Allergy Policy

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1. Aims

This policy outlines Allenton Community Primary School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an Allergy Aware School.

The school aims to create a safe and inclusive environment for pupils with allergies. We operate as an Allergy Aware School, meaning we take reasonable and proportionate steps to reduce the risk of allergic reactions and ensure staff and pupils understand how to prevent and respond to them.

While we encourage the avoidance of certain allergens where appropriate, the school cannot guarantee that the environment is completely allergen-free.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- First Aid Policy
- Administration of Medication in Schools Policy

2. What is an Allergy?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. Definitions

3a. Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

3b. Allergen

A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc.), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

3c. Adrenaline Auto-Injector

Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy, we will refer to them as Adrenaline Pens.

3d. Allergy Action Plan

The school will hold an allergy action plan following parental confirmation of an allergy and medication requirements. The action plan can be found in **Appendix 1**.

3e. Individual Healthcare Plan

A detailed document outlining an individual pupil's condition, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. An IHP will be considered where a pupil's allergy has a functional impact on them within school, presents a risk of harm, or requires arrangements additional to or different from those made generally for pupils.

The IHP will be developed in collaboration with parents/carers and, where appropriate, the pupil and relevant healthcare professionals. It will set out the arrangements required to support the pupil, including emergency arrangements where necessary.

A formal diagnosis is not necessarily required for an IHP to be considered where the school has sufficient information to identify a potential risk to the pupil's health, education or wellbeing.

3f. Risk Assessment

A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site. Should a risk assessment be required for a pupil, this will be managed by the Operations Manager and the SENDCo.

4. Roles and Responsibilities

Allenton Community Primary School takes a whole-school approach to allergy management.

Designated Allergy Leaders – Head of School, SENDCo & Operations Manager

- Overseeing the implementation of the school's Allergy and Anaphylaxis Policy
- Promoting allergy awareness across the school community
- Ensuring information regarding pupils with allergies is recorded, updated and shared appropriately with relevant staff
- Ensuring staff receive appropriate allergy awareness and anaphylaxis training
- Ensuring that appropriate procedures are in place to reduce the risk of allergic reactions
- Monitoring the availability and location of emergency medication
- Ensuring allergy information is considered when planning activities, trips or events
- Recording and reviewing any allergic reactions or near misses and ensuring appropriate action is taken
- Reviewing this policy regularly and reporting to senior leaders or governors where appropriate

Appointed First Aid Person – Welfare Officer

- Maintaining records of pupils with allergies and their Individual Healthcare Plans
- Ensuring that relevant medical information and Allergy Action Plans are accessible to staff
- Liaising with parents/carers regarding pupils' allergy management and medication

- Monitoring medication to ensure it is stored appropriately and remains in date
- Maintaining records of emergency medication held on site
- Supporting staff in understanding pupils' medical needs where required

Staff Members

All staff share responsibility for maintaining a safe environment for pupils with allergies.
Staff are responsible for:

- Being aware of pupils in their care who have allergies
- Familiarising themselves with Individual Healthcare Plans and Allergy Action Plans where relevant
- Supporting the school's Nut Aware and Allergy Aware approach
- Ensuring pupils do not share food or drink
- Encouraging good hygiene practices such as handwashing before and after eating
- Considering allergy risks when planning classroom activities, food use or events
- Ensuring pupils with allergies have access to their medication when required
- Being able to recognise the signs and symptoms of an allergic reaction and responding appropriately
- Participating in allergy awareness and anaphylaxis training when required
- Reporting any allergic reactions, concerns or near misses to the Designated Allergy Lead

Midday Supervisors

- Being aware of the school's arrangements for identifying pupils with allergies during mealtimes
- Supporting the school's, no food-sharing approach
- Remaining vigilant for signs and symptoms of an allergic reaction or anaphylaxis
- Supporting pupils with identified allergies in accordance with their Individual Healthcare Plan and risk assessment
- Reporting any concerns, incidents or near misses immediately to the Catering Supervisor and/or Designated Allergy Leader

Parents & Carers

- Informing the school of any allergies or medical conditions affecting their child
- Providing up-to-date medical information, including an Allergy Action Plan where applicable
- Providing prescribed medication (such as antihistamines or adrenaline auto-injectors) where required and ensuring it is in date
- Informing the school of any changes to their child's medical condition
- Supporting the school's Nut Aware approach
- Ensuring packed lunches and snacks are clearly labelled where appropriate
- Supporting their child in understanding and managing their allergy where appropriate

