Allergy Safety Policy

Berkhamsted Prep and Pre-Prep

Berkhamsted Senior Schools & Sixth

Heatherton

Berkhamsted Day Nursery Ltd.

Berkhamsted School Enterprises Ltd.

Revision and Terminology: Please refer to the School's Policies Policy.

Policy owner:	Vice Principal and Chief Operating Officer
Type of policy:	Regulatory
Regulatory Body:	Department for Education; Independent Schools Inspectorate
Relevant Legislation / Guidance:	Education (Independent School Standards) Regulations 2014 (as amended) Early Years Foundation Stage Statutory Framework (2026) National Minimum Standards for Boarding (2026) Allergy Safety in Schools (DfE statutory guidance, 2026)
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1 Policy statement (Scope)

1.1 This is the Allergy Safety Policy Statement of Berkhamsted Schools Group (the Group) and Berkhamsted Day Nursery (the Nursery) collectively referred to as "the School". It outlines the School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does.

1.2 The School recognises its responsibility for the safety of its pupils and staff and the need for awareness of the risk to individuals who may suffer from allergies or intolerances, particularly those that carry a life-threatening reaction.

1.3 This Allergy Safety Policy (the **Policy**) applies to all staff (including employees, fixed-term, part-time, temporary and voluntary staff and helpers), pupils and visitors to the School.

1.4 The School's position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self-responsibility, (whilst adopting an age-appropriate approach to allergens in school) and plan for effective response to possible emergencies.

2 Definitions

2.1 **Allergy** - A condition in which the body has an exaggerated response to a normally harmless substance (e.g. foods, pollen, house dust mites and drugs) also known as hypersensitivity. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse.

2.2 **Allergen** - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye.

2.3 **Anaphylaxis** - Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.

2.4 **AAI** – Adrenaline Auto-Injector. This is a syringe style device containing the drug Adrenalin, which is ready for immediate inter-muscular administration. Brand names include **Epipen and Jext**.

2.5 **Designated Allergy Safety 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.

3 Common food allergens:[1]

3.1 Celery

3.2 Cereals containing gluten (wheat, rye, barley, oats)

3.3 Crustaceans (e.g. crabs, lobster, prawns, scampi, shrimp, scallops)

[1] Source: Food Standards Agency - food.gov.uk

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3.4 Eggs

3.5 Fish

3.6 Lupin

3.7 Milk

3.8 Molluscs

3.9 Mustard

3.10 Peanuts

3.11 Sesame

3.12 Soybeans

3.13 Sulphur dioxide and sulphites

3.14 Tree Nuts (e.g. brazil nuts, almonds, cashews, macadamia, pistachios, pine nuts, walnuts)

4 Designated Allergy Safety Lead – Senior Leadership Team member

4.1 The Designated Allergy Safety Lead is the Vice Principal Andrew Mair and they are responsible for:

4.1.1 Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;

4.1.2 Taking decisions on allergy management across the school;

4.1.3 Championing and practising allergy awareness across the school;

4.1.4 Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;

4.1.5 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);

4.1.6 Ensuring staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures;

4.1.7 Regularly reviewing and updating the Allergy Safety Policy.

5 Identification of Children, Young People, Staff and Visitors with Allergies

5.1 In order to meet its duties under statutory guidance, the School relies on parents/carers/staff and visitors to provide full, accurate and up to date information regarding any allergies (and other medical conditions) affecting their child or themselves.

5.2 For pupils this includes notification:

5.2.1 at the point of application and admission, including completion of all required medical information forms

5.2.2 promptly following any new diagnosis, change in condition, or change in treatment;

5.2.3 through the provision of relevant information from health professionals where

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appropriate; and

5.2.4 in response to any request from the School for clarification or further detail.

5.3 For staff this includes notification via:

5.3.1 New joiner onboarding medical declaration form

5.3.2 Staff declarations following any new diagnosis, change in condition, or change in treatment

5.4 For other visitors this includes notification via:

5.4.1 Declaration to host or organiser where relevant

5.5 For each school a central register of pupils known to have allergies is maintained and updated regularly (at least termly) by the Senior Nurse and is accessible to the relevant school staff list via the Hub.

