

Paston Ridings Primary School



Allergies Policy

Non-Statutory
To be reviewed October 2026

Allergies Policy

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Key Emergency Principle

If a child shows sudden symptoms and has a known allergy, **staff must not wait or seek confirmation.**
Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

1. Introduction

Statement of Intent: This policy is concerned with a whole school approach to the health care and management of those members of the school community suffering from specific allergies.

Paston Ridings Primary School is aware that children and adults who attend may suffer from allergies of nuts, other foods, venom from bee and wasp stings, medication, animals, substances and materials (for example; hair dye and latex) and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Paston Ridings Primary School's position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

Paston Ridings Primary School is committed to no food and drink sharing.

The *statutory guidance for supporting pupils at school with medical conditions* states that:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

Therefore, it is essential that as a school we obtain information about any medical conditions, dietary requirements or allergies. As such, parents are asked to provide these details on their child's 'Pupil Admittance Form', which is submitted before starting school and then sent out every year after.

Before admission: For any child with a diagnosed medical condition that requires an adrenaline auto-injector (AAI) or ongoing medical management, a BACSI Plan / Individual Healthcare Plan (IHCP) and the child's prescribed medication must be provided to the school before the child can start. This ensures that the correct support and emergency procedures are in place from the first day.

After admission (specific allergies only): For children with allergies that do not currently require an AAI (i.e. non-anaphylactic allergies), a Risk Awareness Plan (RAP) will be completed once the child has started school. This ensures day-to-day risks are identified and managed appropriately.

This is to ensure that the school can safely and fully meet the child's needs from their first day.

Key Emergency Principle

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2. Aims

This policy aims to:

- set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction.
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

The policy applies to all members of the school community:

- School staff
- Parents
- Governors
- Volunteers
- Supply staff
- Pupils

3. Definitions

Allergy - A condition in which the body has an exaggerated response to a substance (e.g. food and drug) also known as hypersensitivity.

Allergen - A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person. Common UK allergens include (but not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

Anaphylaxis: Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to an allergen (listed above). The symptoms are often referred to as the **ABC** symptoms (**Airway, Breathing, Circulation**).

Adrenaline Auto Injector (AAI) - Name for syringe style device containing the drug adrenalin, which is ready for immediate intramuscular administration.

Minimised Risk Environment - An environment where risk management practices (e.g. risk management forms) have minimised the risk of (allergen) exposure.

Individual Health Care Plan (IHCP) - A detailed document outlining an individual student's condition, treatment, and action plan for location of AAI (written by school on the basis of need, separate to the one page 'Allergy Action Plan' provided to school for members of the community with a risk of anaphylaxis).

Allergy Action Plan - A one page document outlining the person's allergies, the prescribed medication and how to administer.

Allergy Risk Awareness Plan (ARAP) - A document completed in discussion with parents to ensure that all adults in school are aware of, amongst other things, the current specific allergens which could cause anaphylaxis or an allergic reaction and how we might mitigate the risk through adapting our practice.

Key Emergency Principle

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4. Legislation and guidance

This policy is based on the Department for Education's guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

[The Food Information Regulations 2014](#)

[The Food Information \(Amendment\) \(England\) Regulations 2019](#)

5. Roles and Responsibilities

We take a whole-school approach to allergy awareness.

Parent's role

It is the parents responsibility to provide the school, in writing, with all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medicine.

- Parents are to supply a copy of their child's Allergy Action Plan, known as the BSACI Plan, which 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 AAI, or the risk assessment deems it necessary, an Individual Health Care Plan will be completed and signed by the parents.
- It is the responsibility of the Parent to provide the school with up to date medication / equipment clearly labelled in a suitable container.
- In the case of life saving medication like AAIs the child will not be allowed to attend without it.
- Parents are also required to provide up to date emergency contact information
- Snacks and lunches brought into school are provided by each child's Parent / Guardian
- It is their responsibility to ensure that the contents are safe for the child to consume
- Parents should liaise with staff about appropriateness of snacks and any food-related activities (e.g. cooking)
- Keep the school up to date with any changes in allergy management, which includes any changes in a child's medical condition and any updated medical information. The Allergy Awareness Plan will be kept updated accordingly
- The wearing of a medic-alert bracelet is allowed by the school, if parents request this