Pupils

- Be aware that some members of the school community have allergies
- Avoid sharing food or drinks with others
- Follow school guidance regarding food and hygiene
- Inform a member of staff immediately if they feel unwell or believe someone may be having an allergic reaction

Pupils with Allergies

Where age appropriate, pupils with allergies are encouraged to:

- Understand their allergy and the importance of avoiding known allergens
- Inform staff if they feel unwell or believe they are having an allergic reaction
- Know the location of their prescribed medication and how to use it (if age appropriate and agreed with parents)
- Follow guidance provided by their healthcare professional and the school.

5. Information and Documentation

5a. Register of pupils with an allergy

The school has a register of pupils where parents/carers have informed them of an allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

5b. Pupil Allergy Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- A history of their allergic reactions
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- A copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis
- A photograph of each pupil
- A copy of their Allergy Action Plan

A copy of this plan will be physically available on a class-by-class basis.

6. Assessing the Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food tech or cooking
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk.
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils.
- Planning special events, such as cultural days and celebrations

Where an allergen presents an identified risk, the activity should be adapted where reasonably practicable to allow the pupil to participate safely rather than being excluded.

7. Assessing the Risk

7a. Catering in School

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies. The school maintain safe working practice through:

- Due diligence is carried out with regard to allergen management when appointing catering staff
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff
- The catering team will endeavour to provide varied meal options to students and staff with allergies
- The school has robust procedures in place to identify pupils with food allergies, these are:

    - **Relish School Foods**, Catering Management system to support allergen management within school catering menus. This system tracks and monitors allergens within all meals provided by the school and ensures that accurate allergen information is available for catering staff and the school
    - Pupils select their meals each morning using the Relish system. Relish automatically filters menu choices, meaning pupils will only be able to select meal options that are suitable for them based on their recorded dietary requirements and allergen information
    - Photos of pupils with allergies displayed in the kitchen at the serving station for reference
- Food containing the main 14 allergens (see Allergen's definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request
- Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging
    - This will ensure all allergen information is clearly labelled on all food provided by the school, especially for those attending trips where a packed lunch has been taken.
- Where changes are made to the ingredients this will be communicated to all staff and pupils prior to service and alternatives will be arranged should this affect a child's meal (by the Catering Supervisor or member of the office team)
- All food served through Breakfast Club and After School Wraparound Care will follow the same allergen management procedures as the main school catering provision.
  Staff responsible for these provisions will:
    - Check ingredients for declared allergens and relevant precautionary allergen labelling
    - Refer to relevant Individual Healthcare Plans and Allergy Action Plans
    - Ensure appropriate alternatives are available where required
    - Supervise pupils during food and snack times
    - Prevent food sharing
    - Ensure shared eating areas are cleaned appropriately to minimise cross-contact

External providers, including Premier Education, will be expected to follow the school's Allergy Policy and relevant Kitchen Allergy Guidance

Precautionary Allergen Labelling (PAL), such as "may contain" or "may contain traces of", is a voluntary warning used where there may be an unintended presence of an allergen due to cross-contamination during manufacture or preparation.

Parents/carers should not assume that products carrying precautionary allergen labelling are suitable for their child. Where relevant, the approach to PAL will be considered as part of the pupil's Individual Healthcare Plan and medical advice.

7b. Food Bought into School

Parents and carers are asked to be mindful of pupils with allergies when providing food for packed lunches, snacks, celebrations or school events.

The school operates a Nut Aware approach. While it is not possible to guarantee that the school site is completely nut-free, parents and carers are strongly discouraged from sending food containing nuts or nut products into school.

Parents and carers are encouraged to consider:

- Checking food labels carefully before sending food into school
- Avoiding products containing peanuts or tree nuts where possible
- Avoiding products where nuts are listed as an ingredient
- Clearly label packed lunches and water bottles

To reduce the risk of allergic reactions:

- Pupils must not share or swap food or drinks
- Pupils will be encouraged to wash their hands before and after eating
- Staff will supervise eating areas to support good hygiene practices

Where food is brought into school for celebrations (such as birthdays), fundraising or events:

- Parents and carers should check with the school before bringing food items
- Food may not be distributed if ingredients cannot be clearly identified
- The school may choose to use non-food alternatives to celebrate birthdays or achievements where appropriate

These measures help reduce risk while promoting an inclusive and safe environment for all pupils.

