

## Allergies

### 1. Notification

The parent/carer of the pupil should be advised in the school handbook and enrolment form that they should notify the school that the pupil has an allergy.

### 2. School Healthcare Plan

For pupils who have been diagnosed with an allergy by their GP but have not required to attend the allergy clinic at the Royal Hospital for Children and Young People, **Form 4: Request for school to issue long-term 'as required' prescribed medication in school** should be completed along with an individualised **Symptom and Action Flowchart for Allergic Reaction NOT Including an Adrenaline Auto-Injector** and a supply of the antihistamine prescribed by the GP given to the school. Non-prescription antihistamines should not be administered by education staff.

Completion of Form 4 and flowchart is sufficient for pupils who treat their allergies with antihistamine only, attending Primary or Secondary School. Pupils with mild/moderate allergies may have been given an BSACI (British Society for Allergy and Clinical Immunology) Allergy Action Plan by their health professional which should be kept alongside their medication. Children in Early Years must have an Allergy Action Plan OR Form 9: School Healthcare Plan – Allergies completed and reviewed every 3 months (as per care inspectorate recommendations). If your establishment has an emergency adrenaline auto-injector kit, and the Allergy Action Plan states a dose of adrenaline to be administered in case of anaphylaxis; a 12a/b form should be completed, and this pupil should have a symptom and action flowchart for Allergic reaction including adrenaline auto-injector.

For pupils who have been diagnosed with a severe allergy at the allergy clinic at the Royal Hospital for Children and Young People, a BSACI Allergy Action Plan will be completed by the consultant/specialist allergy nurse. This Allergy Action Plan should be given to the school with a supply of the prescribed medication. Children should be reviewed at the Allergy Clinic before starting primary school or transferring to secondary school. At these reviews, an updated Allergy Action Plan will be completed by clinic staff.

For pupils with severe allergies, diagnosed at a hospital allergy clinic who

- move into the area from out with the City of Edinburgh or
- are not due to be reviewed for some time and do not have an Allergy Action Plan or School Healthcare Plan in place

Or pupils with any allergy who wish to document further details regarding the symptoms of their allergy: **Form 9: School Healthcare Plan - Allergies** should be completed. The school nurse service can facilitate the completion of the plan if required. All School Healthcare Plans and Allergy Action Plans should be reviewed and signed by parent and school every year. The Healthcare plan annual review form (Form 9) can be used to review Allergy Action Plans, these are found in Appendix 10 of this handbook.

Please ensure all pupils with severe allergies also have an individualised **Symptom and Action Flowchart for Allergic Reaction Including an Adrenaline Auto-Injector**.

### 3. Emergency Adrenaline Auto Injectors (AAI) Kit

The Human Medicines (Amendment) Regulations 2017 now allows schools the option to obtain, without a prescription, adrenaline auto-injector (AAI) devices for use in emergencies. **This legislation states that the purchase of these AAI's must be authorised by the head teacher of each school.** Keeping spare Adrenaline auto-injectors (AAI's) in school for emergency use has many benefits and could potentially save a child's life.

## Allergies – continued

The Emergency AAI(s) can be used if the pupil's prescribed AAI(s) are not immediately available (e.g. because they are broken, out of date, have misfired or been wrongly administered). The emergency AAI(s) can only be used by pupils who hold both medical authorisation and parental consent for an AAI to be administered. This is specifically pupils who have a prescription of AAI's and/or an Allergy Action Plan which is signed by a medical professional and for whom Form 12a or 12b has been completed and signed by their parent/carer within the last year:

**Form 12a: Adrenaline Auto Injector (AAI) consent form including use of school's emergency AAI 150 microgram (0.15 milligram) dose**

**OR**

**Form 12b: Adrenaline Auto Injector (AAI) consent form including use of school's emergency AAI 300 microgram (0.3 milligram) dose**

Note – if a pupil has been prescribed Emerade 500 Microgram (0.5milligram) dose, a 12b form should be completed. In the event their own device/s were unavailable for any reason, they would receive the 300 microgram (0.3 milligram) dose, which is the maximum dose available in Epi-Pen and Jext brands.

### 4. Awareness Raising and Professional Development - Requirements for All Schools

The head teacher should ensure that all teaching and support staff are aware of the procedures pertaining to a pupil's condition and the particulars of any needs that may arise in school.

