



ALLERGY POLICY

This policy was approved by the the Chair of the Governing Body on 7th October 2026 and will be ratified at the Full Governing Body meeting on 10th December 2026, to be reviewed annually thereafter.

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Purpose, scope and legal framework

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance Allergy Safety in Schools, and food allergen legislation, including Natasha's Law. The purpose of this policy is to reduce the risk of exposure to known allergens; ensure that allergic reactions and anaphylaxis are recognised and treated promptly; promote the wellbeing, inclusion and participation of students with allergies; and set clear school-wide arrangements for allergy safety.

This is a dedicated allergy safety policy. It sits alongside Queen Elizabeth's Grammar School's wider arrangements for supporting students with medical conditions and applies during the school day, before- and after-school provision, clubs, curriculum activities, sport, trips, visits and other school-organised activities.

The policy covers allergic conditions including food allergy, allergy to insect stings, medicines, latex, contact allergens and airborne allergens. Asthma is closely associated with allergy and anaphylaxis and is addressed where relevant to emergency response. Coeliac disease is an autoimmune condition and is not an allergy or food intolerance. Food intolerances are also distinct from allergies. Neither coeliac disease nor food intolerance causes anaphylaxis. They are managed through the school's wider medical and dietary arrangements, although strict avoidance and robust cross-contamination controls may be required.

Principles and commitments

- Allergy safety is a whole-school responsibility and is not confined to catering or first aid staff.
- Students with allergies will be included in school life and will not be unnecessarily segregated, excluded or disadvantaged because of allergies.
- Queen Elizabeth's Grammar will take reasonable steps to minimise exposure to known allergens while recognising that no environment can be guaranteed to be completely allergen-free.
- All staff who are present when students are scheduled to be on site will receive allergy awareness and emergency response training at least annually, with appropriate induction for new, supply and cover staff.
- Anaphylaxis is a time-critical emergency. Adrenaline will be administered without delay when anaphylaxis is suspected, and 999 will always be called.
- Students at risk of anaphylaxis will have rapid access to prescribed adrenaline devices and the school will maintain appropriate spare adrenaline auto-injectors (AAIs) for emergency use.
- Individual arrangements will be based on the person's needs, risks, clinical advice and views, rather than assumptions about allergies.
- Serious incidents and near misses will be recorded, reported, reviewed and used to improve practice.

Academy Governors

Academy governors will ensure that:

- The school has, publishes and keeps under review a dedicated allergy safety policy and has regard to statutory guidance.
- Allergy-related risks are reflected in the school risk register and are actively monitored and managed.

- Sufficient resources, staffing, training and emergency arrangements are in place to implement this policy.
- They receive appropriate information about serious incidents and near misses and assure themselves that lessons are learned and actions completed.
- Complaints relating to allergy safety or failure to implement agreed arrangements can be raised and investigated through the school complaints procedure.

Allergy Lead

- Mrs A McIlroy (Headteacher) is the named Senior Leader responsible for allergy safety.
- Miss M Hughes (Head of Finance and Premises) will drive implementation, coordinate or lead annual review, monitor compliance, oversee training and drills, ensure records and emergency arrangements are maintained, liaise with catering and relevant staff, and report assurance and significant issues to the governing body. Responsibility for allergy safety will not be delegated solely to the catering manager.

Review and publication

- This policy will be reviewed at least annually. It will also be reviewed sooner after a serious incident or near miss, where monitoring identifies a weakness, when there is a significant change in a student's needs or school arrangements, or when relevant law/guidance changes. Reviews will take account of incidents, near misses, drill findings, feedback and the views of individuals with allergies and their parents/carers. The policy will be published on the school website, made readily accessible to staff and parents/carers, and available in hard copy on request.

Roles and responsibilities

Headteacher and senior leaders will ensure that:

- This policy is implemented consistently.
- Suitable staffing and cover so emergency arrangements do not depend on one individual.
- Staff know how to summon help, locate medication and access individual plans.
- Allergy safety is considered in curriculum planning, premises, clubs, events, catering, trips and procurement.

All staff, including temporary, supply, peripatetic, agency, catering and regular volunteers will:

- Complete required allergy awareness and emergency response training.
- Know how to identify students with known allergies and where to access relevant IHPs/Action Plans.
- Take reasonable steps to prevent exposure to known allergens and follow individual arrangements.
- Recognise allergic reactions and anaphylaxis and act immediately in an emergency.
- Never send a person experiencing a possible serious allergic reaction to another location alone; help and medication must be brought to them.
- Report reactions, incidents and near misses promptly.