8. School Trips and Events

- Staff leading the trip will have a register of pupils with allergies with medication details. They should also be aware of any members of staff with allergies who is accompanying the trip
- Allergies will be considered on the risk assessment and catering provision put in place
- Parents may be consulted if considered necessary, or if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction
- Allergens will be clearly labelled on catered packed lunches

9. Insect Strings

The Site Manager will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

10. Allergic Rhinitis / Hay Fever

Allergic rhinitis, commonly known as hay fever, is an allergic reaction to airborne allergens such as pollen, dust mites or animal dander. Symptoms may include sneezing, runny or blocked nose, itchy eyes, headaches, and fatigue. These symptoms can affect pupils' comfort, concentration and wellbeing during the school day.

The school recognises that some pupils may require medication to manage seasonal or environmental allergies.

In line with the school's First Aid Policy, the school may administer non-prescribed medication for short-term requirements or ad-hoc prescribed medication to support pupils experiencing symptoms of allergies, where appropriate.

Medication will only be administered:

- With written parental consent

- In accordance with the school's medicine administration procedures
- By appropriately trained members of staff

All medication must be clearly labelled and provided by parents or carers in accordance with school procedures.

Parents and carers are encouraged to inform the school if their child experiences seasonal allergies so that appropriate support can be put in place where necessary.

Further information regarding the administration of medicines in school, including consent, storage and record keeping procedures, can be found in the school's First Aid Policy.

11. Adrenaline Pens

11a. Storage of Adrenaline Pens

Pupils who are prescribed adrenaline auto-injectors must have access to two in-date pens at all times.

At this school, prescribed adrenaline pens will be stored in the Green Room / Medical Room, which acts as the school's central medical location. This ensures that the medication is kept in a clearly identified, accessible and secure central location that can be accessed quickly by staff when required.

The specific storage arrangements for each pupil's medication will be clearly detailed within their Individual Healthcare Plan.

Adrenaline pens will:

- Be clearly labelled with the pupil's name
- Be stored alongside the pupil's Allergy Action Plan where appropriate
- Be kept in a location that is known to all staff and easily accessible in an emergency
- Not be kept locked away, ensuring immediate access if required

Adrenaline pens will be stored in accordance with manufacturer guidance, including ensuring they are kept at a moderate temperature and protected from direct sunlight or heat sources.

The school will carry out regular checks to ensure medication is present, stored correctly and within its expiry date.

11b. Spare Adrenaline Pens

This school has 4 spare adrenaline pens to be used in accordance with government guidance.

The adrenaline pens are clearly signposted and are stored in the Green Room.

The Designated Allergy Leaders are responsible for:

- Deciding how many spare pens are required – thinking about admission numbers, the needs of the school and further consideration for the use on school trips and visits
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brand(s) to buy – Allenton Community Primary School utilise **JEXT AAI Pens only**
- The purchasing of spare adrenaline pens and expiry checks
- Distribution around the site and clear signage

11c. Adrenaline pens on school trips and visits

To ensure the safety of the child:

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens. It is the trip leader's responsibility to check they have them before leaving school grounds
- Adrenaline pens will be kept close to the pupils at all times e.g., not stored in the hold of the coach when travelling or left in changing rooms
- Adrenaline pens will be protected from extreme temperatures
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- Consider whether to take Spare pens to sporting fixtures and on trips if appropriate

12. Responding to an Allergy Reaction / Anaphylaxis

See **appendix 2** on recognising and responding to an allergic reaction.

- If a pupil has an allergic reaction, they will be treated in accordance with their Allergy Action Plan – If you are unsure, please liaise with a member of the office team (Code Blue, Emergency [Location])
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the Appendix. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by the pupil themselves [if age appropriate and parental agreement] or by a member of staff. Ideally the member of staff will be trained, but in an emergency, **anyone** will administer adrenaline.
- If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.

- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to **anyone** for the purposes of saving their life.
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services to tell them you have done so.
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay until a parent or guardian arrives.