The head teacher is responsible for ensuring that all school staff are aware of the arrangements to manage a medical emergency, including appropriate use of emergency services (dial 999 and ask for an ambulance, providing details of the nature of the pupil's medical condition).

The head teacher should encourage staff to volunteer to undertake the administration of appropriate emergency treatments.

Parents/carers should be informed that until staff have attended *ASL: Asthma and Allergy Management*, adrenaline auto-injectors should not be administered by school staff. For further details on CPD, see Section 4.1 of the main body of The Handbook.

### 5. Dietary Control

If a pupil with food allergies has school lunches all reasonable measures will be taken by the school meals service to provide an appropriate meal. Parents/carers must remind their child regularly of the need to refuse any food items that might be offered by other pupils. It is not necessary to inform the parent/carer of other pupils. Banning certain foods (e.g. nuts) from a whole school may give false security by assuring pupils with severe food allergies and their parent/carer that the school is a 'nut-free' zone. It is not possible to make a school 'nut-free' and schools should not ban certain foods from being sent into school.

If a pupil is affected by a medically diagnosed food allergy, the school should take all reasonable steps to ensure that the pupil does not eat any foods other than those approved by the parent/carer.

### 6. The School Curriculum

Consideration of a pupil's allergies should be made with regard to classes to be attended, e.g. food preparation or use of certain materials in science.

### 7. Review of Arrangements

Arrangements will be reviewed annually and/or renewed earlier if there is a change of condition. Children in Nursery/Early years should have their health needs checked every 3 months as per Care Inspectorate recommendations. If there are no changes, the Healthcare plan annual review form (Form 9) should be signed as indicated and kept alongside the Allergy Action Plan. Where there is a School Healthcare Plan, then the agreement to school healthcare plan should be signed as indicated (Page 4 or 5 of Form 9 School Healthcare Plan – Allergies). The appropriate 12a or 12b form must also be renewed annually.

## Allergies – continued

8. **Summary of General School Arrangements** - The following summarises general school arrangements:
- All school staff, supply teachers, visiting teachers and support staff will be made aware of pupils who have allergies and of these procedures.
  - The class register should be clearly marked to indicate pupils with allergies so that when a supply teacher takes a class she/he is aware of any pupils with allergies in that class.
  - All staff who may have direct day-to-day responsibility for the pupil should be familiar with their School Healthcare Plan and/or Allergy Action Plan.
  - A list of staff who have attended an *ASL: Asthma and Allergy Management* within the last two years, should be displayed clearly in the school office.
  - The relevant parties must sign any School Healthcare Plan, as indicated on the form. A letter or prescription detailing the medication and/or specific care signed by the hospital doctor/specialist nurse attached to the plan will suffice.
  - It is the responsibility of the parent/carer to ensure that all medication is 'in date' and is replaced as necessary. As a matter of good practice, however, the school should check the expiry date of all medication and send home **Form 6b: Notice to parent/carer that supply of medication is becoming 'out-of-date' and needs replacing** (Appendix 9) at least 3 weeks before the expiry date.
  - At least two members of staff must be designated to be responsible for keeping forms up to date, checking Adrenaline auto-injectors and Antihistamine medication every month to ensure they remain in date and the solution within Adrenaline auto-injector remains clear. If the solution is discolored, cloudy or has particles in it, it should not be used, and replacements should be requested as a matter of urgency.
  - It is deemed good practice for all staff who have completed the *ASL: Asthma and Allergies Management* course to practice administration with the training device on a regular basis (recommended monthly). Adrenaline auto-injector training devices are kept by business managers in all Edinburgh Council educational establishments. Please contact the ASL Nurse for replacements if your establishment does not have Adrenaline auto-injector training devices.
  - Adrenaline auto-injectors should be stored in their original packaging with the pharmacy label clearly visible. They should be stored away from direct sunlight and excessive heat (i.e. radiators).
  - Procedures for summoning emergency services (Appendix 20) should be clearly displayed beside all telephones.
  - Should a pupil require emergency treatment, the instructions on the Emergency Care Flowchart must be followed.
  - Anonymous symptom and action flowcharts should be clearly displayed in the child's classroom and communal areas such as dining halls, PE department, HE department and assembly halls.
  - Emergency medication such as Adrenaline auto-injectors should never be locked away during hours that pupils rely on them. They should be out of the reach of pupils, but accessible to all staff at all times.
  - Pupils should always have immediate access to their emergency medication and a risk assessment completed at any times they may not. Adrenaline auto-injectors should not be located more than 5 minutes away from where they may be needed.
  - Medication should be suitably accessible and stored:
    - ❖ In nursery schools, 2 adrenaline auto-injectors should be kept in a zipped 'poly pocket', with the Symptom and Action Flowchart, in the pupil's classroom.
    - ❖ In primary schools, 1 adrenaline auto-injectors should be kept in a zipped 'poly pocket', with the Symptom and Action Flowchart, in the pupil's classroom. Another adrenaline auto-injector should be kept, with the Symptom and Action Flowchart in a central, easily accessible place.
    - ❖ In secondary schools, the pupil should carry one adrenaline auto-injector. Another adrenaline auto-injector should be kept in a central, easily accessible place. Contact the school nurse team for advice if this is not appropriate. Symptom and Action Flowcharts should be kept in the register folder in each classroom.

