



Allergy and Anaphylaxis Management Policy for Pupils

Mission, Vision and Culture

Think, Nurture, Thrive and Be Proud!

Our bespoke, ambitious and child-led curriculum combined with our outstanding practice creates opportunities for all children to achieve success and meet their full potential, both personally and academically. As a nationally recognised Thinking School and a Rights Respecting Gold School, we nurture an empathetic community of creative, respectful, curious and independent thinkers and provide opportunities for our children to develop their unique talents and skills. We pride ourselves in our dedication to fostering positive wellbeing, celebrating diversity and promoting a culture of environmental awareness and responsibility.

Through our school culture of Collaboration, Consistency, Challenge and Celebration, and by promoting the values of Aspiration, Courage, Honesty, Respect and Responsibility, we empower a resilient school community of compassionate, responsible global citizens, committed to making the world a better place.

1. Aims

- Hillcross Primary school is an inclusive school and we make every effort to ensure that all children are included in every aspect of school life.
- Children at our school with medical conditions and allergies are fully supported so that they have full access to education, including school trips and physical education.
- We will consider the needs of children with particular medical conditions (including allergies) on a case-by-case basis so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Reduce the risk of exposure to allergens through a whole-school "allergy aware" approach
- This school understands the importance of medication and care being taken as directed by healthcare professionals and parents.
- All staff understand the medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on children.
- All staff protect the wellbeing and mental health of pupils, specifically targeting allergy-related bullying
- The school meets its statutory duties under the Children's Wellbeing and Schools Act 2026

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. It makes clear how Hillcross Primary School supports pupils with allergies to ensure their wellbeing and inclusion, while promoting and maintaining allergy awareness among the entire school community.

2. Legislation and Guidance

This policy is based on the Department for Education (DfE)'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](#)



Hillcross Primary School

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

3. Roles and Responsibilities

We take a whole school approach to allergy awareness.

3.1 Governors and Headteacher

- The **Governing Body** ensures policies for supporting children with medical conditions are developed and implemented as well as ensuring the school's risk register includes allergy-related risks.
- The **Headteacher** delegates the responsibility for managing these arrangements to the **Inclusion Manager**, supported by the Senior Leadership Team (SLT).

3.2 Allergy Lead

The Inclusion Manager is the nominated allergy lead and is responsible for:

- Promoting and maintaining allergy awareness across the school community
- Recording and collating allergy and special dietary information for all relevant pupils, supported by the Admin Team.
- Recording and investigating all "near misses" (events where harm was possible but avoided) to learn lessons and improve systems
- Maintaining stock of the school's Adrenaline autoinjectors (AAIs) and emergency asthma inhalers making sure they are in date.
- Regularly reviewing and updating this policy.
- The allergy lead has the responsibility of appointing and mentoring designated allergy staff within the school. Currently our staff allergy champions are
 - Paula Banyon (Admin Team)
 - Natalie Bennett (Class Teacher EYFS)
 - Sarah Barber (Early Years Practitioner)
 - Vicki Lowe (Class Teacher Phase 1)
 - Karen Catterall (Class teacher Phase 2)
 - Louise Ephgrave (Early Years Practitioner)
 - Sophie Cain (Support staff member & Mid Day Play Leader)
- Working with members of the Junior Leadership Team (JLT), who are selected annually to be the pupil allergy champions.
- Ensuring all allergy information is up to date and readily available to relevant members of staff.
- Every pupil with allergies has an Allergy Action Plan completed by a medical professional, sent into school by parents.
- All children have an up to date Medical Health Care Plan in school, which follows the guidance from their most up to date Allergy Action Plan.
- Induction for new staff includes relevant medical training to ensure they are aware of specific pupils' conditions and emergency procedures.
- All staff are aware of the school's policy and procedures regarding allergies.
- All staff receive an appropriate level of allergy training.
 - Annual training for all staff will be carried out, specifically related to allergy awareness and how to use an AAI. This includes:
 - How to reduce and prevent the risk of allergic reactions
 - How to spot the signs of allergic reactions (including anaphylaxis)
 - The importance of acting quickly in the case of anaphylaxis
 - Where AAIs and emergency asthma inhalers are kept on the school site, and how to access them.
 - How to administer AAIs and asthma inhalers
 - The wellbeing and inclusion implications of allergies