Parents/carers:

- Tell the school about known or suspected allergy before admission or as soon as it becomes known, including triggers, previous reactions, asthma and prescribed medication.
- Provide current clinical information and copies of Allergy/Asthma Action Plans where issued.
- Provide prescribed medication as agreed, ensure it is correctly labelled and in date, and replace it promptly after use or before expiry.
- Inform the school promptly of changes in diagnosis, treatment, medication or risk.

- Work with the school to develop and review the Individual Healthcare Plan (IHP) and reasonable adjustments.

Students:

- Will be involved, where appropriate in decisions about their allergy management and information sharing.
- Are encouraged to recognise their symptoms, avoid known triggers, seek help promptly and not share food, utensils or medication.
- Where competent and agreed through the IHCP, may carry and self-administer their own medication, but staff remain prepared to assist in an emergency.

Catering provider / catering staff:

- Comply with food allergen information requirements and the school's agreed allergen controls.
- Maintain accurate allergen information and robust procedures to prevent cross-contact.
- Use the school's agreed identification checks before serving food to a student with a known food allergy.
- Escalate substitutions, recipe changes or uncertainty before food is served.
- Participate in allergy awareness and emergency response training where student facing.

Identification, records and information gathering

The school will maintain a current allergy register covering students and, where appropriate, staff and visitors. The record will include known allergens/triggers, relevant medication, whether an IHP and/or Allergy/Asthma Action Plan is in place, and essential emergency information. Information will be gathered from the student, parents/carers, previous setting and relevant healthcare information provided to the school.

- For planned admissions or transitions, arrangements should be in place by the start of term. For an in year move, every effort will be made to put appropriate arrangements in place within two weeks where it is appropriate for the school to do so.
- Where allergy is suspected but not yet formally diagnosed, the school will not dismiss the reported risk. Interim arrangements will be based on the best available assessment, in consultation with the family and, where necessary, healthcare professionals.
- Staff and visitors will be encouraged to disclose allergies where this is relevant to their safety on site or to emergency arrangements.

Individual Healthcare Plans (IHPs) and Action Plans

A student should have an IHP where their allergy has a functional impact in school, places them at risk of harm, and requires arrangements additional to or different from those made generally. A formal diagnosis is not required where the functional impact and risk justify specific arrangements. The IHP is a school document describing how the school will respond to the information and advice received. It is not a clinical document. It will be developed collaboratively with the student and parents/carers, taking account of healthcare advice. Where a healthcare professional has issued an Allergy Action Plan, Asthma Action Plan, care plan or medication plan, the IHP will refer to and attach the current original plan rather than rewriting clinical instructions.

IHP content

- The allergy/medical condition, known or suspected triggers, symptoms and functional impact in school.
- The student's needs and reasonable adjustments, including arrangements for learning, meals, sport, clubs, social times, examinations and trips where relevant.
- Steps to minimise exposure to known allergens and any individual risk assessment.
- How the student will be included and supported with wellbeing and self-management.
- Prescribed medication: what it is, who prescribed it and when; where it is stored/carried; access arrangements; expiry checking; and parental/carers consent for administration where required.
- References to current Allergy/Asthma Action Plans or other clinical plans, including issuing provider/professional and review date.
- Actions required of staff in an emergency and which staff are involved.
- Arrangements for sharing necessary information with staff, catering, clubs, transport and trip providers, proportionately and respectfully.
- Arrangements for absence, transition, changes in condition and review.

A single IHP will normally encompass all supportive arrangements for a pupil's medical conditions rather than separate IHPs for different conditions. The IHP will be reviewed annually and when needs or clinical advice change; updated Action Plans will trigger review of the IHP.

Allergy awareness and emergency response training

All staff present when students are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent and temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast/afterschool clubs. Contractors with no student facing role are not ordinarily included.

