



7.8

Allergen and Anaphylaxis Policy

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Statement of intent

St Chads Community Project strives to ensure the safety and wellbeing of all members of the organisation community. For this reason, this policy is to be adhered to by all staff members, volunteers, parents, children, young people and service users with the intention of minimising the risk of anaphylaxis occurring whilst at the organisation.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the organisation in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The organisation does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2021) 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following organisation policies and documents:

- 6.1 Health and Safety Policy
- 6.11 Food Policy
- 7.4 Administering Medication Policy
- 2.11 Outings Policy
- 7.8 Allergen and Anaphylaxis Policy



2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

3. Roles and responsibilities

The Board of Trustees in collaboration with the Chief Executive Officer are responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.



- Ensuring that arrangements are in place to support children and young people with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of children and young people suffering allergic reactions or anaphylaxis at St Chads Community Project.

The Chief Executive Officer is responsible for:

- Ensuring that the organisation's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual child and young person.
- Ensuring that the organisation's arrangements give parents, children and young people confidence in the organisation's ability to minimise susceptible children and young peoples' contact with allergens, and to effectively support them should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that children and young people need, and that they receive allergy and anaphylaxis training at least every 3 years.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a child or young person experiences an allergic reaction.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that the Food Policy and the associated protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g. nuts.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the organisation's policies regarding food and hygiene, including this policy.

The Deputy Project Manager and Head of Children Services are responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including temporary staff.



- Seeking up-to-date medical information about each child or young person via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about children and young people's allergies.
- Ensuring that catering staff are aware of any children and young people's allergies which may affect the meals provided.
- Ensuring that all outings are planned in accordance with the Outings Policy, taking into account any potential risks the activities involved pose to children and young people with known allergies.
- Understanding the action to take and processes to follow in the event of a child or young person going into anaphylactic shock, and ensuring that this information is passed onto staff members.
- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

All staff members are responsible for:

- Acting in accordance with the organisation's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing children and young people's individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- Monitoring all food supplied to children and young people by both the organisation and parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring that children and young people do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication are out of the reach of children and young people but still easily accessible to staff members.



- Liaising with the Head of Children Services and children's parents to ensure the necessary control measures are in place.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with section 4 and section 5 of this policy, and the processes for identifying children and young people with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the Deputy Project Manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the Head of Children Services of the following information:
 - Their child's allergens
 - The nature of the allergic reaction
 - What medication to administer
 - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the organisation up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the organisation with up-to-date emergency contact information.
- Providing the organisation with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Communicating to the organisation any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the organisation, in writing, any details regarding the child's allergies.
- Working alongside the organisation to develop an IHP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's IHP, where required.
- Acting in accordance with any allergy-related requests made by the organisation, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending events.
- Raising any concerns they may have about the management of their child's allergies with their child's Key Person.



- Ensuring that any food their child brings to premises is safe for them to consume.
- Liaising with staff members, including those running summer clubs, regarding the appropriateness of any food or drink provided.

All children and young people are responsible for:

- Ensuring that they do not exchange food with other children or young people.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

4. Food allergies

Parents will provide St Chads Community Project with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all children and young peoples' food allergies will be collated, indicating whether they consume a Project dinner or a packed lunch, and this will be passed on to the organisation's kitchen staff.

When making changes to menus or substituting food products, the organisation will ensure that children and young peoples' special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking kitchen staff to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.



Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with section 5 of this policy, to denote the allergens of which consumers should be aware.

The organisation will ensure that there are always dairy- and gluten-free options available for children and young people with allergies and intolerances.

Where a child or young person who attends the organisation has a nut allergy, the organisation will follow the Nut-free Processes, including:

- Ensuring that food items containing nuts will not be served, or be brought onto the premises.
- Maintaining an allergy log and ensuring staff know where it can be located.

All food tables will be disinfected before and after being used.

Anti-bacterial wipes and cleaning fluid will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the children and young people at risk.

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be stored separately.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with children and young people's IHPs, taking into account any known allergies of the children involved.

5. Food allergen labelling

From 1 October 2021, the organisation will adhere to new allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The organisation will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.



The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed every three years, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The organisation will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen.
- Allergen tracking will continue throughout the organisation's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the Deputy Project Manager or Head of Children Services.
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the Deputy Project Manager or Head of Children Services.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds



- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the Deputy Project Manager or Head of Children Services immediately, who will then contact the relevant supplier where necessary.

The Deputy Project manager or Head of Children Services will be responsible for monitoring food ingredients, packaging and labelling on a weekly basis and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The organisation will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. Animal allergies

Staff, volunteers, visitors, service users, parents, children and young people with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the premises, staff members will be made aware of anyone to whom this may pose a risk and will be responsible for ensuring that they do not come into contact with the specified allergen.

The organisation will ensure that any child, young person, staff member, volunteer, visitor or service user who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

A supply of antihistamine tablets will be kept in the locked medical cupboard in case of an allergic reaction.



7. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the premises is not mown whilst staff, volunteers, children and young people are outside.

Children and young people with severe seasonal allergies will be provided with an indoor supervised space to spend their recreational times inside, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the child or young person should stay indoors.

Children and young people will be encouraged to wash their hands after playing outside.