3.3 Teaching and Support Staff



Hillcross Primary School

All teaching and support staff are responsible for:

- **Co-ordinating the paperwork, information and medication with families.**
 - Allergy and medical information is managed through Bromcom. A **green box icon** with a cross indicates a child has a Medical Health care Plan, while a **red flag icon** alerts staff to a child who has a specific Allergy Action Plan and the relevant documentation will be uploaded here.
- **Ensuring they are aware of the individual pupil's conditions** for all children they work with directly and where their medication is kept.
 - Class teachers are responsible for making sure that all staff working with the child, including PPA providers, are aware of relevant medical conditions and emergency procedures.
 - The Admin Officer will inform all extra-curricular club providers if any children who attend their session have a medical condition - this information will be written on their register. Teaching and support staff are responsible for ensuring the children have their relevant medication taken to each session.
- **Promoting and maintaining allergy awareness among pupils.**
- Being able to **recognise the signs of severe allergic reactions and anaphylaxis**
- **Carrying out a risk assessment** for any pupil at risk of anaphylaxis taking part in:
 - Lessons such as food technology
 - Science experiments involving foods
 - Crafts using food packaging
 - Off-site events and school trips
 - Any other activities involving animals or food, such as animal handling and baking.
 - Ensuring the wellbeing and inclusion of children with allergies.

3.4 Parents and Carers

Parents/carers are responsible for:

- **Being aware of our school allergy policy-** 'Allergy and Anaphylaxis Management Policy', which is published on the schools website.
- **Providing up to date details of their child's medical needs**, dietary requirements and history of reactions.
- **Provide two in-date AAIs** and any other medication and make sure these are replaced in a timely manner.
- **Carefully considering the food they provide to their child as packed lunches** and snacks, and trying to limit the number of allergens included.
- Follow the school's guidance on food brought in to be shared.
- **Update school** on any changes to their child's condition.

3.5 Pupils with Allergies

Will be reminded to

- Wash their hands before and after eating is required
- That the sharing of food is not allowed
- Only drink from our own named water bottles

3.6 Pupils without Allergies

These pupils are responsible for:

- Washing their hands before and after eating.
- Remembering that the sharing of food is not allowed
- Ensuring We only drink from our own named water bottles
- Being aware of allergens and the risks they pose to their peers.
- Ensuring the wellbeing and inclusion of children with allergies.



Hillcross Primary School

3.7 Clinical Distinctions

- Staff are trained to understand that Coeliac disease and food intolerances (e.g., lactose) are not allergies and cannot cause anaphylaxis, though they require strict dietary avoidance managed under our wider medical policy

3.8 Allergy- Related Bullying

- We maintain a zero-tolerance approach to bullying. Staff are trained to recognise specific triggers, such as peers threatening a pupil with a known allergen or making fun of dietary needs

4. Managing Risk

4.0 Environmental - Air Quality

- We recognise that air pollutants trigger asthma and allergies. Hillcross integrates clean air into health and safety duties by:
 - Ensuring staff are aware that allergic asthma is a serious co-condition with food allergy
 - Premises staff routinely dust catchment areas such as the tops of the ceiling mounted acoustic panels
 - Ensure air flow and opening of windows is suited to the outdoor pollution levels

4.1 Hygiene Procedures

Measures we will take to prevent food contamination:

- Being aware of their allergens and the risks they pose.
- Understanding how and when to use their adrenaline auto-injector.

4.2 Food Restrictions

We acknowledge that it is impossible to create a completely allergen-free school. However, we expect pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- We do not serve or hand out, shop bought or home-made treats for birthdays or any other special occasions
- Only fruit and vegetables are allowed as snacks for children from Year 3 to 6. These are stored in the classroom and eaten in the playground at Playtime, sitting down.
- EYFS and Years 1 and 2 children are provided with a daily snack by the Government Fruit scheme.
 - EYFS children eat their snacks in the Cafe and are closely supervised by staff.
 - Year 1 and 2 children are able to eat their snacks at Playtime, sitting down.