All staff to be aware of the 14 regulated allergens (see appendix C):

- **Celery:** Includes stalks, leaves, seeds, and celeriac root; often found in soups, stock cubes, and salads.
- **Cereals** containing gluten: Includes wheat, rye, barley, and oats.
- **Crustaceans:** Includes prawns, crabs, lobsters, and scampi.
- **Eggs:** Found in baked goods, pasta, mayonnaise, and desserts.
- **Fish:** Found in fish products, relishes, salad dressings, and Worcestershire sauce.
- **Lupin:** A type of legume whose flour can appear in some breads, pastries, and pastas.
- **Milk:** Includes dairy items like cheese, butter, cream, and powdered sauces.
- **Molluscs:** Includes mussels, oysters, squid, and snails.
- **Mustard:** Liquid or powdered mustard found in sauces, soups, and marinades.
- **Peanuts:** A legume found in snacks, desserts, and groundnut oil.
- **Sesame:** Found in bread, hummus, tahini, and breadsticks.
- **Soybeans:** Found in tofu, soy sauce, miso, and many vegetarian products.
- **Sulphur dioxide and sulphites:** Used as a preservative in dried fruits, soft drinks, vegetables, and wine (at concentrations above 10 ppm).
- **Tree nuts:** Includes almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios, and macadamia nuts.

New staff will complete allergy awareness training as part of induction before they take unsupervised responsibility for students. The school will have arrangements to assure itself that supply and cover staff understand the school's emergency procedures and can access essential information. First aid training alone is not sufficient.

Training content

- What allergy is, how reactions occur and the range of allergic conditions, including the relationship with asthma.
- The difference between food allergy, coeliac disease and food intolerance.
- Known triggers and where to find individual information.
- Signs and symptoms of mild/moderate allergic reactions and anaphylaxis (Airway, Breathing, Circulation).
- How to respond in an emergency, call 999, inform parents/carers and locate/administer emergency medication.
- Practical training in the use of prescribed and spare adrenaline devices and, where relevant, emergency asthma inhalers/spacers.
- How to use Allergy and Asthma Action Plans.
- Risk-reduction responsibilities, wellbeing and inclusion, and how to report incidents and near misses.
- The requirements of this policy.

Where a student requires healthcare beyond school-level allergy safety arrangements, any separate clinical governance, delegation, training and competency requirements will be followed.

Drills

The school will consider periodic allergy/anaphylaxis emergency drills to test communication, access to medication and staff response. Findings will be recorded and used to improve procedures. We will only use staff as test cases to avoid any adverse impact on student wellbeing. By conducting the test in this way we will still be able to assess the overall response, record any findings and initiate any amendments/improvements to procedure. Additionally, a list of the places where the auto injectors are stored will be published in the staffroom, as well as every classroom/communal office in the school. All Auto Injectors are stored in orange allergy response boxes that are secured with a rip tag and are wall mounted.

Minimising exposure to known allergens

The school will take reasonable, proportionate steps to reduce exposure to known allergens for students, staff and visitors. Risk controls will be tailored to identified needs and will not rely on a single measure.

- Food provided by the school: allergen information, recipe controls, cross-contact prevention and safe service procedures.
- Food brought in by students, parents/carers or staff: clear expectations about sharing/trading food, treats and celebrations, with parental/carer engagement where food is offered to children with allergies.
- Airborne/contact allergens: reasonable measures where a person has a known allergy to pollen, animals, latex, chemicals or other contact/airborne triggers.
- Curriculum and activities: staff will consider allergens in cooking, food technology, science, art/craft, music, gardening, animal-related activities and special events, and use alternatives where needed.
- Premises and air quality: environmental air quality, ventilation, infection prevention and known asthma/allergy triggers will be considered within wider health and safety arrangements.
- External visits: specific risk assessment for students with allergies, including food, transport, accommodation, emergency medication and access to medical care.

Allergy-aware rather than “allergen-free”

The school adopts an allergy-aware approach. The school is not nut-free or allergen-free. The school will discourage or restrict particular foods where a risk assessment supports this, but the emphasis remains on awareness, risk reduction, individual controls and robust emergency response.

Food allergy and catering

The school will provide clear allergen information for food it provides and will work with its caterer, students and families to identify, minimise and manage risks so students with food allergy can participate in school meals alongside their peers.