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Role of other parents

- Snacks and lunches brought to the school by other parents should be peanut and nut free
- The school will ensure that parents are regularly reminded and will monitor the contents of lunch boxes and snacks

Staff's role

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

- If advised by a medical practitioner, an Individual Health Care Plan needs to be provided. It must be in place before the child starts attending sessions. An Allergy Risk Awareness Plan should be carried out and any actions identified to be put in place. The ARAP should be stored with the child's Health Care Plan.
- Upon determining that a child attending school 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 School Teacher and where any medication is stored.
- Allergy Action Plans with a recent photograph for any students with allergies will be posted in relevant rooms with parental permission.
- All staff are to promote hand washing before and after eating.
- Snacks are monitored by staff to ensure that they are nut free and other allergens depending on the children attending. 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 nuts.
- All staff will follow the school's 'Milk Standard Operating Procedure' for those receiving milk within school (under 5s, those on FSMs and for those whose parents have paid for milk provision).
- All tables are cleaned with an approved solution.
- Children are not permitted to share food.
- As part of the staff first aid course, AAI use and storage has been discussed.
- We will ask the parent for a list of food products and food derivatives the child must not come into contact with.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the trip.
- Class Teachers will ensure that children with AAIs take their medication with them outside for break time and lunchtime, to PE lessons and to any other lessons outside of their normal classroom. AAIs are kept in blue personalised bags - specific for the child.

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- As a result of meeting with parents annually and discussing their child's allergies, the school will take appropriate action which could include, but is not limited to, the following:
 - only eating snacks outside;
 - alternative area to eat lunch;
 - ensuring that food is prepared and cooked first to remove chance of contamination;
 - finding alternative activities to ensure pupil is still able to participate;
 - reminding children and parents about our regular procedures (no food sharing, no nut snacks, hand washing, regular cleaning).
- **If staff are concerned that a child may be having an allergic reaction, they must follow emergency procedures and administer the AAI without delay. It is better to give the AAI unnecessarily than to delay in a true emergency.**

Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are developmentally able and whose care plan allows it are expected to carry their Adrenaline Auto Injector (AAI) on them at all times, using their designated comfortable, labelled bag or bum bag.
- This helps ensure medication is immediately available in all settings (e.g. playground, PE, school trips) without restricting play or independence.
- Staff will continue to oversee medication use and make all emergency decisions. Pupils are not expected to manage their allergy alone.

Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

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Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

6. Allergy Action Plans

Allergy Action Plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Paston Ridings Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

Allergy Action Plans are designed to support swift emergency treatment. Staff are expected to follow these plans and administer the AAI without delay if symptoms occur - even if they are uncertain whether the reaction is severe. If in doubt, administer the AAI.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional and provide this to the school.

Individual Healthcare Plans will then be produced by the school, and in conjunction with the parents, for any pupil who has an allergy requiring AAI's or who we deem necessary.

7. Emergency Treatment and Management of Anaphylaxis

KEY PRINCIPLE: If in doubt, administer the AAI.

Delaying treatment in a case of anaphylaxis can be fatal. Staff are authorised and expected to act swiftly at the first signs of concern - even if symptoms are mild, isolated or unclear.

What to look for: Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash (known as hives or urticaria) anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, throat, face or eyes
- Stomach pain, nausea or vomiting

More serious symptoms are the **ABC** symptoms, these are:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing or speaking).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness, sudden collapse, weakness.

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

Key Emergency Principle

If a child shows sudden symptoms and has a known allergy, **staff must not wait or seek confirmation.**
Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

Anaphylaxis is likely if all the following three things happen:

- Sudden onset and rapid progression of symptoms
- Life threatening airway and / or breathing difficulties
- Alteration in heart rate, sudden drop in blood pressure, feeling of weakness
- Changes to skin - flushing, itchy, red, swollen, swelling or puffing (often lips, mouth or face)
- The person may become weak and floppy

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection).

