



## Allergen and Anaphylaxis Policy

POLICY CONTROL	
Responsible Governor Committee:	Premises, Security, Health and Safety Committee
Approved by Governors:	Spring 2023
Review Date:	Spring 2026

This policy must be reviewed annually unless there are any changes in legislation or guidance in the interim, in which case the policy must be updated as and when necessary.

### **'Love your neighbour as yourself'**

Parable of the Good Samaritan Luke 10:25-37

Our school policies are written with the objective of realising our vision:

**As we journey together, we learn to live as good neighbours, demonstrating love, compassion, dignity and respect to all in our communities.**

**Through this we aspire to become global citizens, courageous advocates and people of wisdom and integrity.**

**We look towards the parable of the Good Samaritan as our guide.**

A school where all **children** are **valued**, where they **feel safe**, are **happy** and **learn well**. We want our school to have a warm friendly atmosphere, which supports families, builds relationships and sets children up for a life of learning. We want our Christian values to guide our pupils along the right path and help them to achieve fulfilling and happy lives.

### **OUR SCHOOL VALUES**

Adderley and Moreton Say Church of England Primary Schools values:

**Respect** □ **Hopefulness** □ **Kindness** □ **Courage** □ **Integrity** □ **Curiosity**

## **Contents:**

### Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Food allergies
5. Animal allergies
6. Seasonal allergies
7. Adrenaline auto-injectors (AAIs)
8. Access to spare AAIs
9. Medical attention and required support
10. Staff training
11. In the event of a mild-moderate allergic reaction
12. In the event of anaphylaxis
13. Monitoring and review

### **Appendix**

- A. Individual Healthcare Plan FORM
- B. Register of AAIs and Monthly Check FORM
- C. Record of Anaphylaxis or Allergic Reaction FORM

## Statement of intent

AddMore Federation strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

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

The school 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 legislation and government guidance including, but not limited to, the following:

- The Human Medicines (Amendment) Regulations 2017
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'

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

- Health and Safety Policy
- Administering Medication Policy
- Medical Conditions and Medicines 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:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

### 3. Roles and responsibilities

The governing board is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Monitoring the effectiveness of this policy and reviewing it on an **annual** basis, and after any incident where a pupil experiences an allergic reaction.

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.

- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- 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 allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

The school nurse is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' 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.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The kitchen manager is responsible for:

- 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.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils 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 kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of 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 school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

#### **4. Food allergies**

Parents will provide the school 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 pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

Where a pupil who attends the school has a nut allergy, the school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible, not including foods which are labelled 'may contain traces of nuts'.

Moreton Say is a nut free school, as a pupil joining us has a nut allergy. Food items containing nuts will not be served at, or be bought onto, school premises. Adderley does not have a requirement to be nut free to date but the procedures listed here would apply should it be necessary in the future.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHCPs, taking into account any known allergies of the pupils involved.

### **Food allergen labelling**

The school will adhere to 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 school 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 on an **annual** basis, 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 school 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 school'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 kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

### **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 kitchen manager immediately, who will then contact the relevant supplier where necessary.

The kitchen manager 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 school 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.

## **5. Animal allergies**

Pupils 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 school site, staff members will be made aware of any pupils who this may pose a risk to and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

## **6. 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 the school field is not mown whilst pupils are outside.

Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Pupils will be encouraged to wash their hands after playing outside.

Pupils with known seasonal allergies are encouraged to bring an additional set of clothing to school 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 school grounds and in the school's nearby proximity, reporting any concerns to the school office.

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

## **7. Adrenaline auto-injectors (AAIs)**

Pupils 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 schools is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

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

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline

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

- One or more AAls
- 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 pupils to whom the AAI can be administered
- An administration record

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

- Class teacher cupboard
- Staffroom – Emergency AAI

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – 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 pupil.

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 school administrators are responsible for maintaining the emergency anaphylaxis kit(s):

- Mrs Helen Mitchell

- Mrs Nicola Hughes
- Mrs Jackie Plant

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 AAI's are obtained when expiry dates are approaching.

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

Used AAI's may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with [section 12](#) of this policy.

Any used AAI's are disposed of safely in accordance with recommended protocol.

Where any AAI's are used, the following information will be recorded on a Record of Anaphylaxis or Allergic Reaction

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

## **8. Access to spare AAI's**

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

Spare AAI's are only accessible to pupils 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 pupil's IHCP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHCP.

The school uses a register of pupils (**Register of AAI's**) to whom spare AAI's can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis

- Whether medical authorisation has been received; this will be confirmed through the IHCP and through recording of batch number of prescribed AAI
- 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; this will be done via the IHCP annual review.