- Catering arrangements will comply with applicable food allergen information law and School Food Standards.
- Leaders will understand and monitor the caterer's allergen controls and escalation processes.
- There will be at least two robust methods, where practicable and proportionate, for identifying students with known food allergy at mealtimes (for example staff verification plus a secure photo/allergy record). Methods will balance safety, dignity and inclusion. The methods used at Queen Elizabeth's Grammar School are staff identification and allergy lists with pupil details and photos on the till.
- Students with food allergy will not routinely be segregated from peers at mealtimes.
- Food labels and ingredient information will be checked. Unlabelled food will be treated with particular caution.
- Staff involved in food handling will understand label reading and cross-contact controls, including cleaning work areas/utensils and preparing suitable food safely.
- Food substitutions or recipe changes will be checked before serving a pupil with allergy.
- Food, utensils and food containers should not be traded or shared where this creates an allergy risk.
- Food used in lessons, crafts, experiments, fetes, cultural events and similar activities will be risk assessed; safe alternatives will be used when necessary.

Prescribed medication and rapid access

Students at risk of anaphylaxis should have access to both of their two prescribed adrenaline devices at all times. Clinical advice recommends carrying two devices because a second dose may be required. Where age, competence and safeguarding considerations permit, students will be encouraged to carry their own medication. Decisions about self-management will be individual and recorded in the IHP.

At Queen Elizabeth's Grammar School, adrenaline devices allocated to particular students are kept within the main school office.

- Adrenaline must be capable of reaching the person experiencing anaphylaxis within five minutes, including in classrooms, dining areas, playgrounds, sports fields and on visits/trips.
- Prescribed adrenaline devices will be stored at room temperature in accordance with manufacturer guidance, protected from extremes of heat and direct sunlight, and not refrigerated.
- Where appropriate, a copy of the current Allergy Action Plan will be kept with the medication.
- Arrangements for taking prescribed devices home for the journey home and returning them to school will be recorded in the IHP
- The school will maintain a record of students provided with prescribed adrenaline and Action Plans and will have a system for checking expiry dates and prompting replacement

Spare adrenaline auto-injectors (AAIs) and emergency asthma inhalers

The school will stock spare AAIs of appropriate dosage for emergency use. Spare devices supplement, and do not replace, a pupil's prescribed devices. The school also maintains an emergency salbutamol inhaler and spacers in accordance with applicable guidance and its medicines policy.

Stock, location and storage

Spare AAI's will always be stocked and stored in pairs and in dosages appropriate to the age profile of students.

- The number and distribution of spare pairs will ensure a pair can be brought to any person who may need it within five minutes.
- Spare AAI's will be clearly labelled as emergency/spare devices, readily accessible, not locked away, stored at room temperature and protected from heat/direct sunlight.
- AAI locations: Main School Office, G2 (Food Tech Room), PE (near the defib) and Canteen Kitchen
- Responsible person for monthly/regular checks of quantity, integrity and expiry: Office Administrator
- Used or expired AAI's will be replaced promptly and disposed of safely in accordance with manufacturer and medicines disposal requirements; used devices may be handed to ambulance staff, returned to a pharmacy or placed in an approved sharps route as locally arranged.

Use of spare AAI's

A spare AAI may be used in an emergency to treat anaphylaxis when the person's own prescribed device is not available, is not working/misfires, or where permitted for a student experiencing anaphylaxis without a previous diagnosis. Staff will follow current legal requirements, the student's Action Plan where available, and the school's emergency procedure. Where a student is prescribed a non-injectable adrenaline device but it is unavailable, a school spare AAI may be used in an emergency. The school will record use of any spare AAI, inform parents/carers and replace the device immediately after use.

Recognising and responding to allergic reactions

Mild to moderate allergic reaction

- Possible signs include swollen lips/face/eyes, itchy or tingling mouth, mild throat tightness, hives/itchy rash, abdominal pain/vomiting or a sudden change in behaviour.
- Follow the individual Allergy Action Plan where available. Give oral antihistamine only if indicated by the plan/authorised arrangements.
- Do not leave the person unattended. Inform the parent/carers/emergency contact.
- Monitor closely because a mild reaction can progress to anaphylaxis. The DfE guidance advises observation for at least 60 minutes after an allergic reaction.

Anaphylaxis - emergency procedure – see appendix B for fact sheet poster on emergency procedure. Anaphylaxis is a potentially life-threatening reaction involving Airway, Breathing and/or Circulation. It may occur without a skin rash. If in doubt whether a reaction is anaphylaxis, treat with adrenaline.