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

In pupils known to have severe allergies, if any sudden onset symptom occurs staff may administer the AAI if they are concerned, even in the absence of classic signs.

It is safer to give the AAI unnecessarily than to wait. If in doubt, administer the AAI.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** - they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note time given, AAI should be given into the muscle in the outer thigh. Specific instructions vary by brand - always follow instructions on the device.
- CALL **999** and state **ANAPHYLAXIS**.
- If no improvement after 5 minutes, administer a second adrenaline auto-injector.
- If no signs of life commence CPR.
- Phone parent / carer as soon as possible.
- If parents have not arrived by the time an ambulance arrives, a member of staff will accompany the child to hospital.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Key Emergency Principle

If a child shows sudden symptoms and has a known allergy, **staff must not wait or seek confirmation.**

Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

Medical Information (Adrenaline Auto Injectors)

Where AAI's (Adrenalin) are required in the Health Care Plan:

- Parents / guardians are responsible for the provision and timely replacement of AAI's.
- The AAI's are located securely in relevant locations approved by the Head of School.
- AAI's will be stored at room temperature.
- AAI's are single use only and will be disposed of as sharps. Used AAI's will be given to ambulance paramedics on arrival if possible.
- Spare AAI devices for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working.

The school holds two spare epipens, one 150mg (for children 6 months to 5 years) and 300mg (for children 6 years to 11 years) which are stored in the school First Aid room. The school First Aider is responsible for checking the spare medication is in date on a monthly basis, and to replace it when needed. Written parental permission for use of the spare AAI's is included in the pupil's Individual Health Care Plan.

8. Supply, Storage and Care of Medication

Pupils should have their own anaphylaxis kit kept safely, not locked away and **accessible at all times.**

Medication should be stored in a rigid container and clearly labelled with the pupil's name, if the medication needs to be kept close to the pupil, the pupil or a member of staff will carry it with them at all times.

The pupil's medication storage box/bag should contain:

- Two AAI's i.e. EpiPen[®] or Jext[®] or Emerade[®]
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included in plan)
- Spoon if required
- Asthma inhaler (if included in plan)

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school's First Aid Lead will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry. Medication expiry dates, including AAI's, are checked monthly using reminders generated through the school's I Am Compliant system.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in time.

Storage

AAI's should be stored at room temperature, protected from sunlight and temperature extremes.

Key Emergency Principle

If a child shows sudden symptoms and has a known allergy, **staff must not wait or seek confirmation.**

Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of to a registered pharmacy.

9. Spare Adrenaline Auto Injectors in School

Paston Ridings Primary School has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a white rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

Paston Ridings Primary School holds two spare pens which are kept safe in the school office.

The School's First Aid Lead is responsible for checking the spare medication is in date on a monthly basis and replacing it when needed. Medication expiry dates, including AAIs, are checked monthly using reminders generated through the school's I Am Compliant system.

If anaphylaxis is suspected in an undiagnosed individual, call emergency services and state you suspect anaphylaxis. Follow advice from them as to whether administration of the spare AAI is appropriate.

10. Staff training

All staff will complete online AllergyWise anaphylaxis training annually.

Training includes:

- Knowing the common allergens and triggers of allergy.
- Spotting the signs and symptoms of any allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services.
- Administering emergency treatment (including AAIs) in the event of anaphylaxis - knowing how and when to administer the medication / device. A training device is available so all staff can practise the process of administering the medication.
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.
- A practical session using training devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)
- Termly practical scenarios and response drills to support early recognition and confident emergency action.
- Understanding that if there is any uncertainty during a suspected allergic reaction, staff must administer the AAI immediately - **if in doubt, give the injection and call 999.**

Key Emergency Principle

If a child shows sudden symptoms and has a known allergy, **staff must not wait or seek confirmation.**

Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

11. Inclusion and Safeguarding

Paston Ridings Primary School recognises that living with a serious allergy can affect a child's **emotional well-being, confidence and social experiences as well as their physical health**. Our commitment to inclusion includes supporting children to feel safe, included and confident in all areas of school life.

