the Department for Education's Benedict's Law statutory guidance published in 2026.

Benedict's law introduces a consistent national framework for allergy safety in schools, requiring a whole school allergy policy, mandatory staff training, access to adrenaline devices and individual healthcare plans for pupils with allergies.

This policy outlines how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

First Aid and Medical Policy and Safeguarding Policy.

3. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

4. DEFINITIONS

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline devices or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Devices (ADs) to include other adrenaline devices such as EURNeffy (see below).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

EMERGENCY ACTION PLAN: A document that outlines the school's procedure for managing an emergency and should be fit for purpose to manage a serious allergic reaction (anaphylaxis).

EURNEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved.

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE DEVICES: Schools are able to purchase spare adrenaline devices. These should be held as a back-up, in case pupils' prescribed adrenaline devices

are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

5. ROLES AND RESPONSIBILITIES

Meath School takes a whole-school approach to allergy management.

Designated Allergy Lead

The Designated Allergy Lead is Debbie Hanson They report to the Principal. They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff;
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures;
- Reviewing the school's stock of spare adrenaline devices (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline devices are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Senior Leadership Team and Named Allergy Trustee as appropriate.

Named Allergy Trustee

The named Allergy Trustee and Education Committee Member is Ann Gross. They work in partnership with the Designated Allergy Lead to ensure allergy safety is overseen at Trustee level. They are responsible for:

- Ensuring that allergy-related risks are included on the school's risk register and actively managed by the Trustees;
- Provide strategic oversight of the school's Allergy and Anaphylaxis Policy, ensuing that it is reviewed at least annually and published on the school's website;
- Acting as the trustees named point of contact for allergy-related matters;
- Satisfy themselves that that the school's allergy management arrangements meet legal and statutory requirements and reflect best practice;
- Review records of allergic reaction incidents and near-misses and ensuring the school acts on any learnings to reduce the risk of future incidents.

Medical Team

Debbie Hanson, Residential Services Manager and Medical Lead and the Medical Team are responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families before a pupil starts.
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum). Coordinating medication with families and ensuring medication is in date.
- Keeping an adrenaline device register to include adrenaline devices prescribed to pupils and the school's stock of spare adrenaline devices, including brand, dose and expiry date.
- The location of spare adrenaline devices should also be documented;
- Regularly checking spare adrenaline devices are where they should be, and that they are in date;
- Replacing the spare adrenaline devices when necessary;
- Providing on-site adrenaline devices training for staff and pupils (where required) and refresher training as required e.g. before school trips;

Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school /medical team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity [this should be in place before a school visit, an Open Day or Taster Days if food is offered or likely to be eaten];

- There is a clear structure in place to communicate this information to the relevant parties (i.e. school medical team, catering team);
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

All staff

All school staff, including occasional staff (for example sports coaches), are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring staff always have easy access to a pupil's allergy medication;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times.
- Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the Medical Team and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a match or trip.
- Any staff member who has an allergy has a responsibility to inform their line manager and discuss an appropriate management plan and agree who this can be shared with.

All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the Debbie Hanson and the Medical Team with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

Parents of children with allergies

The parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline devices and any other medication, for example antihistamine (with a disdeviceser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline devices if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

All pupils

All age appropriate pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

Pupils with allergies

Age appropriate pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

6. INFORMATION AND DOCUMENTATION

Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline devices, as well as pupils with an allergy where no adrenaline devices have been prescribed.

Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline devices, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare adrenaline devices in case of suspected anaphylaxis;

- A photograph of each pupil; and
- A copy of their Allergy Action Plan.

7. ASSESSING RISK

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.
- Immunisations vaccines

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The School will ensure compliance with the Equality Act 2010.