## Allergies – continued

- ❖ In special schools, where registered nurses are not available in schools at all times, 2 adrenaline auto-injectors should be kept in a zipped 'poly pocket', with the Symptom and Action Flowchart, in the pupil's classroom.
  - ❖ In special schools, where registered nurses are available in school at all times, 2 Adrenaline auto-injectors will be kept in the medical room.
8. **Emergency AAI Kits** - The following summarises general school arrangements for those wishing to purchase emergency spare AAI kits:
- Emergency AAI Kits available in educational establishments should include:
    - ❖ A list of pupils permitted to use each strength of the emergency AAI's
    - ❖ 2-4 AAI's in manufacturer's original packaging, including information leaflet
      - Nursery/EYC: 2x 150 microgram (0.15 milligram) dose
      - Primary and Secondary School: 2x 150 microgram (0.15 milligram) dose and/or 2x 300 microgram (0.3 milligram) dose
    - ❖ Symptom and Action Flowchart for Allergic Reaction Including an Adrenaline Auto-Injector
    - ❖ Manufacturer's instruction leaflet for using AAI's
    - ❖ Instructions on storing AAI's
    - ❖ An AAI checklist (monthly batch number, expiry dates, prescription & solution check)
    - ❖ a note of the arrangements for disposing of/replacing the AAI's
  - **Emergency AAI Kits** should be suitably accessible and stored:

Within a labelled container stating: 'Emergency Adrenaline Auto-Injector Kit'. Each pen should be labelled as 'Spare Emergency AAI'. **All staff need to be made aware of the location of emergency kits.** These should always be kept separate from pupils own prescribed AAI's so they cannot be confused. Establishments may wish to keep the emergency AAI kit together with their emergency asthma inhaler kit. In larger establishments, more than one kit may be required, and it may be prudent to locate a kit near the central dining area and another near the playground where possible. Additional kits may be purchased for use during excursions or outdoor learning.

    - ❖ In **Early Years Centres and independent nurseries**, 1 Emergency Kit should be kept in a central, easily accessible place. Additional kits may be purchased for larger sites and/or to be taken by a member of staff if accompanying children out with the EYC building.
    - ❖ In **primary schools**, 2 Emergency Kits should be kept in separate central, easily accessible places (1 in the nursery and 1 in the primary school if there is a nursery attached). Additional kits may be purchased for larger sites and/or to be taken by a member of staff if accompanying pupils out with the building.
    - ❖ In **secondary schools**, 2 Emergency Kits should be kept in separate central, easily accessible places. Additional kits may be purchased for larger sites and/or to be taken by a member of staff if accompanying pupils out with the building. N.B. Pupils should still be reminded to carry their own.
    - ❖ In **special schools**, 1 Emergency Kit should be kept in a central, easily accessible place. If the school has resident nursing staff, it may be appropriate to store the kit in the medical room. Additional kits may be purchased for larger sites and/or to be taken by a member of staff if accompanying pupils out with the building.
  - **Emergency AAI's must only be administered:**
    - ❖ by staff who have completed *ASL: Asthma and Allergy Management* within the last two years
    - ❖ to pupils who have been prescribed AAI's or have an Allergy Action Plan which is signed by a medical professional
    - ❖ and for whom Form 12a or 12b has been completed and signed by their parent/carer within the last year.