- Keep the person where they are. Call for help and do not leave them unattended. Bring medication and emergency equipment to them; do not make them walk to the office or medical room.
- Lay the person flat with legs raised. If breathing is difficult they may be allowed to sit up, but should not stand or walk. If pregnant, place on the left side. If unconscious, place in the recovery position as appropriate and maintain the airway.
- Administer adrenaline immediately using the person's prescribed device if available; otherwise use an appropriate school spare AAI. Follow the device instructions and note the time.
- Call 999 immediately and state "ANAPHYLAXIS". Follow the emergency operator's instructions.
- If there is no improvement after 5 minutes, give a second dose of adrenaline using a second device.
- If there are no signs of life, start CPR and use an AED if available, following training and 999 instructions.
- Contact the parent/carer as soon as practicable after emergency action has begun.

- Never give an asthma reliever inhaler instead of adrenaline to treat anaphylaxis. If the Action Plan directs, a reliever inhaler may be given after adrenaline for persistent wheeze.
- Ensure the person is transferred to hospital by ambulance following anaphylaxis, even if they appear to recover. Record the incident and replenish medication.

Visits, trips, sport and off-site activities

Allergy will not be used as a reason to exclude a student from visits, residentials, sport or other school activities where reasonable adjustments can enable safe participation.

- The trip/activity leader will identify students with allergy early in planning and complete an individual risk assessment where there is a risk of anaphylaxis or other significant allergy risk.
- The risk assessment will cover food/catering, transport, activities, animals/contact/airborne triggers, accommodation, access to emergency medication, communication and access to emergency medical care.
- Students at risk of anaphylaxis will have their own prescribed adrenaline devices with them and rapid access will be maintained throughout the activity. Appropriate spare devices will be taken where required by school procedure.
- There will be staff on the trip who have received allergy awareness/emergency response training and can administer adrenaline in an emergency.
- External venues/providers will be informed of relevant needs on a need-to-know basis and suitable food/adjustments agreed in advance.
- For residentials, parents/carers will be involved in planning where appropriate and arrangements for storage, overnight access and staff handover will be explicit.

Wellbeing, inclusion, safeguarding and bullying

Queen Elizabeth's Grammar School recognises that living with allergy and the possibility of anaphylaxis can cause anxiety and affect wellbeing, participation and confidence. Staff will provide reassurance through reliable safety arrangements, listen to the student, and avoid practices that unnecessarily single them out.

- Allergy-related bullying, intimidation, deliberate exposure to allergens or misuse of another person's medication will be treated seriously under the school's behaviour and safeguarding procedures.
- Students with allergy will not routinely be segregated at meals or excluded from curriculum, clubs, trips or normal school activities solely because of allergy.
- Reasonable adjustments will be considered under the Equality Act 2010 where allergy has a substantial and long-term adverse effect.
- After a serious incident, the school will consider emotional support for the affected student, peers, family and staff.

Information sharing, confidentiality and data protection

Health information is special category personal data. The school will hold, use and share allergy information where there is a lawful basis and it is necessary for safety, care, safeguarding or legal duties. Information will be shared in a controlled, proportionate and respectful way, balancing privacy with the need for staff to act safely in an emergency.

- Students and parents/carers will be involved in decisions about routine information sharing wherever appropriate.
- Relevant staff will have timely access to essential information, IHPs and Action Plans needed to carry out their role.
- Photographs or allergy lists used for identification will be securely managed and limited to appropriate locations/personnel.
- Information shared with caterers, clubs, transport or trip providers will be limited to what is necessary for safe provision.
- Out-of-date copies of plans will be removed from operational use and version control maintained.

Serious incidents and near misses

Queen Elizabeth's Grammar School will record, report, investigate and respond to serious allergy incidents and near misses, including information received after the student has gone home where the impact of an exposure becomes apparent later.

- Immediate recording
- Date, time, location and activity.
- Person affected and known allergy information.
- Suspected allergen/exposure route and food/product details where relevant.
- Symptoms and timings.
- Medication/treatment given, device used and times.
- 999/ambulance involvement and outcome.
- Staff/witnesses involved.
- Whether procedures/IHP/Action Plan were followed and any difficulties accessing medication.
- Parent/carer notification and follow-up.