*It is important that **all children sit down to eat fruit/ snack** and all staff must reinforce this.*

4.3 Insect Bites/Stings

Procedures for preventing and dealing with insect bites/stings:

- Shoes should always be worn when moving around.
- Food containers and drinks bottles should be covered when not being eaten/drunk from.

4.4 Animals

Procedures for managing allergies to animals:

- Pets are not allowed to be brought onto the school site.
- Families are asked not to tie their dogs to the school gates when dropping off/ collecting their child.



Hillcross Primary School

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

4.5 Children new to the school/new to an allergy

Procedures for managing new allergies:

- The school's admissions procedures include gathering information about medical conditions and allergies.
- If an allergy is shared with the school, the Inclusion Manager/an appropriate Senior Leader and/or an Admin Officer will meet with the child's parents/carers and any relevant medical professionals to create a Medical Health Care Plan.
- For a child starting at school for the first time, arrangements will be in place in time for their first day following liaison with previous settings, the relevant medical professionals and parents.

5. School lunches and Catering Team

Our school meals are cooked fresh on site each day by **Caterlink**, a leading education catering specialist. Caterlink works strictly within the UK food safety legislation and with the Framework of Natasha's Law (2021) and now **Benedict's Law (2026)**, legally known as **The Food Information (Amendment) (England) Regulations 2019**. This mandates stricter allergen labeling and transparency. Caterlink ensures that their Kitchen Team adhere to the following and monitor this closely across the year, in partnership with school:

5.1 School Meals cooked on site - Hygiene and Catering

Menu's

- **Menu Transparency and Consistency:** General school menus are available for all parents and carers to review on the website, the school requests that Caterlink provide menus with ingredients including the presence of the 14 regulated allergens clearly labelled so that it is easily accessible to parents in line with the Dfe statutory guidance 2026.
- **Safe Food Options/Tailored Medical Menus:** Caterlink provides **specialised dietary menus** for children with clinically diagnosed allergies, ensuring they can enjoy school lunches safely alongside their peers. A child with an allergy or special dietary requirement, will be put into direct contact with Caterlink so that an individual dietary plan can be put in place. The individualised menu plans for specific children, will be sent directly to families via MCAS (My Child At School).
- **Maintaining Standards:** If any changes are made to the school menus, the catering team ensure that the new options continue to meet the specific dietary needs of pupils with known allergies.

Strict Kitchen Protocols

The kitchen team follows meticulous cross-contamination prevention procedures:

- Catering staff receive appropriate training.
- **Cross-Contamination Prevention:** Staff follow rigorous hygiene and allergy procedures during food preparation to prevent cross-contamination.
- **Benedict's Law Compliance:** In line with the Food Information (Amendment) (England) Regulations 2019, allergen information for the **"top 14" allergens** is clearly displayed on the packaging of all food products.
- This labeling follows all legal requirements for naming food and listing ingredients as outlined by the Food Standards Agency (FSA), ensuring pupils and staff can make informed, safe choices.
- **Daily Identification:** Once a child has been identified as having an allergy and a specialised menu has been created for them, they are identified to all kitchen and school staff through the following procedures:
 - Each child's photo and name are displayed in the kitchen so all kitchen staff are aware who they are.
 - Specialised dietary menus are kept in the Allergy Folder within the kitchen for daily reference.
 - Each child's Photo is on a 'Allergy Awareness' A4 poster which is on the daily school lunch clipboard, so that all school staff are aware.



Hillcross Primary School

- Allergy cards are collected by children in Year 2, 3, 4, 5, & 6, as they line up at lunchtime and collect their tray. These cards are then handed to the Kitchen Team when choosing their lunch. Nursery staff collect the correct food and serve this directly to the children and Reception staff hand the Allergy cards to the children as they line up - this is as an added layer of identification for the Kitchen staff.

6. Storage of both spare and prescribed AAI's and Asthma Pumps

We follow the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#).

