



## **Stanley St Andrew's Church of England Primary School**

### **Allergen and Anaphylaxis Policy**

At Stanley St Andrew's Church of England Primary School, we recognise the uniqueness of each person, young and old, all people are special and of worth in God's eyes.

Stanley St Andrew's Church of England Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

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

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

The school will ensure that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities. Furthermore, we will ensure that:

- Policies, plans, systems and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.
- All staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- All staff members are informed about pupils' allergies.
- All food supplied to pupils by both the school and parents, including snacks, will be monitored to ensure that food containing known allergens is not provided.
- Any necessary medication is out of the reach of pupils but still easily accessible to staff members.
- Catering staff are fully aware of the rules surrounding allergens, the processes for food preparation, and the processes for identifying pupils with specific dietary requirements.
- Catering staff are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'Allergy guidance for schools'

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

- Health and Safety Policy
- Whole-School Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Animals in School Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

## 1. Definitions

For the purpose of this policy:

**Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

**Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

**Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

**Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)

- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

## **2. Roles and responsibilities**

The governing board is responsible for:

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

The headteacher is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.

### **Supporting Children with Allergies**

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, and the headteacher in which the pupil's allergies will be discussed and an Individual Healthcare Plan (IHP) will be developed which will detail a plan of appropriate action/support. An Allergy Action Plan (AAP) will also be drawn up using the information contained in the IHP. See Appendix 1 for a copy of the blank IHP and AAP forms.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administration of Medicines Policy and the Supporting Pupils with Medical Conditions Policy.

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

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

All members of staff are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require is outlined in their IHP.

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

The headteacher is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided, and the required documentation is completed, including risk assessments being undertaken.

The headteacher has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

Parents are responsible for:

- Notifying the headteacher of their child's allergens, the nature of the allergic reaction, what medication to administer and any specific control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up to date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up to date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the Administration of Medicines Policy and the Supporting Pupils with Medical Conditions Policy.
- Being aware of the expiry date of any medication needed by their child and ensuring that any medication provided to school is within its expiry date and is replaced as soon as the expiry date is reached.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.
- Working alongside the school to develop an IHP and AAP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher or headteacher.
- Ensuring that any food their child brings to school is safe for them to consume.

### **Staff Training**

All staff members are trained in identifying allergic and anaphylactic responses. Staff members are also training in how to administer an AAI, and the sequence of events to follow when doing so.

Specialist training will be arranged on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

Staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
  - Respond appropriately to a request for help from another member of staff.
  - Recognise when emergency action is necessary.
  - Administer AAIs according to the manufacturer's instructions.
  - Make appropriate records of allergic reactions.
  - Attending relevant training regarding allergens and anaphylaxis.
  - Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
  - Responding immediately and appropriately in the event of a medical emergency.
  - Reinforcing effective hygiene practices, including those in relation to the management of food.
  - Monitoring all food supplied to pupils by both the school and parents.
  - Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
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- Be aware of and have read this Allergen and Anaphylaxis Policy.
  - Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
  - Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
  - Understand how to check if a pupil is on the Register of AAIs.
  - Understand how to access AAIs.
  - Be aware of how to administer an AAI should it be necessary.

The kitchen manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

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

## **School trips**

The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

A member of staff is assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

## **Allergies**

### **Food Allergies**

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding pupils' food allergies for those that have school dinners will be collated and passed on to the school's catering service.

Catering staff will have a full list of allergens and will avoid using them within the menu where possible.

Midday supervisors will ensure that all food tables will be disinfected before and after being used.

When making changes to menus or substituting food products, the catering service will ensure that pupils' special dietary needs continue to be met.

The school will ensure that there are always dairy- and gluten-free and other options available for pupils with allergies and intolerances.

Where a pupil who attends the school has a serious nut allergy, the school will:

- Request that the school catering service eliminates nuts, and food items with nuts as ingredients, from meals as far as possible.
- Ensure that food items containing nuts will not be served at, or be brought onto, school premises either by staff, visitors or pupils.

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

To ensure that catering staff can appropriately identify pupils with dietary needs Allergy Action Plan posters are displayed throughout the school showing a picture of the child, their specific allergies and their treatment plan. All staff are aware of the location of these posters.

### **Animal Allergies**

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

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

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

### **Seasonal Allergies**

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Any medicine prescribed for hay fever will be given in accordance with the Administration of Medicines Policy.