Reporting and investigation

- Serious incidents and significant near misses will be reported to the parent/carer and to the governing body through the school's governance arrangements, alongside any statutory reporting required.
- The school will consider whether RIDDOR, food safety/allergen reporting, safeguarding, HSE, local authority, insurer or healthcare professional notification is required under applicable procedures.
- An investigation will identify contributory factors and actions, not simply individual blame. Lessons learned will inform IHPs, risk assessments, training, catering controls and this policy.
- The Allergy Safety Lead will track actions to completion and consider whether an immediate policy review is required.

Unacceptable practice

The following are unacceptable and must not form part of school practice at Queen Elizabeth's Grammar School:

- Preventing a student from easily accessing prescribed medication or emergency adrenaline.
- Ignoring the views of the student or parents/carers, or ignoring medical evidence/advice from healthcare professionals.
- Assuming everyone with allergy needs the same support, or that an older pupil who self-manages needs no support.
- Assuming a person does not have an allergy because a formal diagnosis has not yet been made.
- Unnecessarily sending students home, excluding them from meals, lessons, clubs, trips or activities, or otherwise discriminating because of allergy.
- Sending a person who is becoming unwell to the office without suitable supervision; in an allergic emergency, help and medication must come to the person.
- Penalising attendance where absence is related to allergy, medical appointments or health management, including inappropriate exclusion from attendance rewards.
- Relying on a blanket "nut-free" or allergen-free claim as the primary safety control.
- Delaying adrenaline while waiting for a parent/carer, senior member of staff or ambulance when anaphylaxis is suspected.

Communication and awareness

- At least annually, the school will take appropriate steps to bring this Allergy Safety Policy to the attention of all students, parents/carers and all persons who work at the school, whether paid or unpaid.

- This policy will be published on the school website and made available in hard copy on request.
- All staff will be made aware of the policy through annual training and induction. All staff will be made aware of and understand the policy through annual allergy awareness and emergency response training, with appropriate arrangements for induction, temporary, supply and cover staff.
- Age-appropriate allergy awareness will be promoted among students. Where appropriate, and following discussion with the student and their parents/carers, peers may be made aware of how to summon help in an emergency. Peer awareness will never replace staff emergency response arrangements.
- Key emergency information and medication locations will be communicated to staff in a way that supports rapid response without unnecessary disclosure.

Monitoring and assurance

The Allergy Safety Lead will maintain an implementation checklist and report at least annually to the governing body. Monitoring will include: training completion; induction/cover arrangements; allergy register and IHP currency; prescribed and spare medication availability/expiry; five-minute access across the site; catering controls; trip risk assessments; incident/near-miss themes; drill findings; complaints; student/parent/carer feedback; and completion of improvement actions.

Complaints

Concerns should be raised promptly with Mrs A McIlroy, Headteacher. Formal complaints will be handled under the school complaints policy. The complaints process will permit concerns to be raised and investigated following a serious allergy incident or near miss, including prolonged failure to put agreed arrangements in place or to deliver arrangements set out in this policy or an IHP.

Signed _____
(Chair of Governors)

Date _____

Appendix A: Local emergency arrangements

Policy information	Details
Spare AAI location(s), dosage and number of pairs	Main School Office, G2 (Food Tech Room), PE (near the defib) and Canteen Kitchen
Emergency asthma inhaler location(s)	Main School Office
Person responsible for medication checks	Mrs T Harris
Frequency of spare medication checks	Termly
First aid / emergency contact method	Telephone emergency contacts
AED location	Reception (entrance on the right) PE Centre (adjacent to the weights room) G Block (entrance on the left)
Catering manager/provider contact	Cucina
Sharps / medicines disposal route	Sharps bin in Main office (PHS)

Appendix B: Emergency anaphylaxis quick action

Suspect anaphylaxis if there are Airway, Breathing or Circulation problems. A rash may be absent. If in doubt, give adrenaline.

- Keep the person where they are; call for help; do not leave them alone.
- Lay flat with legs raised; if breathing is difficult, allow sitting up briefly. Do not allow standing or walking.
- Give adrenaline immediately - prescribed device if available, otherwise an appropriate spare AAI. Note the time.
- Call 999 and say "ANAPHYLAXIS".
- Give a second dose after 5 minutes if there is no improvement.
- Start CPR if there are no signs of life.
- Contact parent/carer after emergency action is underway.
- Transfer to hospital by ambulance and record/review the incident.