6 Parent Responsibilities

6.1 All parents must be aware and understanding of the School's Allergy Safety Policy and consideration of the safety and wellbeing of pupils with allergies.

6.2 All parents are requested not to allow their child to bring into school or on school trips, foodstuffs containing nuts or peanuts to reduce the risk of cross-contamination.

6.3 On registration to the School, parents must inform the School, via the medical information form, of their child's medical needs, including dietary requirements, any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.

6.4 Where appropriate, (a child has an allergy requiring an AAI or the risk assessment deems it necessary), parents will be sent an Allergy Action Plan for completion and signature, together with a copy of the School's Allergy Safety Policy.

6.5 The school will seek updated information annually from parents whose children are known to have allergies.

6.6 Parents must update the School Nurse or relevant form teacher in writing or via email, with any change in a child's medical condition or treatment during the year.

6.7 Parents must ensure any required medication (AAIs, inhalers and any specific antihistamine) is supplied, in date and replaced as necessary. For pupils in Reception and above, where pupils have been prescribed an AAI it is compulsory for them to carry it within their immediate vicinity at all times. Pupils from R- Y6 are asked to carry their AAI/AAIs on their person in a waist pouch. Pupils in R-Y2 at Prep will carry one AAI in their waist pouch and the second (if provided by the GP) will be kept out of children's reach in their classroom and be taken off site with the pupil as required. Pupils in Y3-Y6 at Prep are asked to carry two AAIs (where two have been provided by their GP) in their waist pouch at all times. This is due to the increased movement of pupils in the Prep school between different campuses and sports grounds. Pupils in Heatherton will carry one AAI in their waist pouch and the second (if provided by the GP) will be kept out of children's reach in the central medical room and be taken off site with the pupil as required. Should parents wish to provide a third 'spare' AAI they are welcome to keep it at the Medical Centre on the relevant campus.

6.8 Parents should be aware that for children in BDNL, Stepping Stones Nursery at

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Berkhamsted Pre-Prep and Heatherton Nursery, AAIs will be kept close at hand, usually by the class teacher or teaching assistant, but out of reach of children.

6.9 If an episode of anaphylaxis occurs outside school, the School Nurse or relevant form teacher / tutor must be informed in writing or via email. Parents are requested to keep the School Nurse or relevant form teacher / tutor up to date with any changes in allergy management with regards to clinic summaries or re-testing and new food challenges.

6.10 Parents must 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 e.g., not eating the food they are allergic to.

6.11 Parents must refrain from telling the School their child has an allergy or intolerance if this is a preference or dietary choice.

7 Pupil Responsibilities

7.1 For pupils in Reception and above, all pupils that have been prescribed with an AAI must carry it with them at all times. In the Senior Schools pupils are encouraged to carry two AAIs with them at all times. Please also see 6.7 above.

7.2 Pupils of any age should be familiar with what their allergies are and as far as possible be aware of the symptoms they may have that would indicate a reaction is happening.

8 Staff Responsibilities

8.1 Where appropriate the School Nurse (or at Berkhamsted Pre-Prep and Heatherton, the appropriate designated person) will work with the parents to complete an Allergy Action Plan.

8.2 School nurses and/or first aid coordinators are responsible for recording information on the School's management information system (iSAMS). For purposes of administration of first aid, non-confidential information is accessible by all staff.

8.3 Spare AAIs should be kept at an appointed place clearly marked with each pupil's name and also any other medication that might be used such as a spare inhaler and antihistamine.

8.4 Care plans are to be updated annually but may also be updated at any stage in the event of a change to a child's condition or treatment.

8.5 All staff will be annually reminded of the symptoms of an allergic reaction so that help can be summoned quickly.

8.6 All staff should administer AAIs without delay (in the event of an anaphylaxis reaction).

8.7 Teaching staff and TAs should make themselves aware of any pupils in their care who carry an AAI.

8.8 Those taking pupils on trips should take reasonable steps to ensure that any pupils in possession of an AAI have it with them at all times and that a spare is carried. Care should be taken to avoid known allergens of those present whilst on School trips.