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

## **9. Medical attention and required support**

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, and any other relevant staff members, in which the pupil'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 Medical Conditions and Medicines Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil 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 pupil may require is outlined in their IHCP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHCP.

## **10. Staff training**

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

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 pupil is on the Register of AAIs.
- Understand how to access AAIs.
- 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.

## 11. 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 pupil, the nearest adult will stay with the pupil and call for help to administer AAIs.

The pupil's prescribed AAI will be administered. Spare AAIs will only be administered where appropriate consent has been received.

The nearest staff member will administer the AAI without delay.

**A copy of the Register of AAIs will be held in the staffroom and the school office 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 pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, office staff or a senior leader 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 pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with [section 12](#) of this policy.

The school will refer any pupil who has been administered an AAI to their parent and recommend hospital for further monitoring.

## **12. In the event of anaphylaxis**

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. 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.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

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

If the pupil 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.

A designated staff member will contact the pupil's parents as soon as is possible.

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

- Any known allergens the pupil 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 pupil is given plenty of space, moving other pupils 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 pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by car, **two** members of staff will accompany them.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

### **13. Monitoring and review**

This policy will be reviewed in line with our rolling programme of policies or sooner if required.

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

Following each occurrence of an allergic reaction, this policy and pupils' IHCPs will be updated and amended as necessary.



## Individual Healthcare Plan

**Child's name**

Group/class/form

Date of birth

Child's address

**Medical diagnosis or condition**

Spare AAI consent, if applicable

**Yes**

**No**

**N/A**

Date of diagnosis (approx.)

**Family/Emergency Contact Information**

**Priority 1 - Name**

Relationship to child

Phone no. (work)

(home)

**Priority 2 - Name**

Relationship to child

Phone no. (work)

(home)

**Priority 3 - Name**

Relationship to child

Phone no. (work)

(home)

**GP - Name**

Phone no.

**Clinic/Hospital - Name**

Phone no.

Who is responsible for providing support in school, including emergency care and social/emotional support

**Parent/Carer** Signature:

Date:

Print Name:

Relationship to child:

**School Representative**

Signature:

Date:

Print Name:

**Review date:** (annually):



## Individual Healthcare Plan

Child's name

Medical diagnosis or condition

Describe how the condition affects your child, including their typical symptoms.

If your child's condition leads to an 'attack' (e.g. asthma, allergic reaction) describe what the **triggers** are and any **control measures** that can be taken to try to avoid an attack; what a **severe attack** would look like; and, the **action** to take **if an attack occurs**.

What are your child's **daily requirements** related to their condition? Including the **name**, **dosage** and **timings** of any **medication**; details of any **specialist equipment** needed.

Arrangement for off-site educational visits.

Staff training needed.

### ADVICE FOR PARENTS

#### Remember:

1. It is your responsibility to tell the school about any changes in your child's medical condition or medications



## Individual Healthcare Plan

- 2. It is your responsibility to ensure that your child has their medication and medical equipment with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher.**
- 3. It is your responsibility to ensure that your child's medication has not expired**



## ADRENALINE AUTO-INJECTOR REGISTER AND MONTHLY CHECK (INCLUDING SPARES)

FULL NAME	ALLERGEN	AAI BATCH NO.	IF OK <b>DATE</b> AND <b>SIGN</b> OR IF EXPIRY DATE NEAR, <b>INFORM PARENT</b> AND <b>REGISTER DATE</b> IN BOX					
			SEP	OCT	NOV	DEC	JAN	FEB
Parental Consent to use spare AAI?  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>	Control measures to avoid reaction:	AAI LOCATION	MAR	APR	MAY	JUN	JUL	<b>INFORMED PARENT:</b>  <b>DATE:</b>

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## RECORD OF ANAPHYLAXIS OR ALLERGIC REACTION

<b>Child's name</b>			
<b>Medical diagnosis or condition</b>			Spare AAI consent, if applicable
			<b>Yes    No    N/A</b>

Date	Time of Incident

Time 1 <sup>st</sup> AAI administered	Dosage	By Whom? And Where	Time 1 <sup>st</sup> AAI administered	Dosage	By Whom? and where

Time emergency services called	By Whom?	Time parent/carers called	By whom?	Contact with parent/carer ( <b>name</b> ):	Time emergency services arrived

### REVIEW (AFTER THE EVENT)

What happened? Describe symptoms and what may have caused them. *

What lessons can be learned? Any changes to policy or practice needed?*

Report to governors at PSHS committee – when?



## RECORD OF ANAPHYLAXIS OR ALLERGIC REACTION

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