Any non-prescription medicine for hay fever will only be given at the discretion of the headteacher and prior permission must be sought. If permission is granted, non-prescription medicine will be given in accordance with our Administration of Medicines Policy.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the headteacher.

The headteacher is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

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

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

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom, the staff room and the school office to ensure easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

The AAI devices for pupils who are prescribed these are kept in their classroom, out of reach of children but within easy reach of staff. All staff are aware of the location of these devices.

All staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by trained staff members.

In the event of anaphylaxis, the nearest staff member will administer the AAI. If necessary, other staff members may assist the staff member with administering AAIs, e.g. if the pupil needs restraining.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device.

Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

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

The guidance states that for children under the age of 6, a dose of 150 micrograms of adrenaline will be used and for children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used. However, a child may be prescribed a dosage based on their weight and so their prescribed dosage may be different to the age-based criteria. The dosage delivered in the event of an emergency should match the dosage on the child's IHP.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

### **Spare AAIs**



Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The school will keep two spare AAIs for use in the event of an emergency.

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

- For pupils under age 6: 150 micrograms of adrenaline
- For pupils aged 6-12: 300 micrograms of adrenaline

Children prescribed AAIs may be prescribed a dosage based on their weight and so their prescribed dosage may be different to the age-based criteria. The dosage delivered in the event of an emergency should match the dosage on the child's IHP.

The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. See Appendix 2 for a copy of the consent form.

Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used.

Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted, and advice sought as to whether administration of the spare AAI is appropriate.

Spare AAIs are stored as part of an emergency anaphylaxis kit kept in the school office. Spare devices are clearly labelled to avoid confusion with any device prescribed to a named pupil.

The emergency anaphylaxis kit includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered

In line with manufacturer's guidelines, all AAI devices are stored at room temperature and are protected from direct sunlight and extreme temperature.

The school administrators are responsible for maintaining the emergency anaphylaxis kit and conduct a termly check to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

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

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place

- How much medication was given and by whom

The school will keep a register of pupils to whom spare AAIs can be administered. This will include the following information:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

The school administrator will check that the register is up to date on an annual basis.

The school administrator will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in the school office and is accessible to all staff members.

### **Access to spare AAIs**

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

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

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

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

### **Medical Attention and Required Support**

#### **In the event of a mild allergic reaction**

If a child appears to be suffering an allergic reaction the course of action should be determined based on their Allergy Action Plan.

The nearest adult should stay with the pupil and call for help from a fellow staff member. At least one of the two staff members should have received training on the administration of AAIs.

If the allergic reaction appears mild, the pupil may respond to the administration of antihistamine medication which has been prescribed for the child.

Mild allergic reactions can occur quickly after exposure to an allergen. Someone having a mild allergic reaction may display the following symptoms:

- Sneezing

- Runny or blocked nose
- Red, itchy, watery eyes
- Wheezing and coughing
- Red, itchy rash
- Worsening of asthma or eczema

For mild allergy symptoms, the antihistamine will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

If the pupil does not appear to be responding to the antihistamine, or their symptoms appear to be worsening, the pupil's prescribed AAI should be administered, and the procedure detailed below under 'In the event of an anaphylaxis' should be followed.

### **In the event of anaphylaxis**

## **Managing anaphylaxis**

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

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

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

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

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

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

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

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food

- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAI's will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

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

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

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

<b>A</b> irway	<b>B</b> reathing	<b>C</b> onsciousness/Circulation
<ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Vocal changes (hoarse voice)</li> <li>• Difficulty in swallowing</li> <li>• Swollen tongue</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheezing (like an asthma attack)</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling lightheaded or faint.</li> <li>• Clammy skin</li> <li>• Confusion</li> <li>• Unresponsive/unconscious (due to a drop in blood pressure)</li> </ul>

There may be a dramatic fall in blood pressure (anaphylactic shock). If that happens, the person may become faint and dizzy, or in the case of a child they may become floppy. This may lead to collapse, unconsciousness and – on rare occasions – death.

**In addition to the ABC symptoms listed above, the following symptoms may occur:**

- Widespread flushing of the skin
- Nettle rash (otherwise known as hives or urticaria)
- Swelling of the skin (known as angioedema) anywhere on the body (for example, lips, face).
- Abdominal pain, nausea and vomiting

Those symptoms can also occur on their own. In the absence of the more serious ABC symptoms listed above, the allergic reaction may be less severe, but **you should watch carefully in case ABC symptoms develop.**

If you see someone displaying the ABC symptoms, you need to react fast.