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

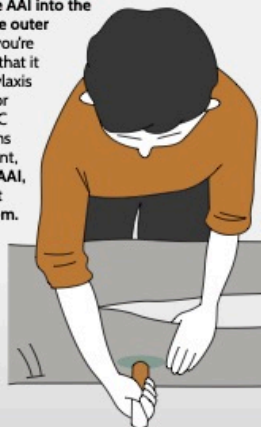
An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. DO NOT let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information. You never know when you will need to act in an anaphylaxis emergency.

Appendix C: 14 main allergens

1. **Celery**, celery sticks, celery leaves, celery spice, celery seeds, which can be used to make celery salt.
2. **Cereals containing gluten**, namely wheat (such as spelt and Khorasan wheat), rye, barley and oats
3. **Crustaceans, Invertebrates** (they have no backbone) with a segmented body and jointed legs. Crab, crayfish, langoustine, lobster, prawn, shrimp, scampi.
4. **Egg**, Egg does not have to be eaten to cause an allergic reaction; coming into contact with eggshells or touching (raw) egg can cause allergic symptoms usually affecting just the skin in highly sensitive individuals.
5. **Fish**, Vertebrates (they have a backbone). Most fish are covered in scales and have fins. Anchovy, basa, cod, cuttlefish, haddock, hake, halibut, mackerel, monkfish, pilchards, plaice, pollock, salmon, sardine, sea bass, swordfish, trout, tuna, turbot, whitebait.
6. **Lupin**, Also known as lupin seeds, lupin beans and lupin flour. The lupin is well-known as a popular garden flower with its tall, colourful spikes. The seeds from certain lupin species are also cultivated as food. These are normally crushed to make lupin flour, which can be used in baked goods such as pastries, pies, pancakes and in pasta.
7. **Milk**, includes dairy items, butter, cheese, cream, yoghurt, ice-cream, ghee, whey, buttermilk, milk powders.
8. **Molluscs**, Also invertebrates. They are soft bodied inside and some have a shell. Abalone, squid, cuttlefish, octopus, snails and whelk. Those that have a shell that opens and closes are called 'bivalve molluscs', such as clams, cockles, oysters, mussels and scallops. This also applies to additives, processing aids and any other substances which are present in the final product.
9. **Mustard**, Mustard seeds are produced by the mustard plant which is a member of the Brassica family. Seeds can be white, yellow, brown or black. Whole seeds can be used in a variety of ways in cooking including roasting, marinating or as an addition to pickled products. Whole, ground, cracked or bruised mustard seeds are mixed with other ingredients to make table mustard.
10. **Peanuts**, Different varieties of peanuts are produced for different uses (for example, peanuts to be used in peanut butter and peanuts in the shell for roasting,). Peanuts are from a family of plants called legumes, the same family as garden peas, lentils, soya beans and chickpeas. Most people will be able to eat other types of legumes without any problems, and it is rare for people with a peanut allergy to react to other legumes. Peanut allergy affects around 2% (1 in 50) of children in the UK and has been increasing in recent decades.
11. **Sesame seeds**, Also known as: Benne (African name), gingelly (Sesame Oil), gomashio (Japanese Condiment), til (seed of sesame) Foods that sometimes have sesame as an ingredient include: veggie burgers, breadsticks, crackers, burger buns, cocktail biscuits, Middle Eastern foods, Chinese, Thai and Japanese foods, stir-fry vegetables, salad dishes and health food snacks.
12. **Soybeans**, Soy comes from soybeans and immature soybeans are called edamame beans. Soya can be ingested as whole beans, soya flour, soya sauce or soya oil. Soya can also be used in foods as a texturiser (texturized vegetable protein), emulsifier (soya lecithin) or protein filler. Soya flour is widely used in foods including; breads, cakes, processed foods (ready meals, burgers and sausages) and baby foods.
13. **Sulphur dioxide and/or sulphites**, Also known as: Sulphur dioxide (E220) and other sulphites (from numbers E221 to E228) are used as preservatives in a wide range of foods, especially soft drinks, sausages, burgers, and dried fruits and vegetables. E220 (Sulphur dioxide), E221 Sodium sulphite, E222 Sodium hydrogen sulphite, E223 Sodium metabisulphite, E224 Potassium metabisulphite, E226 Calcium sulphite, E227 Calcium hydrogen sulphite, E228 Potassium hydrogen sulphite, E150b Caustic sulphite caramel, E150d Sulphite ammonia caramel. It can be found in foods as a preservative, dried fruit and vegetables, soft drinks, fruit juices, fermented drinks (wine, beer and

cider), sausages and burgers. Anyone who has asthma or allergic rhinitis may react to inhaling sulphur dioxide.

