

# Allergy Policy & Procedure

## Policy Statement

This policy outlines Goldilocks Nursery's approach to managing allergies among children and staff. We recognise that some individuals may have serious or life-threatening allergies (including to food, insect stings, animals, or medication) and are committed to managing these safely and professionally.

While Goldilocks Nursery cannot guarantee an allergen-free environment, we will take all reasonable steps to:

- Minimise exposure to allergens
- Encourage age-appropriate self-management
- Ensure a safe and rapid response in case of allergic reactions

Goldilocks Nursery enforces a strict no food or drink sharing policy.

**BSACI guidance:** Goldilocks Nursery adopts a whole-setting approach to allergy management as recommended by the British Society for Allergy and Clinical Immunology (BSACI). This includes ensuring clear communication between parents and staff, consistent use of individual care plans, and staff training on recognising allergic reactions and administering medication.

***"The Statutory Framework states that the provider must obtain information about any dietary requirements and allergies."***

Parents must disclose any allergies on the Enrolment Form and Settling in Form **prior to their child's start date.**

## Aim

The intent of this policy is to minimise the risk of any child or adult suffering any allergic reactions whilst at nursery.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and insects.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

In line with best practice, Goldilocks Nursery will refer to and utilise the **BSACI (British Society for Allergy & Clinical Immunology) Paediatric Allergy Action Plans** for children at risk of anaphylaxis.

This policy applies to all members of the Nursery community:

- Staff
- Parents / Guardians
- Volunteers
- Students

## Definitions

**Allergy** – A condition in which the body has an exaggerated response to a substance (e.g. food, animals or medicines), also known as hypersensitivity.

**Allergen** – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.

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

**Auto Injectors (e.g. EpiPens)** – A syringe-style device containing the drug Adrenalin, which is ready for immediate intramuscular administration.

**Minimized Risk Environment** – An environment where risk management practices (e.g. Risk assessment forms) have minimised the risk of (allergen) exposure.

**Risk Assessment / Health Care Plan** – A detailed document outlining an individual child's condition, treatment and action plan.

**BSACI Paediatric Allergy Action Plan** – A nationally recognised action plan template provided by the **British Society for Allergy & Clinical Immunology (BSACI)**, designed for children at risk of severe allergic reactions. It outlines symptoms, emergency steps, and adrenaline auto-injector use, and is recommended for use by NHS allergy clinics and early years providers.

**Please refer to the end of this policy for the attached Allergy Action Plans and a link to the BSACI website for further guidance.**

### Procedures and Responsibilities for Allergy Management

#### General

- The involvement of parents and staff in establishing individual Risk Assessments/ Health Care Plans.
- The establishment and maintenance of practices for effectively communicating a child's healthcare plans to all relevant staff.
- Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Age appropriate education of the children with severe food allergies.
- Goldilocks Nursery will utilise BSACI Paediatric Allergy Action Plans in all applicable cases of severe allergy. These forms are completed in collaboration with parents and healthcare professionals and stored with the child's medication.
- All staff will be trained on how to read and implement BSACI Allergy Action Plans as part of the allergy training protocol.

#### Medical Information

- Parents will initially highlight a child's allergies on Goldilocks Nursery's Enrolment Form before starting at Nursery.
- For children with a food allergy, parents will then be asked to fill out the Allergy and Dietary requirement form. This will enable parents to explain the condition, define any allergy triggers and any required medication. If needed, additional written or oral advice will be obtained from a doctor or allergy nurse.
- Any change in a child's medical condition during the year must be reported to the Nursery.
- The Nursery manager will ensure that, where needed, a Risk Assessment will be completed and a Health Care Plan established and updated for children with allergies these will be updated every 3 to 6 months and should be co-developed with healthcare professionals and parents.

#### Medical Information (Auto Injector/EpiPens)

Where an Auto Injector (Adrenalin) is required in the Health Care Plan:

- Expiry dates will be routinely checked by the setting and parents will be informed when they are close to expiry.
- Parents/guardians are responsible for the provision and timely replacement of the Auto Injector.
- Two Auto Injectors will be required.
- Auto Injectors are located in the office and stored at room temperature. These are out of reach of children but quickly accessible for staff.
- Auto Injector/EpiPen training will be provided for all staff when we have a child that requires an Auto/Injector.
- Auto Injector/EpiPens must always accompany the child, including during off-site activities. Failure to provide a child Auto Injector/EpiPen will result in the child not being able to access the session until this is provided.