## Allergies – continued

### **If a child displays symptoms of anaphylaxis and does not have AAI's or a 12a/b form;**

#### **You cannot administer the emergency AAI's**

- Lie child down/sit propped up if breathing difficulties
- Phone 999 & explain symptoms
- Tell them you have spare AAI's in school/nursery
- Follow all instructions given by the call handler & stay with child until help arrives
- **Unused Emergency AAI's must be retained by the school.** They cannot be given to the child or young person to take home (this would be dispensing a medication which is unlawful).
- Any emergency AAI's used on a pupil should be given to the paramedics to be taken to hospital with the child.
- **Storage and care of Emergency AAI's**

At least two named volunteers amongst school staff should have responsibility for ensuring that:

- ❖ monthly checks are completed and documented as per Emergency AAI checklist instructions;
- ❖ that replacement Emergency AAI's are obtained when expiry dates approach (due to expire in the following term);
- ❖ that replacement Emergency AAI's are obtained as soon as reasonably possible when AAI's have been used or spoiled
- ❖ Emergency AAI kits are correctly stored in a cool, dark place at room temperature (between 15-25 degrees Celsius). They should be stored away from excessive heat (e.g. radiators) and out of direct sunlight.
- **Disposal of Emergency AAI's**  
The two named volunteers should ensure that expired, damaged or spoiled AAI's are disposed of safely. These should be taken back to the community pharmacy they were purchased from to be recycled and not disposed of in the School's general waste. Please document, date and sign when taken to pharmacy for disposal on the AAI checklist.

- **Purchasing Emergency AAI's**

Edinburgh Council's contracted supplier for first aid medical supplies, Aero Healthcare Ltd, is not currently able to supply AAI's. Educational Establishments will therefore source AAI's from their local community pharmacy. The Adrenaline Auto-Injector Request Letter, found within this appendix, must be printed on headed paper, completed, and taken to your local community pharmacy to request adrenaline auto-injectors. This letter must be signed by the head teacher (or senior manager in Early Years Centres) to comply with legislation, a digital signature is not acceptable. The pharmacy will charge for the adrenaline auto-injectors, so a method of payment must be taken to the pharmacy along with the letter.

**Order 2 of each strength of AAI required for each kit.** Please refer to the recommendation below:

Nursery/EYC kit: 2x 150 microgram (0.15 milligram) dose AAI's

Primary and Secondary School kits: 2x 150 microgram (0.15 milligram) dose AAI's and 2x 300 microgram (0.3 milligram) dose AAI's\*

\*If all pupils with severe allergies require the same dose of AAI in an establishment (i.e. all allergic pupils require 300 microgram dose of AAI), there is no obligation to purchase both strengths. AAI's of a differing strength can be purchased if/when a pupil presents with a requirement for an alternative strength. It is the school/nursery's responsibility to ensure that this is reviewed each time an allergic pupil is identified and when forms are renewed annually to ensure the school/nursery is providing equitable care to all pupils.





When completing the request letter, please state 'any available' in the 'Brand' box, unless all pupils in the establishment have been prescribed the same brand and it is more appropriate to specify. Training is given on the administration of all 3 brands of adrenaline auto-injector during the course *ASL: Asthma and Allergy Management*.

**Form 12a: Adrenaline Auto Injector (AAI) consent form including use of school's emergency AAI 150 microgram (0.15 milligram) dose**

To be completed by the parent/carer

Pupil's name	Date of birth
--------------	---------------

1. I can confirm that my child has been prescribed an AAI or given an Allergy Action Plan signed by a health professional advocating the use of **150 micrograms (0.15 milligrams)** of adrenaline in the case of anaphylaxis.
2. I take responsibility to supply the school with two in-date AAI's in the containers in which they were dispensed, clearly labelled with the contents, dosage, and child's name in full (in secondary school, where pupil is able, one of the AAI's may be carried on the young person).
3. In the event of my child displaying symptoms of anaphylaxis, and if their personal AAI is not available or is unusable, I consent for my child to receive **150 micrograms (0.15 milligrams)** of adrenaline held by the school for such emergencies.
4. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child.