8.9 All staff are responsible for familiarising themselves with the Allergy policy and to adhere to health & safety regulations regarding food and drink.

8.10 All staff who have treated a casualty (or are aware of a near miss) must complete the

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online Accident Report form (via the Hub) as soon as possible. (A near miss will be where an incident has happened but no harm come from it e.g. child eats a food they are allergic to but has no adverse reaction).

8.11 All staff are asked not to bring nut products on to school sites at any time.

9 Staff Training in Allergy Awareness and Emergency response

9.1 Mandatory allergy awareness training will be completed by all staff, including teaching staff, support staff, catering staff and others who may oversee children and young people at breakfast or after school clubs, covering symptom recognition, emergency response, and the use of adrenaline devices.

9.2 Training will cover:

9.2.1 Allergy awareness

9.2.2 Recognising mild, moderate and severe reactions

9.2.3 Emergency response for anaphylaxis

9.2.4 Emergency response for acute asthma

9.2.5 Administering AAIs and reliever inhalers

9.2.6 Activating emergency medical services

9.2.7 Recording and reporting incidents

9.3 Refresher training will be conducted annually.

10 Assessing risk

10.1 Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning, informing themselves of any pupil taking part who has a known allergy, and cross referencing with equipment and ingredients being used. Some examples include:

10.1.1 Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking

10.1.2 Running activities or clubs where they might hand out snacks or food "treats", particularly for children in Reception to Year 6. In that case ensure safe food is provided or consider an alternative non-food treat for all pupils.

10.1.3 Planning special events, such as cultural days and celebrations

10.2 Inclusion of pupils with allergies should be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

11 Catering for Pupils with allergies

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

11.2 Due diligence is carried out with regard to allergen management when appointing catering staff.

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11.3 All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.

11.4 Please note that the School is not guaranteed to be a nut-free environment as it is impossible to police all food brought on site so pupils and staff should remain vigilant at all times.

11.5 Our caterer operates nut-free kitchens and uses only nut-free ingredients whilst, in line with regulations, keeping a full record of ingredients used. Allergen information is displayed with all food served in the dining halls. We cannot guarantee that all ingredients have no 'traces of nuts' or have been produced in a nut-free factory.

11.6 Where pupils and staff have known allergies, meals are specifically prepared for them where required.

11.7 Food containing the main 14 allergens will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request or via digital devices in the dining halls.

11.8 Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.

11.9 At the Nursery and EYFS settings at Berkhamsted Pre-Prep, Prep and Heatherton, photographs of pupils with known allergies are provided to catering staff. In addition, all pupils with known allergies at Nursery, Pre-Prep, Heatherton and Prep have a form of identification during eating times and their food is pre-plated and double checked by the catering staff and in some instances the School staff. This does not include nut allergy pupils as kitchens are operated as nut-free.

11.10 Appendix 6 shows the detailed procedures in place, and followed, for each of the Nursery, Pre-Prep, Heatherton and Prep schools.

11.11 Senior School pupils are encouraged to manage their allergies and check ingredients with catering staff as appropriate.

11.12 The kitchen staff are given a list of all children with allergies at the start of the new academic year (together with photographs for those not in Senior School) and these are updated as things change.

11.13 Food and Nutrition lessons will be accompanied with an allergy sheet and do not include ingredients containing nuts (subject to 11.4 and 11.5 above).

11.14 Those taking pupils on visits must check iSAMS information and make the necessary arrangements to avoid relevant allergens.