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised and will call for help from a designated staff member.

Even if you are not sure whether it is anaphylaxis, you should administer an adrenaline pen without delay.

The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

The emergency services will be contacted immediately.

After administration of an AAI, patients with anaphylaxis should be placed lying down with their lower limbs elevated. They should not be placed seated, standing, or in the upright position. In cases of vomiting the patient should be placed in a comfortable position with the lower limbs elevated.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat and still.

The headteacher will be contacted immediately.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

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

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

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

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

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

### **Making Contact with Parents**

A pupil's parents should be contacted immediately if a pupil suffers a mild-moderate allergic reaction and has received medication, or if an AAI has been administered.

### **Allergic Responses in Children without Known Allergies/Anaphylaxis**

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

### **Information Sharing**

It is essential that all information about pupils with additional health needs is kept up to date.

To protect confidentiality, all information-sharing techniques, e.g. staff noticeboards, will be agreed with the pupil and their parent in advance of being used.

All teachers, TAs, supply and support staff will be provided with access to relevant information, including high-risk health needs, first aiders and emergency procedures, via a noticeboard in the staffroom.

When a pupil is discharged from hospital or is returning from other education provision, the school will ensure the appropriate information is received to allow for a smooth return to the school. The headteacher will liaise with parents, the hospital or other tuition service as appropriate.

### **Data Protection & Information Sharing**

As a school we collect information about our pupils and our privacy notices, found on our website, explain the reason why we collect this information, how we use it, the type of information we collect and our lawful reasons to do so.

All data that we hold will be processed to be in line with the requirements and protections set out in the UK General Data Protection Regulation (GDPR). This means that we must have a lawful reason to collect the data, and that if we share that with another organisation or individual, we must have a legal basis to do so.

We may need to share information with other staff in school. We may also share information with the local authority and healthcare professionals about pupils who have or may need an Education Health and Care Plan (or Statement of Special Educational Needs), or other medical and/or special educational needs. Healthcare professionals may have access to information about pupils, either by agreement or because the law says we must share that information. This information will be shared to ensure we can access the best care and support for your child during their time at our school.

The local authority, school nursing team, counselling services, and occupational therapists are the type of people we may share information with, so long as we have consent or are required by law to do so.

### **Linked Policies**

This policy operates in conjunction with the following school policies:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Asthma Policy
- Complaints Procedure
- Equal Opportunities Policy: Pupils
- Attendance Policy

- Pupils with Additional Health Needs Attendance Policy
- Data Protection Policy

### **Monitoring and Review**

This policy was reviewed by the headteacher in November 2022.

This policy will be shared with all relevant stakeholders and made available on our school website.

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

The headteacher is responsible for reviewing this policy annually hereafter in accordance with our policy delegation schedule. Any changes will be reported to all relevant stakeholders.

This policy has been drafted with reference to a model School Bus policy dated 17 June 2022.



## Individual Healthcare Plan (IHP)

An IHP should be compiled to ensure school remains an inclusive and safe environment for pupils.

By using the IHP on the next page, schools can detail the type of medical condition(s) a pupil has, any symptoms or warning signs, and any medication that may be required.

As well as compiling information regarding the pupil's medical condition(s), sections have been allocated to detail any extra care the pupil may require – this information can help to inform any reasonable adjustments the school may need to make and ensure the pupil's safety whilst undertaking physical activities and attending school visits and trips.

The school should include the pupil's parents and a relevant healthcare professional, e.g. the pupil's GP, in the creation and reviewal of the IHP – where appropriate, the pupil should also be included in the process of creating the IHP – the document should be reviewed on an annual basis or when the pupil's medical circumstances change, whichever comes first.

Due to the nature of the IHP, the document should be easily accessible to those who need to refer to it, but confidentiality must be preserved.