Parent/carer's name (please print)	
Address	 Home
	 Work
	 Mobile
@	
Name of G.P.	
Address of G.P.	 G.P.
Signature of Parent/Carer	Date





Note: If a pupil does not have individually prescribed AAI's and only has an Allergy Action Plan advocating 150 microgram dose for anaphylaxis: the dose needs to be reviewed by a health professional when the pupil is over 6 years old. Forms are valid for 12 months from date of signature. The head teacher reserves the right to withdraw this service.

**Form 12b: Adrenaline Auto Injector (AAI) consent form including use of school's emergency AAI 300 microgram (0.3 milligram) dose**

To be completed by the parent/carer

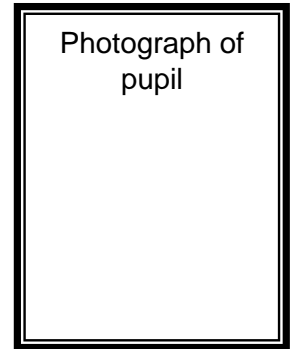
Pupil's name	Date of birth
--------------	---------------

1. I can confirm that my child has been prescribed an AAI or given an Allergy Action Plan signed by a health professional advocating the use of **300 micrograms (0.3 milligrams)** of adrenaline in the case of anaphylaxis.
2. I take responsibility to supply the school with two in-date AAI's in the containers in which they were dispensed, clearly labelled with the contents, dosage, and child's name in full (in secondary school, where pupil is able, one of the AAI's may be carried on the young person).
3. In the event of my child displaying symptoms of anaphylaxis, and if their personal AAI is not available or is unusable, I consent for my child to receive **300 micrograms (0.3 milligrams)** of adrenaline held by the school for such emergencies.
4. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child.

Parent/carer's name (please print)	
Address	 Home
	 Work
	 Mobile
@	
Name of G.P.	
Address of G.P.	 G.P.
Signature of Parent/Carer	Date

Note: Forms are valid for 12 months from date of signature. The head teacher reserves the right to withdraw this service.

Pupil's name
Date of birth
CHI
Address
School



This plan should be completed by the pupil's parent/carer or the hospital consultant/specialist nurse/school nurse/GP. Where possible, a healthcare provider should approve and sign below. A letter or prescription detailing the medication and/or specific care signed by the hospital doctor/specialist nurse can replace this signature.

Name of approving clinician	
Signature	Date

Signature of parent/carer	Date
---------------------------	------







Once completed, the parent/carer is responsible for taking a copy of this School Healthcare Plan to all relevant hospital/GP appointments for updating.



Pupil's name	Date of birth
--------------	---------------



Parent/Carer Contact 1

Parent/Carer Contact 2

Name	Name
Relationship to pupil	Relationship to pupil
Address	Address
 Home	 Home
 Work	 Work
 Mobile	 Mobile

Hospital/Clinic Contact

General Practitioner

Name	Name
Address	Address
	

Signature of parent/carers	Date
----------------------------	------

Pupil's name	Date of birth
--------------	---------------

Details of Medical Condition

This pupil is allergic to
---------------------------

Details of Symptoms

The pupil will present with **some** of the following symptoms:

- Tingling sensation in the mouth
- Hives/itchy rash
- Swelling of lips/eyes/face
- Cough/wheeze/noisy breathing
- Abdominal pain or vomiting
- Pale, clammy or feeling faint

Other (please state):

Details of Medication

Medication	Dose	Comment
Antihistamine (state which one)		As per symptom and action flow chart. Repeat if vomited within 30 minutes. (Administer dose as prescribed for 24hrs.)
Adrenaline Auto-injector		As per symptom and action flow chart. Parent/carer, please consult your GP when your child has reached 30kg as they will require the adult adrenaline auto-injector.
Salbutamol Inhaler (if asthmatic)		Follow symptom and action flow chart <b>for Asthma</b> . *If wheezy with allergy: DIAL 999 and GIVE ADRENALINE <i>then</i> give salbutamol inhaler via spacer.

Signature of parent/carer	Date
---------------------------	------

This Plan was completed on \_\_\_\_\_ and its contents agreed by the undersigned.