12 Participation in Visits, Trips and Extra-Curricular Activities

12.1 The School will ensure:

12.1.1 Allergy-specific risk assessments are completed for all trips;

12.1.2 Pupils have continuous access to their prescribed medication and spare AAIs;

12.1.3 Trained staff accompany activities involving pupils with allergies;

12.1.4 Allergen information is obtained from relevant trip venues (such as restaurants) and

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is shared with pupils and families where appropriate;

12.1.5 Individual adjustments are made as necessary to ensure full participation.

13 Documentation of support arrangements through Individual Healthcare Plans (IHPs)

13.1 Schools are required to have comprehensive IHP processes for pupils with medical conditions including allergy.

13.2 IHPs for pupils with allergies will include:

13.2.1 Identified allergens

13.2.2 Symptoms and severity

13.2.3 Avoidance strategies

13.2.4 Emergency procedures (anaphylaxis and asthma)

13.2.5 Details of prescribed medication and access arrangements

13.2.6 Roles and responsibilities

13.2.7 Review timelines and criteria

13.3 IHPs will be developed collaboratively with parents, the pupil and relevant health professionals.

13.4 If the pupil has an Allergy Action Plan and / or an Asthma Action Plan it should be attached to their IHP.

14 Promoting the wellbeing, mental health and inclusion of pupils with allergy

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

14.2 The School will:

14.2.1 Aim to ensure pupils with allergies feel safe, included and supported

14.2.2 Prevent stigma or isolation due to allergy-related restrictions

14.2.3 Promote confidence in self-management where appropriate

14.2.4 Provide pastoral and emotional support as needed

14.2.5 Foster a culture of understanding and sensitivity among other pupils and staff.

14.3 No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.

14.4 Bullying related to allergy will be treated in line with the School's Behaviour and Discipline policy.

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15 Action to be taken in the event of a mild allergic reaction

15.1 The most common food allergy signs and symptoms include:

15.1.1 Tingling or itching in the mouth

15.1.2 Hives, itching or eczema

15.1.3 Swelling of the lips, face, tongue and throat or other parts of the body

15.1.4 Wheezing, nasal congestion or trouble breathing

15.1.5 Abdominal pain, diarrhoea, nausea or vomiting

15.1.6 Dizziness, light-headedness or fainting

15.2 Treatment

15.2.1 The priority should be removal of the allergen. Remove stings or environmental causes if possible. To remove the sting, scrape it off; DO NOT use tweezers to squeeze the sting as that may add additional poison. Wash with water where appropriate. For ingested allergens, encourage the child to spit out. Never rinse mouth or induce vomiting. Call the School Nurse if pupil is on school site. Use of antihistamines via syrup or tablet is effective for mild reactions and is recommended as the first step in any reaction. If any other medication is available specifically for that child, it will be administered in line with their Allergy Action Plan and in conjunction with the Administration of Medicines Policy.

In Summary

- Remove allergen if possible (i.e. sting)
- Stay with pupil
- Call for help
- Administer antihistamine
- Administer any specific medications for that child in line with their Allergy Action Plan
- Continue to monitor the pupil

15.2.2 The School Nurse or a staff member will contact the child's parents.

15.2.3 If a child becomes distressed or symptoms become more serious, telephone 999.

15.2.4 If parents have not arrived by the time ambulance arrives, a member of staff will accompany the child to hospital.

15.2.5 Spare school owned AAIs may be used for the purpose of saving a life for a pupil or other person not known by the school to have been previously diagnosed with an allergy or anaphylaxis. This might be, for example, a pupil presenting for the first time with anaphylaxis due to a previously unrecognised allergy. These are considered exceptional circumstances and are permitted under a legal exemption under Regulation 238 (Human Medicines Regulations 2012, updated 2017). A list of locations where School owned AAIs are held is shown at Appendix 7.

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16 Action to be taken in the event of an Anaphylactic Episode

16.1 In some people, an allergy can trigger a severe allergic reaction called anaphylaxis. This can cause life-threatening signs and symptoms, including:

16.1.1 A swollen throat or the sensation of a lump in your throat that makes it difficult to breathe or speak

16.1.2 Swelling of hands and feet, face, neck, mouth and tongue

16.1.3 Anxiety and distress

16.1.4 Pale or flushed skin

16.1.5 Impaired level of consciousness

16.1.6 Pain or swelling around the area of contact

16.1.7 Signs and symptoms of shock

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

16.2.1 sudden onset (a reaction can start within minutes) and rapid progression of symptoms.

16.2.2 life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness).

16.2.3 changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all.