6.1 Purchasing of spare AAI's

The allergy lead is responsible for buying AAI's and ensuring they are stored according to the guidance:

- In accordance with the size of the school and age range of the children, we will have 4 AAI's, two 150mcg and two 300 mcg.
- AAI's are sourced from Medisave Pharmacy. Schools are recommended to buy a single brand to avoid confusion, at Hillcross we purchase Epipen in line with those provided by St Georges wherever possible.
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of [the guidance](#)) is:
 - For children under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
 - For children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

6.2 Storage (of both spare and prescribed AAI's)

The allergy lead will make sure all AAI's are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children.
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Procedures At Hillcross,

- Medication belonging to children is kept in **Team Medical Boxes** stored securely in each classroom.
- Team Medical Boxes travel with the team to other areas of the school, including playgrounds, all PPA and special events.
- All AAI's must be placed in a **clearly labelled plastic zip wallet** containing the individual's **Medical Health Care Plan (Allergy Action Plan)** and a **medicine administration record sheet**.

Spare AAI's will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.



Hillcross Primary School

6.3 Maintenance (of spare AAI's)

The allergy lead will make sure all AAIs are:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

6.4 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

6.5 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit, which is kept in SLT in the Wall mounted First Aid cabinet.

Included in here are:

- Spare AAIs, both 150 mcg for EFYS pupils and 300 Mcg for older pupils.
 - Instructions for the use of AAIs
 - Instructions on storage
 - Manufacturer's information
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

The **First Aid cupboard in the SLT area** is unlocked and accessible within 5 minutes. These are used if a pupil's own AAI is unavailable, broken, or misfires, provided parental consent has been given.

A checklist of injectors, identified by batch number and expiry date with monthly checks recorded on SMARTLOG

6.6 Emergency Asthma Inhalers

- The school stocks an emergency salbutamol inhaler and spacers for pupils who have been prescribed a reliever inhaler but do not have it available (e.g., it is empty or broken). The spare inhaler is kept in the First Aid cupboard in the SLT area.

7. Procedures for Handling an Allergic Reaction- Emergency Response Protocols

As part of the whole-school awareness approach to allergies, all staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency. Staff are all trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately, such as:

Procedures for Handling Allergic Reactions		
If the allergic reaction is mild (e.g. skin rash, itching or sneezing),	<u>When anaphylaxis is suspected</u> (e.g., difficulty breathing, swelling of the mouth/throat, dizziness, collapse, or severe skin reaction), staff must act immediately:	
The pupil will be monitored and the parents/carers informed.	<u>If a pupil has an allergic reaction and are known to have an Allergy Action Plan,</u> Staff will initiate the emergency response following the pupil's individual Medical Health Care Plan (Allergy Action Plan) actions	<u>If a pupil has an allergic reaction, but the pupil has no allergy action plan,</u> Staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures.



Hillcross Primary School

	<u>In both cases the following Emergency Protocols Must be followed:</u> Our Emergency Response Procedures These follow the "ABC" (Airway, Breathing, Circulation) recognition protocol. 1. Lay the child flat with legs raised- If they are struggling to breathe, allow them to sit up gently, but do not let them stand up or walk. 2. Place an unconscious pupil in the recovery position. (do not let them stand or walk). 3. Administer AAI immediately (if in doubt, give adrenaline) into the outer mid-thigh immediately—aiming to do so within 5 minutes of recognising symptoms. 4. Dial 999 and say "Anaphylaxis." 5. If no improvement after 5 minutes, administer a second AAI. 6. Contact Parents/Guardians	

7.1 Calling for Help and Support

All rooms within the school building will have two Allergy Emergency Cards (found behind the light switch in every room). If a child is having an allergic reaction, staff will use the "Allergy Emergency card" to:

A) Use one card as a visual reminder of the **Emergency Response** procedures. The card has the correct emergency procedure written clearly in steps for staff to follow.

B) To give a second card to a responsible child/ additional adult so that they can take this to get help from the main school office or SLT. These cards have direct instructions for Admin or SLT to follow and raise the alarm with emergency services

- **If an AAI needs to be administered, a member of staff will use the pupil's own AAI,** or if it is not available, a school one
- **A school AAI device will be used instead of the pupil's own AAI device if:**
 - Medical authorisation and written parental consent have been provided, or
 - The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)
- **If a pupil needs to be taken to hospital,** staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance.
 - If an ambulance is called, emergency services must be notified to attend the **Ashridge Way entrance**. School staff will contact the parent as soon as possible and will accompany the pupil to the hospital and stay until a parent arrives.