Children and young people with known seasonal allergies are encouraged to bring an additional set of clothing to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on the premises and in the organisation's nearby proximity, reporting any concerns to the Deputy Project Manager.

The Deputy Project Manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the premises.

Where a child or young person with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

8. Adrenaline auto-injectors (AAIs)

Children and young people who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the organisation is able to purchase AAI devices without a prescription, for emergency use on service users who are at risk of anaphylaxis, but whose device is not available or is not working.

The organisation will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The organisation will submit a request, signed by the Chief Executive Officer, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the organisation.
- The purposes for which the product is required.
- The total quantity required.



The Chief Executive Officer, in conjunction with the Head of Children Services, will decide which brands of AAI to purchase.

Where possible, the organisation will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands service users are prescribed, the organisation may decide to purchase multiple brands.

The organisation will purchase AAIs in accordance with age-based criteria, relevant to the age of service users at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For children under age 6: 0.15 milligrams of adrenaline
- For children aged 6-12: 0.3 milligrams of adrenaline
- For young people aged 12+: 0.3 or 0.5 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of service users to whom the AAI can be administered
- An administration record

Children who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession.

For children under the age of seven who have prescribed AAI devices, these are stored in a suitably safe locked medical cupboard in the childcare room.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- Nursery room – red room

All staff have access to AAI devices, but these are out of reach and inaccessible to children and young people – AAI devices are not locked away where access is restricted.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named child.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.



The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- Jaspreet Kaur – Head of Children Services

The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The following staff member is responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: Jaspreet Kaur.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with [section 13](#) of this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom.

9. Access to spare AAIs

A spare AAI can be administered as a substitute for a children's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to children and young people for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a child's IHP.

If consent has been given to administer a spare AAI to a child or young person, this will be recorded in their IHP.

The organisation uses a register of children and young people (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of child or young person
- Service the child or young person attends
- Known allergens



- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the Chief Executive Officer.

Jaspreet Kaur checks the register is up-to-date on an annual basis.

Jaspreet Kaur will also update the register relevant to any changes in consent or a children and young people's requirements.

Copies of the register are held in the Childcare room, which are accessible to all staff members.

10. Medical attention and required support

Once a child or young person's allergies have been identified, a meeting will be set up between the parents, the relevant Key person, the Head of Children Services and any other relevant staff members, in which the child or young person's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy.

Parents will provide the Head of Children Services with any necessary medication, ensuring that this is clearly labelled with the child or young person's name, service attending, expiration date and instructions for administering it.

Children and young people will not be able to attend any service or outing without any life-saving medication that they may have, such as AAI's.

All members of staff involved with a child or young person with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the child or young person may require is outlined in their IHP.

All staff members providing support to a child or young person with a known medical condition, including those in relation to allergens, will be familiar with their IHP.

Jaspreet Kaur is responsible for working alongside relevant staff members and parents in order to develop IHPs for children and young people with allergies, ensuring that any



necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

Jaspreet Kaur has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the St Chads Community Project community.

11. Staff training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

Staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist children and young people with managing their allergies.

The organisation will arrange specialist training on a termly basis where a child or young person attending the setting has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the organisation, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a child or young person is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.



- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

12. In the event of a mild-moderate allergic reaction

Mild-moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a child or young person, the nearest adult will stay with them and call for help from the designated staff members able to administer AAIs.

The child or young person's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

A copy of the Register of AAIs will be held in each childcare room for easy access in the event of an allergic reaction.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The child or young person's parents will be contacted immediately if they suffer a mild-moderate allergic reaction, and if an AAI has been administered.

In the event that a child or young person without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the child or young person will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the organisation will act in accordance with section 13 of this policy.



The Head of Children Services will refer any child or young person who has been administered an AAI to the hospital for further monitoring.

The Chief Executive Officer will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were in staff to child ratio at the time of the reaction.

13. In the event of anaphylaxis

Anaphylaxis symptoms include the following:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

In the event of anaphylaxis, the nearest adult will lay the child or young person flat on the floor with their legs raised, and will call for help from a designated staff member.

The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The emergency services will be contacted immediately.

A member of staff will stay with the child or young person until the emergency services arrive – the child or young person will remain lay flat and still.

The Chief Executive Officer will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the child or young person stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a child or young person without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI



should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the child or young person's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the child or young person has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the child or young person is given plenty of space, moving other children to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the child or young person to hospital in the absence of their parents.

If a child or young person is taken to hospital by car, two members of staff will accompany them.

Following the occurrence of an allergic reaction, the Chief Executive Officer, in conjunction with the Deputy Project Manager and Head of Children Services, will review the adequacy of the organisation's response and will consider the need for any additional support, training or other corrective action.

14. Monitoring and review

The Chief Executive Officer is responsible for reviewing this policy annually.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the Chief Executive Officer immediately.

Following each occurrence of an allergic reaction, this policy and children and young peoples' IHPs will be updated and amended as necessary.



Allergy Declaration Form

Childs Full Name:	Age:
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Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Spare AAI's

I understand that the charity may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the charity to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the charity to administer a spare AAI to my child.	Agree	Disagree
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Full Name of Parent/ Carer:

Signature:	Date:
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