8. FOOD, INCLUDING MEALTIMES & SNACKS

Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Meath School adheres to the EYFS nutritional guidelines and to dietary, allergy and anaphylaxis requirements;
    - A member of staff with a full Paediatric First Aid certificate is always present when children are eating;
    - Before admission, information on each pupil's dietary requirements, allergies, intolerances, health needs and preferences are obtained and shared with relevant staff;

    - Allergy action plans are agreed with parents/carers and where appropriate, health professionals and kept up to date;
    - Food is always prepared in a way that is safe and appropriate for each child's developmental stage;
    - Food is prepared and served in line with government advice on food safety, choking prevention and allergy awareness. This includes avoiding high-risk foods (e.g. whole grapes, nuts), ensuring children are safely seated and maintaining a calm, designated eating space;
    - Children remain within sight and hearing of staff during meals. Staff sit facing the children where possible to monitor safe eating, prevent food sharing and respond quickly to allergic reactions or choking;
    - Any choking incident requiring intervention are recorded, shared with parents/carers and periodically reviewed to identify trends and prevent recurrence.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to pupils and staff with allergies;
- Meath School has robust procedures in place to identify pupils with food allergies. The medical team ensure that the staff eating with individuals have knowledge of any allergies/intolerances. Any change in staff requires handover of any individual needs;
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled . Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to staff working with individual pupils with dietary needs by the catering team;
- The school kitchen do not actively use nuts in recipes; however we cannot guarantee that some products sourced may not contain nuts;
- Discussion takes place with parents' carers on using food/ingredients with "may contain" in them;
- Food provided at breakfast club and after school club will follow these procedures.

Food brought into school

Any food that is bought into school such as for birthdays/food sale will have a list of ingredients so that staff can make safe choices for the pupils.

Food bans or restrictions

This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;

- We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.
- Banning food is almost impossible to enforce and can lead to a sense of complacency or give a false sense of security. Reminding everyone to be allergy aware and to remain vigilant is vital. All allergens are as equally dangerous.

Food hygiene for pupils

- Pupils will wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled.

9. SCHOOL TRIPS AND SPORTS FIXTURES

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- If attending Match Tea at another school, details of their dietary requirements will be sent ahead to ensure they have a safe meal; and

INSECT STINGS

Pupils and staff with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics;
- Keep food and drink covered.

The Maintenance Team will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. ANIMALS

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS/ HAY FEVER

If a pupil is a sufferer, they will see their own GP and get a prescription for any treatments, or an antihistamine can be administered by the Medical Team to aid relief.

12. INCLUSION AND MENTAL HEALTH

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support;

- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

13. ADRENALINE DEVICES

See the government guidance on Adrenaline Devices in Schools.

Storage of adrenaline devices

- Pupils prescribed with adrenaline devices will have easy access to two, in-date devices at all times;
- Adrenaline devices are kept with an adult that is with the pupil who they belong;
- Spot checks will be made to ensure adrenaline devices are where they should be and in date;
- Adrenaline devices must not be kept locked away;
- Adrenaline devices should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date devices will be returned to parents/carers.

Spare adrenaline devices

This school has 6 spare adrenaline devices to be used in accordance with government guidance.

The locations of spare adrenaline devices are clearly signposted. These are:

- Potter Class (1 x EpiPen Jr (0.15mg) and 1 x EpiPen (0.3mg))
- Main School Staff Room (1 x EpiPen Jr (0.15mg) and 1 x EpiPen (0.3mg))
- Medical Room (1 x EpiPen Jr (0.15mg) and 1 x EpiPen (0.3mg))

The Allergy Lead and Medical Team are responsible for:

- Deciding how many spare devices are required, including having enough to cover offsite trips;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand(s) to buy. The School aims to buy a single brand if possible to avoid confusion;
- The purchasing of spare adrenaline devices;
- Distribution around the site and clear signage.

Adrenaline devices on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline devices will be kept close to the pupils at all times e.g. not stored in the hold of the transport when travelling or left in changing rooms;
- Adrenaline devices will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction;
- The Allergy Lead/Medical Team will decide whether to take spare adrenaline devices to off-site activities. This should be recorded as part of the risk assessment process.

15. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix 2 on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan;
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;
- A member of staff to administer device. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline device is not available or misfires, then use a spare adrenaline device;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline devices are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline device and call the emergency services again and inform them that a second dose of adrenaline has been given;

- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

16. TRAINING

The school is committed to ensuring that all staff receive annual allergy awareness training. This training should cover all staff, including SLG, teachers, therapists, catering staff, support staff, residential staff and anyone else who may oversee children. Training will be a mixture of formats including online and in person.