### **Parent's Role**

Parents are responsible for providing medical information about their child's allergy in writing, by filling out our Allergy and Dietary requirement form. The form includes:

- The allergen (the substance the child is allergic to)
- The nature of the allergic reaction (from rash, breathing problems to anaphylactic shock)
- What to do in case of allergic reaction, including any medication to be used and how it is to be used
- Control measures – such as how the child can be prevented from getting into contact with the allergen
- If a child has an allergy requiring an Auto Injector, or the risk assessment deems it necessary, a “healthcare plan” must be completed and signed by the parents.
- It is the responsibility of the Parent to provide the Nursery with up-to-date medication/equipment clearly labelled in a suitable container.
- In the case of life-saving medication like Auto Injectors the child will not be allowed to attend without it.
- Parents are also required to provide up-to-date emergency contact information.
- Parents should liaise with Staff about appropriateness of snacks and any food-related activities (e.g. cooking)
- Parents are expected to review their child's Health Care Plan every 3 to 6 months, or sooner if required, and to provide updated medical documentation from a healthcare professional when applicable

### **Staff's Role**

Staff are responsible for familiarising themselves with the policy and to adhere to health & safety regulations regarding food and drink.

- If a child's Registration form or settling in form states that they have an allergy, then the parents must fill out the Allergy and Dietary requirement risk assessment form before the child starts attending sessions. Any actions identified to be put in place. If a child has an allergy requiring an Auto Injector or the risk assessment deems it necessary, a “healthcare plan & Allergy Action Plan” must be completed and signed by staff and parents, a further risk assessment may also be filled in severe allergies.
- Allergy Action Plans will be displayed in all rooms that the child regularly uses. They will also be stored in the Healthcare Plan folder alongside their plan.
- Upon determining that a child attending Nursery has a severe allergy, a team meeting will be set up as soon as possible where all Staff concerned attend to update knowledge and awareness of the child's needs.
- All Staff who come into contact with the child will be made aware of what treatment/medication is required by the Nursery manager and where any medication is stored.
- All staff are to promote hand washing before and after eating.
- Snack time snacks are monitored by Staff and are nut free and other allergens are eliminated depending on the children attending and the severity of the allergy.
- All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies. However, Staff cannot guarantee that foods will not contain traces of allergens.
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- Staff must assure that they are seated next to children with a dietary/allergy requirement and take great care in supervising when eating.
- Allergy & Dietary requirement lists are displayed in the kitchen and rooms of the children.

- As part of the Staff first aid course, Auto Injector use and storage has been discussed.
- We may ask the Parent for a list of food products and food derivatives the child must not come into contact with.
- Emergency medication should be easily accessible, especially at times of high risk.
- From 13th December 2014, childcare providers in England and Wales are required to comply with The Food Information Regulation. This regulation introduces a requirement for food businesses including childcare providers to give information about the allergenic ingredients used in any food they sell or provide, including pre-packed foods. Staff keep records of all snacks provided and the labelling from them.
- Staff should liaise with Parents about snacks and any food-related activities.
- In the event of a child being given incorrect food that they are not meant to consume as stated in their allergy and dietary plan, the member of staff responsible will face disciplinary actions which may lead to a dismissal, and parents will be notified at the earliest convenience.
- Management will be responsible for checking expiry dates of the Auto Injectors and informing parents when they are close to their expiry dates.

### Families/Carers/Visitors

- For events which involve parents and the wider community bringing in food for our nursery children (for example teddy bear picnics, Christmas party) we will ask that the food is 'nut free', unopened and pre-packaged with a list of all ingredients displayed on all items however we recognise that the nursery cannot guarantee this. Parents of children with allergies will be asked to either provide a separate plate of named food for their child on such occasions or a plate will be made up of items appropriate.
- Parents are informed at registration to the setting that we have children who may have/or have nut allergies so as far as is possible we are nut free environment.
- We ask for parents support and commitment to not sending in foods as treats for birthdays that may contain nuts.

### Medical Information

- The nursery will review and update each child's Health Care Plan and Allergy Action Plan every three to six months, or sooner if required.
- Any change in a child's medical condition during the year must be reported to the nursery and it's the parent's responsibility to do this.
- For children with an allergy, parents/carers must provide written medical advice from their GP outlining the condition, known allergy triggers, and any prescribed medication.
- The manager and the child's key person will ensure that a Health Care Plan and, where applicable, an Allergy Action Plan are established and regularly updated for each child with a known allergy.
- Parents must ensure their child has their required medication including Auto Injectors in the setting at all times, if not, the child will not be able to attend.
- Parents are responsible for replacing out of date medication.
- Auto Injectors and lifesaving medication are stored in a clear labelled box (with the child's name, picture and a copy of the Action Plan/Risk assessment in the office).
- All staff are required to review and familiarise themselves with the medical information of all children especially their key children.
- When children with known allergies are taking part in an outing, the risk assessment must reflect this. Emergency medication, along with their Health Care Plan and, where applicable, Allergy Action Plan, must be taken on the trip.

### Allergy Action Plans (AAPs)

#### **Purpose of Allergy Action Plans**

Allergy Action Plans (AAPs) are essential documents developed by the British Society for Allergy and Clinical Immunology (BSACI). They are designed to support individuals (particularly children) with allergies by providing clear, step-by-step guidance on how to recognise and respond to allergic reactions, including anaphylaxis. These plans ensure that staff who are not medically trained can act quickly and appropriately in an emergency.