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

16.4 **Treatment** – see Appendices

17 Monitoring and Review

17.1 Where serious incidents or near misses occur involving a pupil with an allergy, the incident should be recorded via the Accident Form on the Hub by the Nursing Team or appropriate relevant team (such as catering), and reported to the pupil's parents and the Governing Body alongside any statutory reporting.

17.2 Following a serious incident or near miss, the relevant policies and arrangements will be reviewed so any lessons can be learned.

17.3 This policy will be reviewed annually, taking account of any incidents and near misses.

17.4 This policy will be published on the school website.

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Appendix 1 – Allergy Action Plan – with Epipen

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg
(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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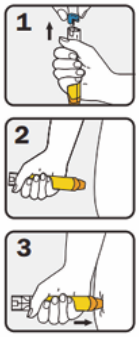
How to give EpiPen®



1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

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Appendix 2 – Allergy Action Plan – with Jext

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

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

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

© BSACI 10/2024

How to give JEXT®

1. Form fist around Jext® and PULL OFF YELLOW SAFETY CAP
2. PLACE BLACK END against outer thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
4. REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

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Appendix 3– Allergy Action Plan – with EURNeffy

BSACI ALLERGY ACTION PLAN

BSACI Improving Allergy Care through education, training and research

This child/young person has the following allergies:

Name:

.....

DOB: .....

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate EURneffy® nasal device
- **Give antihistamine:**

.....

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1 **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2 **Use EURneffy® nasal device without delay**

3 **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement after 5 minutes, give a further adrenaline dose using a second EURneffy device into the same nostril. Further adrenaline can also be given using a "spare" adrenaline autoinjector device, if available.

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with DHSC Guidance on the use of Emergency Adrenaline in schools.

Signed

.....

Print name:

.....

Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

Emergency contact details

1) Name

.....

.....

2) Name

.....

.....

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1. Hold the nasal device as shown with your thumb on the bottom of the plunger

2. Insert the tip of nasal spray into the nostril until your fingers just touch your nose. Point as shown.

3. Press plunger firmly UPWARDS, telling the person to breath normally.

Additional instructions:

If there is any wheezing or difficulty in breathing, GIVE ADRENALINE FIRST followed by a prescribed reliever, (with a spacer if needed or available)

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency adrenaline has been prepared by:**

Sign & print name : .....

Hospital/Clinic: .....

.....

Date: .....