The training will include:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis;
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline devices are kept (both prescribed devices and spare devices) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling;
- How to report an allergic reaction or near miss;
- Staff will be given the opportunity to practise with a training adrenaline auto-injector;
- Taking part in an anaphylaxis drill.

The school will carry out an anaphylaxis drill once a year.

This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

17. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

Care of Asthma is included in the First Aid and Medical Policy.

18. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses as soon as it is feasible on Smartlog after they occur.

- Each record should include:
    - Who was affected;
    - What happened;
    - When and where;
    - Why the incident occurred (as far as it is known);
    - How staff and pupil responded;
    - What was done to support the individual;
    - Whether emergency services were called;
    - How the incident concluded.
- All incident reports should be shared with:
    - The pupil's parents or carers, who will be given the opportunity to discuss the incident and contribute their views to the review;
    - The named Allergy Trustee and the Trustee Body, so they can consider what lessons to learn and whether policy changes are required;
- Any learning from an incident should be shared appropriately with staff so they can act on it.
- It may be necessary to share the report with other agencies, for example:
    - Schools that operate as food businesses must report any allergy-related food safety incidents to their local authority;
    - Incidents arising directly from a work activity that results in death or immediate hospitalization must be reported to the Health and Safety Executive under RIDDOR.
- Following any incident or near miss the school will meet with the parents/carers to ensure they are confident the setting remains safe;
- The school recognises the impact of an incident or near miss not just on the individual and their family, but also on staff who responded and children who witnessed it and will offer appropriate support.

19. COMPLIANCE AND MONITORING ARRANGEMENTS

This policy will be subject to a thorough review yearly (or sooner if required). This will ensure that practice across the school is in line with this policy and with current guidance and legislation.

Appendix 1 – Anaphylaxis Risk Assessment

Anaphylaxis Risk Assessment

This form should be completed by the Residential Services Manager/Medical Team with the parents. It should be shared with everyone who has contact with the child/young person.

Child:	Date of Birth:
Class:	Residential:
Name and role of other professionals involved in this risk assessment:	
Date of risk assessment:	Reassessment date:
I give permission for this to be shared with anyone who needs this information to keep this child/young person safe: Residential Services Manager: Date: Parents: Date:	
What is allergic to:	

Under which conditions is the allergy: Ingestion: Direct Contact: Indirect Contact: All information will be on the Healthcare Plan
Summary of current medical evidence seen as part of this risk assessment:
Please consider the activities below and insert any considerations that need to be put in place for the child to take part: Crayons/painting: Craft activities (Including those that use food): Science activities (including bird feeders, planting seeds) Musical instrument sharing (cross contamination): Cooking (food prep and ingredients): Meal times: Snacks: Drinks:

Celebrations (Birthday, celebration days): Hand washing: Indoor Play: Outdoor Play: Field/woodland/play areas: Forest School: Offsite trips: Does the child know they're having a reaction? What signs are there that a child is having a reaction?
Any other information:

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Appendix 2 – Managing Allergic Reactions and Responding to Anaphylaxis

MANAGING ALLERGIC REACTIONS

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.

Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes.
- Itchy or tingling mouth.
- Hives or itchy rash on skin.
- Abdominal pain.
- Vomiting.
- Change in behaviour.

Response:

- Stay with pupil.
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called ANAPHYLAXIS.

Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway	B – Breathing	C - Circulation
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or cough	• Pale or floppy
• Difficulty swallowing		• Sleepy
• Swollen Tongue		• Collapse or unconscious

IF YOU SUSPECT ANAPHYLAXIS, GIVE ADRENALINE FIRST BEFORE YOU DO ANYTHING ELSE.

DELIVERING ADRENALINE

1. Take the medication to the patient, rather than moving them.

2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.

3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.

4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.

5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.

6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).

7. Call the pupil's emergency contact.

8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.

9. Start CPR if necessary.

10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.