# Individual Healthcare Plan

## Pupil information

<b>Pupil's name:</b>	
<b>Group/class/form:</b>	
<b>Date of birth:</b>	
<b>Pupil's address:</b>	
<b>Medical diagnosis or condition(s):</b>	
<b>Date:</b>	
<b>Review date:</b>	

## Family contact information

<b>Name:</b>	
<b>Phone number (work):</b>	
<b>Home:</b>	
<b>Mobile:</b>	
<b>Relationship to pupil:</b>	
<b>Name:</b>	
<b>Phone number (work):</b>	
<b>Home:</b>	
<b>Mobile:</b>	
<b>Relationship to pupil:</b>	

<b>Name:</b>	
<b>Phone number (work):</b>	
<b>Home:</b>	
<b>Mobile:</b>	
<b>Relationship to pupil:</b>	

**Clinic/hospital contact**

<b>Name:</b>	
<b>Phone number (including extension):</b>	

**Pupil's GP**

<b>Name:</b>	
<b>Phone number (including extension):</b>	

**Pupil's medical needs**

<b>Description of the pupil's symptoms, triggers, signs, facilities, equipment or devices, environmental issues, etc.:</b>	
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<p><b>Description of the pupil's medication, including dose, method of administration, when it should be taken, all side effects relating to the medication, contraindications, administered by/self-administered with/without supervision:</b></p>	
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<p><b>If the pupil's medication is stored at the school, where is it located, who has access, and how is it stored?</b></p>	
---	--

<p><b>Who is responsible for administering medication to the pupil, has this been authorized by parents/the headteacher?</b></p> <p><b>If the pupil is self-managing their medication, this should be clearly stated</b></p>	
--	--

**Daily care requirements**

<p><b>Does the pupil require any change to their routine, e.g. amended eating times?</b></p>	
--	--

<p><b>Does the pupil require any extra care when eating, what care is required?</b></p>	
---	--

<b>Include details of how the pupil's routine will be monitored to help manage their condition:</b>	
---	--

**Physical activity**

<b>Are there any physical restrictions caused by the pupil's medical condition?</b>	
---	--

<b>Include details of any extra care required before, during or after physical activity:</b>	
--	--

**Arrangements for school visits and trips**

<b>Does the pupil need additional care when attending a trip or visit away from the school, who will be responsible for this care?</b>	
--	--

<b>Include details of what care the pupil needs, e.g. when and where the care will need to take place, and what medication or equipment will be required?</b>	
---	--

**Staff training**

<b>Who will be responsible for administering extra care to the pupil, including cover?</b>	
--	--

<b>Will these people require extra training, if so what training will be required?</b>	
--	--

<b>Has the training been completed and signed off by the headteacher and a healthcare professional?</b>	
---	--

**School environment**

<b>Does the school environment have any affect on the child's medical condition?</b>	
--	--

<b>How does the school environment affect the pupil's medical condition?</b>	
--	--

<b>What reasonable adjustments can be put in place to mitigate the risk of these affects?</b>	
---	--

**Other information**

<b>Who is the responsible person in an emergency?</b>	
---	--

<p><b>What constitutes an emergency, e.g. symptoms?</b></p>	
---	--

<p><b>What procedure should be followed in an emergency?</b></p>	
--	--

<p><b>Specific support for the pupil's educational, social and emotional needs, e.g. how will catching up with lessons, absences and rest periods be handled?</b></p>	
---	--

<p><b>Form copied to, the information in this IHP will remain private and confidential – consider when sharing this information how relevant it is to the recipient:</b></p>	
--	--

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 AAIs in schools.

Signed: .....

Print name: .....

Date: .....

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

### 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 hard-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: .....



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**

- |   |  |   |
|---|--|---|
| <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 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 AAIs in schools.

Signed: .....

Print name: .....

Date: .....

**For more information about managing anaphylaxis in schools and 'spare' back-up 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, **GIVE ADRENALINE FIRST**, then asthma reliever (blue puffer) via spacer

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Sign & print name: .....

Hospital/Clinic: .....



Date: .....





## Use of Spare AAIs - Consent

**Child's Name:** .....

**Name of parent/carer:**.....

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes                       No

Please confirm the correct dosage EpiPen for your child:

150 micrograms                       300 micrograms

The dosage of the spare AAI will match that which is stated on my child's Allergy Action Plan. I understand that it is my responsibility to inform the school should there be a change in the dosage of AAI prescribed for my child.

Yes                       No

**Signature of parent/carer:** .....

**Date:** .....

Data will be processed to be in line with the requirements and protections set out in the UK General Data Protection Regulation. Further information on Data Protection & Information Sharing can be found in our Allergen & Anaphylaxis Policy.

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**Office use**

Date received: ..... Received by (staff member): .....

Date register of spare consent updated: ..... Updated by: .....