## Types of BSACI Paediatric Allergy Action Plans

There are three versions of the BSACI Allergy Action Plan, depending on the type of treatment prescribed:

- **EpiPen Plan**  
For individuals prescribed an EpiPen adrenaline auto-injector.
- **Jext Plan**  
For individuals prescribed a Jext adrenaline auto-injector.
- **No Auto-Injector Plan**  
For individuals with a diagnosed allergy who have not been prescribed an adrenaline auto-injector.

## Key Features of the Plans

- Personal details (including photo for identification purposes).
- List of allergens and any prescribed medications.
- Clear emergency instructions, including when and how to administer medication, and when to call 999.
- Consent section for staff to administer emergency medication, including use of a school's 'spare' adrenaline auto-injector (where applicable and permitted by law).
- Colour-coded guidance to distinguish between mild/moderate symptoms and severe reactions (anaphylaxis).

## Responsibilities

- AAPs must be completed by a qualified healthcare professional.
- Plans must be reviewed regularly—at least annually—or sooner if there is a change in medication, health condition, or emergency protocol.
- Staff must be familiar with the Action Plans and receive training in recognising symptoms and administering medication.
- A copy of the Action Plan must be stored in an accessible location, with additional copies kept alongside emergency medication (e.g., in classrooms, medical rooms).

## Reference Materials

Samples of all three BSACI Allergy Action Plans (EpiPen, Jext, and No Auto-Injector) are included at the end of this policy.

## Insurance Requirements for Children with Allergies

The insurance will automatically include children with any allergies, but certain procedures must be strictly adhered to as set out below. For children suffering life-threatening conditions or requiring invasive treatments, written confirmation from the insurance provider must be obtained to extend the insurance.

At all times the administration of medication must be compliant with the safeguarding and welfare requirements of the Early Years Foundation Stage.

Please also refer to the Medication Policy for further advice of administration of medication.

## Life Saving Medication and Invasive Treatments (e.g. Auto Injectors)

The nursery must have the following:

- A letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- Written consent from the parent/carer allowing staff to administer medication.
- Proof of training in the administration of such medication, certificates of proof of this training are kept in the staff training folder.
- Copies of all three letters relating to these children must be sent to the insurance provider for appraisal or kept for them to see as requested by them. Written confirmation will then be issued.

- The child's GP/consultant will be shown the individual care plan and action plan to sign to confirm all information is correct.

## **Actions**

In the event of a child suffering an allergic reaction:

- Staff will follow the actions that has been agreed with the parents on the child's healthcare and action plan.
- We will delegate someone to contact the child's parents.
- If a child becomes distressed or symptoms become more serious telephone 999.
- Keep calm, make the child feel comfortable and give the child space.
- If medication is available, it will be administered as per training and in conjunction with the "Medication Policy".
- If Parents have not arrived by the time ambulance arrives, a member of Staff will accompany the child to hospital.
- Following any allergic incident, a review should be held involving parents, staff, and healthcare professionals to reassess the care plan and any risk factors.
- Ofsted will also be informed of serious incidents involving anaphylaxis

## **Legal Framework**

- Regulation (EC) 852/2004 on the Hygiene of Foodstuffs (as retained in UK law)
- The Food Hygiene (England) Regulations 2013
- The Food Information (England) Regulations 2013
- EU Regulation 1169/2011 on the Provision of Food Information to Consumers (as retained in UK law)

## **Further Guidance:**

For additional information on allergy management and best practices in childcare settings, please refer to the British Society for Allergy and Clinical Immunology (BSACI) at [www.bsaci.org](http://www.bsaci.org).

# Allergy Action Plan for Children with Allergies who do not require an Auto-Injector.

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**

<b>A AIRWAY</b>	<b>B BREATHING</b>	<b>C CONSCIOUSNESS</b>
<ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul>	<ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul>

**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](http://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](http://sparepensinschools.uk)


**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](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://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: .....

# Allergy Action Plan for Children with Allergies who require a EpiPen

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

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

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- 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 AAls in schools.

Signed:

Print name:

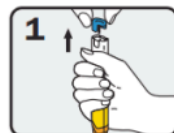
Date:

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

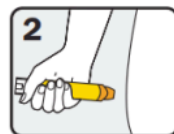
For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepenschools.uk](http://sparepenschools.uk)

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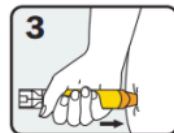
### How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



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:

# Allergy Action Plan for Children with Allergies who require a JEXT Pen

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

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

### B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- 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: .....

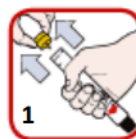
Print name: .....

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](http://sparepensinschools.uk)

### 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: .....