14. **Tree Nuts** (namely almond, hazelnut, walnut, cashew, pecan nut, Brazil nut, pistachio nut and macadamia nut (Queensland nut). Can be found in curry powders and mixes, savoury sauces, salad dressing, marinades, soup, Indian dishes, English, French and American dishes.

Appendix D: Paperwork - Medical

Forms

Form 1:	Individual Health Care Plan
Form 2:	Parental/carers agreement for school to administer medicine
Form 2a:	Staff Allergy Declaration and Medication Form
Form 3:	Record of administration of medicines

Form 1: IHCP -

Form 1

Individual Health Care Plan	
Name of Child:	
Date of Birth	
Form:	
Medical Condition or illness:	
Describes what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency? Contact details	
Family contacts Name & phone numbers	
Clinic/Hospital contacts	
GP name & number	
Date	
Form distributed to	

Review date	
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Medical needs and details of symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc. If medical need is an allergy please complete next section.

Nature of allergy:

Severity of allergy:

Symptoms of an adverse reaction:	
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Administered by child (or school where the staff member has been appropriately trained) *delete as appropriate	Child School
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Parental/carer consent to administer either an auto-injector or asthma inhaler in the event that the student does not have their own	I agree to the administering of an auto-injector supplied by the school to my child - <i>*please delete as appropriate</i> I agree to the administering of an asthma inhaler supplied by the school to my child - <i>*please delete as appropriate</i>
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Control measures to avoid an adverse reaction:	
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Medication, dose, method of administration, when to be taken, side effects, contra indications, administered by/self with/without supervision and date medication provided

Daily care requirements and who is responsible for these

Support for Education, social and emotional needs

Arrangements for school trips/visits. Who is responsible in an emergency

Plan developed with

Staff Training Needed/undertaken - who, what, when

Follow up care

This will be reviewed at least annually or earlier if the child's needs change

Form 2 - Parental/carer agreement regarding medicine

Parental/Carer Agreement Regarding Medicine

Queen Elizabeth's is unable to store medicine for your child unless this form is completed

If medicine is prescribed it must be in the original container with a label and dispensed by a pharmacy.

Name of Child:	
Date of Birth:	
Form:	
Medical Condition or Illness:	
Describes what constitutes an emergency, and the action to take if this occurs	
Name/type & strength of medicine. (As described on the container)	
Date of medicine provided by parent/carer:	
Dosage and method:	
Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Administered by child (under staff supervision if required): (delete as appropriate)	Child School
Are there any side effects that the school should know about? (delete as appropriate)	Yes No Description if Yes:
Procedure to take in an emergency:	
Parental/carer consent to administer either an auto-injector or asthma inhaler in the event that the student does not have their own	I agree to the administering of an auto-injector supplied by the school to my child - <i>*please delete as appropriate</i> I agree to the administering of an asthma inhaler supplied by the school to my child - <i>*please delete as appropriate</i>

Details of required medical attention:	
Instructions for providing medication to students where authorised:	
Control measures to avoid an adverse reaction:	
Parent/Carer Contact Details:	
Name:	
Contact numbers:	
Relationship to Child	
Address	

I understand that I must deliver the medicine safely to school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for staff who have been specifically trained to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's/carers'
signature.....

Print Name:.....

Date:.....

Form 2a - Staff Allergy Declaration and Medication Form

Name:	
Medical Condition, Illness or Allergy (see also below):	
Name/type & strength of medicine. (As described on the container)	
Dosage and method:	
Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Special Precautions:	Do we need to hold a spare auto-injector in case of reaction?
Are there any side effects that the school should know about? (delete as appropriate)	Yes No Description if Yes:
Procedure to take in an emergency:	
Details of required medical attention:	
Control measures to avoid an adverse reaction:	

I understand that I must deliver the medicine safely to school office.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to a member of staff administering auto injector (or medicine) in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature.....

Print Name:.....

Date:.....

Form 3

Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose provided	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose provided	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____
Date	___/___/___	___/___/___	___/___/___
Time given	_____	_____	_____
Dose provided	_____	_____	_____
Name of member of staff	_____	_____	_____
Staff initials	_____	_____	_____
Observations/comments	_____	_____	_____