To this end:

1. Staff are trained to recognise that children with allergies may experience anxiety related to food, meal settings, trips or social inclusion and are supported to respond with sensitivity and reassurance.
2. Where appropriate, children are supported in developing resilience, confidence and self-advocacy skills - including how to communicate clearly about their allergies to trusted adults and peers.
3. Reasonable adjustments are made to ensure inclusive participation in trips, events, classroom activities and the dining hall - without isolating or overprotecting the pupil.
4. Teachers and support staff work with parents and, where needed, with external professionals (school nurse, CAMHS) to understand and support any emotional and mental health needs related to allergy management.
5. Allergy discussions are integrated into wider health and relationships education - promoting empathy, understanding and peer support
6. Staff training includes awareness of the physiological impact of living with medical needs and how to support children with allergies both physically and emotionally.

12. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014, which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is emailed to parents in advance / placed on the school website with allergens highlighted on the school website.

The Catering Manager will be informed by the Class Teacher / office staff of a pupil with a food allergy. A meeting will then be arranged for the parents/carers to meet with the Class Teacher to discuss their child's needs. The Class Teacher will then ensure that the office staff and Catering Manager has all the information necessary to minimise the risk of exposure to allergens.

Key Emergency Principle

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Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergies and instructed about measures to prevent cross contamination during handling, preparation and servicing of food. Examples include: preparing food for children with food allergies first; careful cleaning of food preparation areas and utensils. For further information, parents / carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary age food allergic children without parental engagement and permission (e.g. birthday parties, food treats)
- Food containing nuts are discouraged from being brought into school
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted / risk assessed depending on the allergies of particular children and their age.

13. School Trips

Staff leading school trips will ensure that they carry all relevant emergency supplies. Trip leaders must check that all pupils with medical conditions, including allergies, have any required medication available and in-date before the trip. If parents/carers are unable to produce their child's required medication, they will not be able to attend the trip.

All activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. The risk assessment will include:

- Identification of allergy triggers that may be encountered (e.g. food, environment, animals)
- Clarification of how meals / snacks will be provided or monitored
- Confirmation of who will carry emergency medication and how it will be accessed quickly
- Emergency communication plan (who calls 999, where to meet ambulance etc)
- Confirmation that staff are trained and confident in administering AAI's

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. The meeting will review the pupil's current Individual Healthcare Plan, agree food and medication arrangements, clarify staff responsibilities and emergency protocols and allow parents to raise concerns and suggest adjustments. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

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Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

Before any off-site visit or activity involving pupils with allergies, staff must:

- Notify the external provider or venue in writing and in advance of any pupils attending with food or environmental allergies
- Share a summary of the child's Individual Healthcare Plan which includes known allergies, emergency symptoms to watch for, required emergency treatment, contact details for the lead teacher and emergency services.
- Request written confirmation of how the venue can accommodate allergy needs, including how food will be managed (if relevant) and what emergency support is available on-site.

See Appendix 4: Allergy Pre-visit checklist for off-site activities

14. Sports Trips / Tournaments

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the PE teachers are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative / their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their cooperation with any special arrangements required.

15. Allergy Awareness

Paston Ridings Primary School supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans / nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergies. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

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Administer the AAI immediately and call 999. **If in doubt, administer the AAI.**

16. Reviewing and monitoring

Paston Ridings Primary School will conduct regular reviews of our systems and processes to help identify any gaps for keeping allergic children safe, for all joining pupils with allergies and any pupils newly diagnosed.

Paston Ridings Primary School has a thorough Allergen Risk Assessment and Kitchen Allergy Management Procedure to run alongside this policy. These are reviewed at least annually to check adherence.

17. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awarenessandmanagement>

BSACI Allergy Action Plans -

<https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education [Supporting pupils at school with medical conditions](#)

Department of Health [Guidance on the use of adrenaline auto-injectors in schools](#)

[Food allergy quality standards](#) (The National Institute for Health and Care Excellence, March 2016)

[Anaphylaxis: assessment and referral after emergency treatment](#) (The National Institute for Health and Care Excellence, 2020)

Appendix 1: Allergy Action Plan

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited,
can repeat dose)

- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

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

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 child flat with legs raised (if breathing is difficult, allow child 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 until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

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, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed:

Print name:

Date:

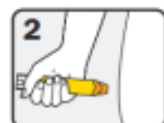
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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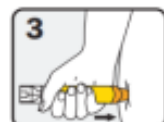
How to give EpiPen®



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, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's 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 authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:



Date:



Individual Healthcare Plan

Personal details

Name of school/setting	
Child's name	
Class/year group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Contact 1 Name	
Relationship to child	
Phone number/s	
Contact 2 Name	
Relationship to child	
Phone number/s	

Clinic/Hospital Contact

Name	
Phone no.	
G.P. Name	
Phone no.	

Who is responsible for providing support in school	
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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

The senior leader who is on site, usually the Headteacher.

Plan developed with

Name		Role	

Staff training needed/undertaken – who, what, when

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Confirm that the form has been copied to

- Class Teacher
- Parents
- School Office
- SENCO
- Saved on school system
- Other (List)

I confirm that this Individual Healthcare Plan is correct.

Parent's name	Signature	Date

Appendix 3: Anaphylaxis Risk Awareness Plan



Anaphylaxis Risk Awareness Plan

This form should be completed by the class teacher in liaison with the parents and the child, if appropriate.
It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
School:	Class Teacher:
Name and role of other professionals involved in this Risk Awareness Plan (i.e. Specialist Nurse or School Nurse):	
Date of Completion:	Next check-in:
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: Signatures: Head teacher: _____ Date _____ Parents: _____ Date _____ Young person: _____ Date _____	
What is this child allergic to?	
Does this child already have an Individual Healthcare Plan? YES ☐ NO ☐	
Summary of current medical evidence seen as part of the awareness meeting (copies attached):	
Describe the container the medication is kept in:	
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part.	

1

Crayons/painting:	
Creative activities, i.e. craft paste/glue, pasta	
Science type activity: i.e. planting seeds, food	
Musical instrument sharing (cross contamination issue):	
Cooking (food prep area and ingredients):	
Meal time: kitchen prepared food (is allergy information available):	
Snacks (is allergy information available):	
Drinks:	
Celebrations: e.g. Birthday, Easter:	
Hand washing (secondary school how accessible is this for the child):	
Indoor play/PE (AAIs to be with the child):	
Outdoor play/PE (AAIs to be with the child):	
School field (AAIs to be with the child):	
Forest school (AAIs to be with the child):	
Offsite trips (are staff who accompany trip trained to use AAI):	
Does the child know when they are having a reaction?	
What signs have there been that the child is having a reaction?	
What action needs to be taken?	
If the medication is stored in one secure place are there any occasions when this will not be close enough if required? Yes ☐ No ☐	

2

If Yes state when and how this can be adjusted:	
If the child is old enough – can the medication be carried by them throughout the day? Yes ☐ No ☐	
If No state reason:	
How many AAls are required in the setting?	Two prescribed AAls required in school
How many staff are trained to be able to administer AAI / support child?	All members of staff have had basic anaphylaxis training
What is the location of the backup AAI?	School office
Is a generic AAI available in school?	Yes - two spares available in the school office

Appendix 4: Checklist for Staff (Trips)

Allergy Pre-visit checklist for off-site activities

- Review pupil's Allergy Action Plan and IHCP
- Inform venue or hosting school in writing about pupil's allergy
- Provide written summary of:
 - Allergens to avoid
 - Emergency medication
 - Emergency contact procedures
- Confirm how food will be provided or brought from home
- Confirm storage of emergency medication (bum bag / medical bag or carried by staff/pupil)
- Identify designated adult to carry/administer AAI if applicable)
- Ensure spare AAI and/or antihistamine is accessible
- Identify nearest medical facility / ambulance response procedure
- Meet with parents if trip is overnight or higher risk
- Record all actions on risk assessment