Pupil's name	Date of birth
School	

**Parent/carer**

I realise that the school is not obliged to undertake healthcare and that any healthcare provided by school will be carried out on a voluntary basis under the guidance of NHS staff. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child. I give my consent for the school to contact the named health care professional(s) and for those professionals to advise the school in any relevant matters in connection with this. I accept full responsibility for keeping the school informed of anything that may be relevant in relation to the implementation of this care. I accept responsibility for ensuring that there are supplies of any relevant medication, materials or equipment for my child's needs. I wish my child to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate, in the event that the school staff are unable to administer the plan at any time.

Name of parent/carer	
Signature	Date

Pupil (if appropriate)

I agree to the care arrangements as detailed in this plan

Name of pupil	
Signature	Date

**The head teacher/designated member of senior management**

I agree to the procedures detailed in this plan being administered in school. The medication will be administered by staff who have attended the *ASL: Asthma and Allergy Management* within the last two years.

In the event that these procedures cannot be implemented at any time the school will follow advice received from the health professionals in summoning the emergency services as appropriate.

Name of member of staff	
Signature	Date

Copies held by parent/carer and head teacher.

This Plan was reviewed on \_\_\_\_\_ and its contents agreed by the undersigned.

Date of next planned review
-----------------------------

Pupil's name	Date of birth
School	

**Parent/carer**

I realise that the school is not obliged to undertake healthcare and that any healthcare provided by school will be carried out on a voluntary basis under the guidance of NHS staff. I give my consent to the information contained in this healthcare plan being shared with all staff working with my child. I give my consent for the school to contact the named health care professional(s) and for those professionals to advise the school in any relevant matters in connection with this. I accept full responsibility for keeping the school informed of anything that may be relevant in relation to the implementation of this care. I accept responsibility for ensuring that there are supplies of any relevant medication, materials or equipment for my child's needs. I wish my child to have the care/medication detailed in this plan and I accept that the emergency services will be summoned, where appropriate, in the event that the school staff are unable to administer the plan at any time.

Name of parent/carer	
Signature	Date

**Pupil (if appropriate)**

I agree to the care arrangements as detailed in this plan.

Name of pupil	
Signature	Date

**The head teacher/designated member of senior management**

I agree to the procedures detailed in this plan being administered in school. The medication will be administered by staff who have attended *ASL: Asthma and Allergy Management* within the last two years. In the event that these procedures cannot be implemented at any time the school will follow advice received from the health professionals in summoning the emergency services as appropriate.

Name of member of staff	
Signature	Date

Copies held by parent/carer and head teacher.

Photograph of pupil

# Symptom and Action Flowchart for Allergic Reaction Including an Adrenaline Auto-Injector

Refer to medication container for dosages.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Mild/Moderate Reaction

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

Give Antihistamine Dose: as stated on pharmacy label

Contact Parent/Carer to inform them that their child has had an allergic reaction

Supervise Closely

If child vomits within 30 minutes of being given antihistamine give another full dose

Regular dosing of antihistamine as directed on pharmacy label for 24 hours

If condition worsens to severe reaction:

## Severe Reaction

- Swollen tongue
- Hoarse voice, difficulty swallowing
- Cough, difficulty breathing, noisy or laboured breathing
- Change in colour, pale, clammy
- Feeling faint
- Deteriorating consciousness
- Collapse

Airway/Breathing difficulty – sit upright  
Feeling faint/drowsy – lie down, legs raised

## Administer Adrenaline Auto-Injector

- Remove safety cap
- Grip device firmly around the middle
- Hold the needle end of the device 10cm from the upper outer thigh
- Jab the Adrenaline Auto-Injector into the leg until you hear it click
- Hold firmly in place for 10 seconds
- Remove device from the leg
- Send someone to collect 2<sup>nd</sup> Adrenaline device

- Dial 999
- Follow instructions from ambulance control
- Stay with child
- If no improvement in breathing or alertness after 5 minutes give second adrenaline device
- Contact parents/carers
- Give used Adrenaline devices to ambulance staff
- If asthmatic and alert: give inhaler via spacer (2 puffs). Another 8 puffs, 1 puff per minute can be given if needed.

# Symptom and Action Flowchart for Allergic Reaction NOT Including an Adrenaline Auto-Injector

Refer to School Healthcare Plan and medication container for dosages.