7.2 Handover and Reporting:

If emergency response procedures have been followed then we must



Hillcross Primary School

- Hand the used AAls to the paramedics.
- Log the incident and conduct a "lessons learned" review as required by statutory guidance.

Every incident and "**near miss**" is recorded on Smartlog. Serious incidents involving death or hospitalisation are reported to the **HSE (RIDDOR)**. Allergen-related food safety incidents are reported to the **Food Standards Agency**.

8. Educational Visits and Off-site Events, including Residential

No pupil with allergies will be excluded from trips. Staff supervising trips must record medical needs on the risk assessment and are responsible as follows:

- **Class Teachers** will ensure that the pupil's in-date medication is taken on the Educational Visit, along with the Medical Health Care Plan (Allergy Action Plan) and green First Aid bag.
- For off-site sports, the **Sports Trip Lead** will take a green First Aid bag and ensure all relevant individual medication wallets are brought along, which include their Medical Health Care Plan (Allergy Action Plan).
- The **Residential Visits lead** will ensure that all relevant medication is collected prior to the trip, which will include sufficient medication for the duration of the visit and extra if possible. The Medical Health Care Plan (Allergy Action Plan) will be taken and any additional medical information from Health Care professionals that may be of help in the event of a hospital visit.

9. Training and Data Protection

9.1 Training

- All staff receive regular training on how to use AAls and manage anaphylaxis in an emergency. This includes recognising symptoms, the importance of acting quickly, and understanding the wellbeing implications for pupils with allergies.
- In addition to annual awareness training, Hillcross Primary School will conduct regular allergy safety drills, which function similarly to fire drills. These consist of active training exercises involving a simulated case of anaphylaxis to test staff readiness and the school's emergency response systems without putting any individual at risk. These drills are designed to ensure all staff can promptly recognise symptoms, locate emergency medication (including school "spare" devices), and follow the correct "ABC" response protocol under pressure.
- Where it is appropriate to include pupils in these drills—for example, to help peers understand how to seek help—those pupils will be involved in the planning to ensure the exercise does not have a negative impact on their wellbeing.

9.2 GDPR and Health Data

- Pupil health information is "special category data" under UK GDPR. Hillcross manages this through Bromcom with restricted access, ensuring information is shared only with those who need it to keep the child safe

10. Monitoring and Evaluation

This policy is reviewed annually or as legislation changes. To ensure its ongoing effectiveness, the review process will formally incorporate lessons learned from allergy safety drills, recorded incidents, and 'near misses'. In a 'no blame' spirit, these evaluations will be used to identify areas for improvement, ensuring our procedures remain robust and that the entire school community is involved in maintaining a safe and inclusive environment

The policy links directly to our **Health and Safety, Supporting Pupils with Medical Conditions**, and **First Aid** policies.



Hillcross Primary School

Equality Impact Assessment

Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation. We are committed to treating all members of the school community fairly and challenging negative attitudes about disability and accessibility and to developing a culture of awareness, tolerance and inclusion. This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any member of the school community and it helps to promote equality and accessibility at our school. The curriculum is planned to be inclusive and meet the needs and interests of a full range of learners. Activities and resources will be differentiated and adult support used to ensure that children access the curriculum and make the best possible progress.

Safeguarding Commitment

The school is committed to safeguarding and promoting the welfare of children, in line with the most recent version of Keeping Children Safe in Education, and expects all staff and volunteers to share this commitment. We take seriously our duty of care to our pupils and staff which includes safeguarding them from the risk of being drawn into terrorism - this includes not just violent extremism but also non-violent extremism, which can create an atmosphere conducive to terrorism and can popularise views which terrorists exploit. We work closely with social care, the police, health services and other services to promote the welfare of children and protect them from harm. Radicalisation is recognised as a specific safeguarding issue and is addressed in line with the Government Prevent Strategy and The Counter-Terrorism and Security Act 2015.

Privacy Policy

Hillcross School is committed to ensuring protection of all personal information that we hold. We recognise our obligations under data protection laws, which include the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018, and the Data (Use and Access) Act 2025.