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

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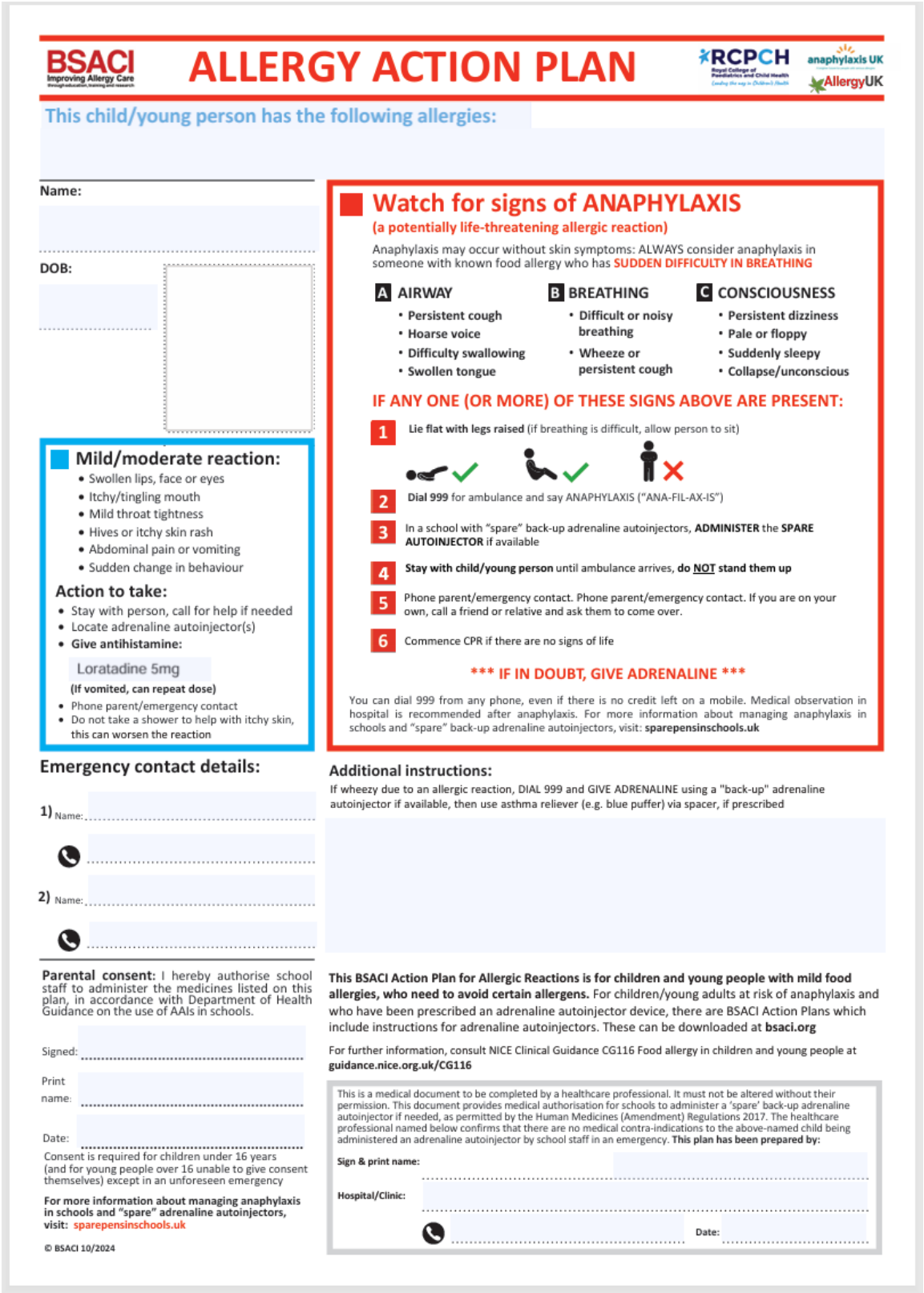
Appendix 4 – Allergy Action Plan – no prescribed adrenaline auto-injector (AAI)



BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice		• Pale or floppy
• Difficulty swallowing	• Wheeze or persistent cough	• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)
2. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
4. **Stay with child/young person** until ambulance arrives, **do NOT stand them up**
5. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
6. Commence CPR if there are no signs of life

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

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: **sparepensinschools.uk**

Emergency contact details:

1) Name:

2) Name:

Additional instructions:

If wheezy due to an allergic reaction, DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

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

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

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Appendix 5 – Defibrillator Device Locations

Campus	Location	Cabinet unlock (if applicable)
Castle	**Cloisters and Zaha Hadid Building**	**C159X**
Kings	**Outside Old Dining Room**	**C159X**
KJSC	**First floor near stairwell**	**n/a**
Prep	**Beeches - outside Med Centre** **Outside wall entrance to Churchill by Reception**	**n/a** **C159X**
Pre-Prep	**Main block, reception**	**n/a**
Heatherton	**First aid room**	**n/a**
Kitchener's	**White cabinet inside pavilion**	**n/a**
Chesham Field	**David Case pavilion first aid room**	**n/a**
Haslam	**Pavilion first aid room**	**n/a**
Incents Boarding	**Corridor near Reception**	**n/a**

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Appendix 6 - Medical Diet System – Primary Schools

The Medical Diet Pre-plating System has been put in place in accordance to the Lodestone House Independent Medical Policy which has been agreed and signed with the client. This is to ensure the safety of both the catering staff and the children when it comes to serving them a safe, nutritious meal during school time.

Below outlines the processes in place at each school.