Photograph of  
pupil

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Mild/Moderate Reaction

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

Give Antihistamine Dose: as stated on pharmacy label

Contact Parent/Carer to inform them that their child has had an allergic reaction

Supervise Closely

If child vomits within 30 minutes of being given antihistamine give another full dose

Regular dosing of antihistamine as directed on pharmacy label for 24 hours

If condition worsens to severe reaction:

## Severe Reaction

- Swollen tongue
- Hoarse voice, difficulty swallowing
- Cough, difficulty breathing, noisy or laboured breathing
- Change in colour, pale, clammy
- Feeling faint
- Deteriorating consciousness
- Collapse

Airway/Breathing difficulty – sit upright  
Feeling faint/drowsy – lie down, legs raised

- Dial 999
- Follow instructions from ambulance control and inform them if you have spare Adrenaline Auto-Injectors at school
- Stay with child
- Contact parents/carers
- If asthmatic and alert: give inhaler via spacer (2 puffs). Another 8 puffs, 1 puff per minute can be given if needed.

## Emergency AAI Checklist

(please print double sided)

- Batch number and expiry date of each AAI should be checked and documented. Replacements should be ordered immediately if the expiry date falls within the following term.
- Solution check of each device – solution should be clear with no particles or discolouration. If not clear, dispose and replace immediately.
- Check prescriptions and/or Allergy Action Plans (AAPs) to ensure dose corresponds with the 12a or 12b forms completed.
- Locate AAI trainer device (kept by Business Manager) and practice procedure for administration.

### Monthly check record

Month	Signature	Month	Signature	Month	Signature
August		December		April	
September		January		May	
October		February		June	
November		March			

1.AAI batch number:	1.Expiry date:	Solution clear Y/N:
2.AAI batch number:	2.Expiry date:	
3.AAI batch number:	3.Expiry date:	
4.AAI batch number:	4.Expiry date:	
All prescriptions/AAPs checked against 12a/b forms Y/N:		Practice with training device <input type="checkbox"/>
Comments:		

1.AAI batch number:	1.Expiry date:	Solution clear Y/N:
2.AAI batch number:	2.Expiry date:	
3.AAI batch number:	3.Expiry date:	
4.AAI batch number:	4.Expiry date:	
All prescriptions/AAPs checked against 12a/b forms Y/N:		Practice with training device <input type="checkbox"/>
Comments:		

1.AAI batch number:	1.Expiry date:	Solution clear Y/N:
2.AAI batch number:	2.Expiry date:	
3.AAI batch number:	3.Expiry date:	
4.AAI batch number:	4.Expiry date:	
All prescriptions/AAPs checked against 12a/b forms Y/N:		Practice with training device <input type="checkbox"/>
Comments:		

1.AAI batch number:	1.Expiry date:	Solution clear Y/N:
2.AAI batch number:	2.Expiry date:	
3.AAI batch number:	3.Expiry date:	
4.AAI batch number:	4.Expiry date:	
All prescriptions/AAPs checked against 12a/b forms Y/N:		Practice with training device <input type="checkbox"/>
Comments:		

### Expired/spoiled/damaged devices returned to pharmacy:

Date	Pharmacy name and address	Signature of staff member disposing

## Adrenaline Auto-Injector Request Letter

Date:

We wish to purchase spare emergency Adrenaline Auto-Injector devices for use in our school/nursery.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at [www.sparepensinschools.uk](http://www.sparepensinschools.uk)).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Head Teacher**

\*AAs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
<ul style="list-style-type: none"><li>• Epipen Junior (0.15mg) <b>or</b></li><li>• Emerade 150 microgram <b>or</b></li><li>• Jext 150 microgram</li></ul>	<ul style="list-style-type: none"><li>• Epipen (0.3 milligrams) <b>or</b></li><li>• Emerade 300 microgram <b>or</b></li><li>• Jext 300 microgram</li></ul>	<ul style="list-style-type: none"><li>• Epipen (0.3 milligrams) <b>or</b></li><li>• Emerade 300 microgram <b>or</b></li><li>• Emerade 500 microgram <b>or</b></li><li>• Jext 300 microgram</li></ul>

The guidance is available at:

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

City of Edinburgh Council healthcare planning guidance for educational establishments on Allergies:

<https://www.edinburgh.gov.uk/downloads/file/29390/appendix-14-allergies>

Further information can be found at <http://www.sparepensinschools.uk>