Written and Approved: September 2026

Review: September 2027



Hillcross Primary School

Appendix 1 – Allergy Action Plan Template

Health Care Plan for a child with an Allergy Requiring AAI

Date written:

Date/s Reviewed:

Next Review Date:

1.Description of Medical Condition:				Pupil Photo Here	
Pupil Name:		Date of Birth:			
Team:		Year:			
Address:					
Name and Contact details of Parent/Carer					
Mother's Name and Contact Number:			Father's Name and Contact Number:		
2.Description of Medical need/ symptoms:			3.Current Medication in school (please include any specific administration instructions and where medication is held):		
4.Key Actions:					
5.Emergency Response Symptoms and Actions:					
6.Risk awareness & potential risks e.g. not eating, sports day:					

7.Medical Professionals involved with the child			
Agency	Name	Telephone	Email
GP:			
Specialist Team:			

I have discussed this Healthcare plan with a representative from the school and am satisfied that it reflects my child's health care needs. I am fully responsible for alerting the school of any changes or updates to my child's condition as and when they occur.



Appendix 2 - Allergy Action Plan – (Including AAI administration instructions for EPI-PEN)

bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Anaphylaxis Campaign
AllergyUK

This child has the following allergies:

Name: _____

DOB: _____

Photo

● 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.

● 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

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:
sparepensschools.uk

© The British Society for Allergy & Clinical Immunology 6/2018

How to give EpiPen®

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

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

3 PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, 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: _____



Appendix 3 - Allergy Action Plan – Allergy Action Plan – (Including AAI administration instructions for Jext)

ALLERGY ACTION PLAN

improving allergy care through education, training and research

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. 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 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

© The British Society for Allergy & Clinical Immunology 6/2018

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, 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:

13- Pupil Allergy and Anaphylaxis Management Policy



Hillcross Primary School

Appendix 4 - Allergy Action Plan – (Including AAI administration instructions for Emerade)

ALLERGY ACTION PLAN

This child has the following allergies:

Name: _____

DOB: _____

Photo

● 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. Emerade®) (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.

● 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

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 AAIs in schools

Signed: _____

Print name: _____

Date: _____

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

© The British Society for Allergy & Clinical Immunology 5/2018

How to give Emerade®

1

REMOVE NEEDLE SHIELD

2

PRESS AGAINST THE OUTER THIGH

3

HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

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: _____

14- Pupil Allergy and Anaphylaxis Management Policy



Hillcross Primary School

Appendix 5 - Mild/Moderate Allergy Action Plan



bsaci
improving allergy care
through education, training and research

ALLERGY ACTION PLAN




RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

Anaphylaxis Campaign
AllergyUK

This child has the following allergies:

Name: _____

DOB: _____

Photo

● 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 Immediately 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 Commence CPR** if there are no signs of life
- 5 Stay with child** until ambulance arrives, **do NOT** stand child up
- 6 Phone parent/emergency contact**

***** 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

● 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

Emergency contact details:

1) Name: _____

 _____

2) Name: _____

 _____

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

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

© The British Society for Allergy & Clinical Immunology 6/2018

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' adrenaline autoinjector in the event of the above-named child having anaphylaxis (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: _____

15- Pupil Allergy and Anaphylaxis Management Policy



Appendix 6 - Administering Medication in School

Administering Medication in School Plan

Please complete this form fully if you wish us to administer medication to your child

Date Written:

Date/s Reviewed:

Next Review Date:

Name of Child:	
Team / Year Group:	
Description of Medical Condition:	
Current Medication in School (please include any specific administration instructions and where the medication is held) <i>Note: Medications must be in their original container with the dispensing pharmacy label clearly attached with your child's name and dosage instructions.</i>	
Expiry Date	
Any other instructions:	

I have discussed this Healthcare plan with a representative from the school and am satisfied that it reflects my child's health care needs.	
Parent/carer name and emergency contact details:	
Name of GP/other medical professional and contact telephone number:	
Parent signature:	
Date:	
Staff member name:	
Staff member signature:	
Nurse name:	
Nurse signature:	

Medication should be in- date and reviewed annually (whichever comes first)



Medication should be in- date and reviewed annually (whichever comes first)