Berkhamsted Prep

- Allergy Pupils identified by School Medical Team.
- Anyone with **food allergy** (excluding nuts, as we operate as nut free kitchen), parents will be sent **Medical Diet Menu** form to complete by the school nutritionist.
- **Medical Diet Menu** form gives options for 3 week menu cycle, with suitable options for allergy pupils. This menu contains limited food allergies.
- School Nutritionist collate data and creates '**double checking sheet'** for catering team to use when **pre-plating**.
- Double Checking sheet ensures that 2 people have checked the meal being served is safe for that child to eat.
- School **identification system** is the cards, on a Lodestone House allergy lanyard - available in the dining hall (created by school nurse, including photo of the child)
- At lunch service, child shows their allergy lanyard **in exchange for pre-plated meal**, wrapped in clingfilm and labelled.
- On days when the menu is changed (e.g Theme Days), a suitable alternative will be arranged for the child – ensuring a safe, nutritious meal which is again double checked.

Heatherton Girls & Nursery

- Allergy Pupils identified by School Medical Team.
- Anyone with **food allergy** (excluding nuts, as we operate as nut free kitchen), parents will be sent **Medical Diet Menu** form to complete by the school medical team.
- **Medical Diet Menu** form gives options for 3 week menu cycle, with suitable options for allergy pupils. This menu contains limited food allergies.
- School Nutritionist collate data and creates '**double checking sheet'** for catering team to use when **pre-plating**.
- Double Checking sheet ensures that 2 people have checked the meal being served is safe for that child to eat.

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- School **identification system** is the **lanyards**, available in the dining hall (created by Heatherton First-Aiders , including photo of the child), handed out by the **school staff** on lunch duty. In addition, the EYFS pupils also use identification place mats.
- At lunch service, pre-plated meal, cling filmed and labelled, will be **brought to the child** to unwrap and eat.
- On days when the menu is changed (e.g Theme Days), a suitable alternative will be arranged for the child – ensuring a safe, nutritious meal which is again double checked.

Haresfoot Pre-Prep & Nursery

- Allergy Pupils identified by School Medical Team.
- Anyone with **food allergy** (excluding nuts, as we operate as nut free kitchen), parents will be sent **Medical Diet Menu** form to complete by the school medical team.
- **Medical Diet Menu** form gives options for 3 week menu cycle, with suitable options for allergy pupils. This menu contains limited food allergies.
- School Nutritionist collate data and creates '**double checking sheet'** for catering team to use when **pre-plating**.
- Double Checking sheet ensures that 2 people have checked the meal being served is safe for that child to eat.
- School **identification system:**
  - Nursery **- Coloured plate and card**
  - SS & R **- Table cards**
  - KS1 **– Yellow Lanyards**
- Identification system made by Pre Prep welfare staff including photo of the child.
- At lunch service, pre-plated meal, clingfilmed and labelled, will be **handed to the child** to unwrap and eat.
- On days when the menu is changed (e.g Theme Days), a suitable alternative will be arranged for the child – ensuring a safe, nutritious meal which is again double checked.

Key contacts:

nutrition@berkhamsted.com

catering@berkhamsted.com

nurses@berkhamsted.com

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Appendix 7 – Locations of Asthma and Allergy Kits

Campus	Location (Specific)	Asthma Kit	Anaphylaxis Kit
Castle	Castle Medical	☑	☑
	Castle Reception	☑	☑
	Chadwick Dining Hall		☑
Kings	Kings Reception	☑	☑
	Nash Harris Dining Hall		☑
Prep	Prep Reception	☑	☑
	Wrap Around Care/Dining Room	☑ *WAC only	☑
	Prep Medical	☑	☑
Pre-Prep	Pre-Prep Reception	☑	☑
	Wrap Around Care	☑	☑
	Sports Hall		☑
	BDNL		☑
Knox-Johnston	PE Office	☑	☑

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Campus	Location (Specific)	Asthma Kit	Anaphylaxis Kit
Chesham Road	David Case Med Room	☑	☑
Haslam Field	Pavillion	☑	☑
Kitchener's Field	Pavillion	☑	☑
Heatherton	Heatherton Med Room	☑	☑
	Heatherton Dining		☑
	Food Tech		☑
	PE	☑	
	WAC/Nursery		☑
St Johns Boarding	Ground Floor	☑	☑
Incents Boarding	Ground Floor	☑	☑
Overton House	Upstairs	☑	☑

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