13. Asthma

The school recognises that asthma is a common medical condition affecting many pupils and staff and that timely access to inhalers is essential.

The school is aware that asthma symptoms can be triggered by a range of factors, including allergens such as pollen, dust, animal dander and mould. In some cases, asthma may be closely linked to

allergies and can increase the severity of allergic reactions.

The school also recognises that asthma can be triggered by non-allergy related factors, including anxiety, illness, exercise, cold weather, temperature changes and environmental conditions. These details are accessible in the First Aid Policy.

The school is committed to supporting all pupils and staff with asthma by promoting awareness, reducing risks where reasonably practicable and ensuring appropriate support is available within the school environment.

Responsibilities

- Parents/carers must provide written confirmation of an asthma diagnosis
- Parents/carers must supply an in-date, labelled reliever inhaler (blue) and spacer where prescribed
- Inhalers must be clearly labelled with the child's name and class
- Pupils' inhalers will be stored in an accessible location known to classroom staff (not locked away)
- The school will hold an emergency salbutamol inhaler in the school office and 'Green Room' (Medical Room) in line with national guidance, for use with parental consent
- A register of pupils with asthma and consent for the emergency inhaler will be maintained and reviewed annually
- Asthma Care Plans will be created if the emergency inhaler has been used or once a confirmed diagnosis has been provided for newer pupils
    - See Appendix 4 for the standard Asthma Care Plan (digitally available *AdminSLT - Documents\Health and Safety\Asthma Plans)*

Peak Flow Monitoring

The school will support with Peak Flow monitoring on parental request only. These will not be stored or used in school to support with Asthma.

Asthma Attack Procedure

If a pupil displays symptoms of an asthma attack (persistent coughing, wheezing, breathlessness, difficulty speaking):

1. Keep the pupil calm and sit them upright
2. Administer 2–4 puffs of their reliever inhaler (via spacer if available)
3. Wait 5 minutes. If there is no improvement, administer up to 10 puffs (1 puff at a time)
4. If there is no improvement after 10 minutes, call 999 for an ambulance
5. Continue to give 10 puffs every 10 minutes until help arrives if symptoms persist

An ambulance will be called immediately if:

- The pupil is too breathless to speak or eat
- The pupil becomes exhausted
- Lips or face turn blue
- The pupil collapses
- There is any doubt about the severity of the attack

Parents/carers will be informed as soon as possible following any asthma-related incident or use of an emergency inhaler.

The school holds two emergency salbutamol inhalers (located in the office and Medical/Green Room) for use in accordance with national guidance. These inhalers will only be administered to

pupils with a confirmed diagnosis of asthma and where written parental consent has been obtained.

A register of eligible pupils will be maintained, and all use will be recorded and reported to parents/carers on the same day.

14. Staff Training

The school is committed to training all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill (Annually, agreed with SLT prior)

15. Reporting Allergic Reactions

The school will log all allergic reaction incidents and near-misses.

15a. Recording Incidents

Following an allergic reaction or near miss:

- The incident must be recorded on Arbor, under 'Medical Event' as soon as possible
- The record should include:
    - Name of the pupil
    - Date, time and location of the incident
    - Details of the suspected allergen (if known)
    - Description of symptoms observed
    - Action taken, including any medication administered
    - Names of staff involved
    - Whether emergency services were contacted
- Parents or carers must be informed as soon as possible.

Where appropriate, serious allergy-related incidents will be escalated to relevant external agencies in accordance with statutory reporting requirements.

This may include notification to the relevant local authority where an allergen-related food safety incident has occurred, consideration of RIDDOR reporting where applicable, and communication with relevant healthcare professionals where an incident relates to an individual healthcare or allergy action plan.

Where repeated exposure, failure to follow agreed medical arrangements or neglect of an identified medical need presents a safeguarding concern, the school's safeguarding procedures will be followed.

15b. Investigating the Incident

All allergic reactions and near misses will be reviewed by the Designated Allergy Leaders

The purpose of the investigation is to:

- Identify the cause of the incident
- Determine whether procedures were followed correctly
- Identify any failures in control measures (e.g., food labelling, supervision, communication, documentation)
- Review whether the pupil's Individual Healthcare/Allergy Plan remains appropriate

The investigation may include:

- Speaking with staff and pupils involved
- Reviewing food provision, packaging or ingredients where relevant
- Reviewing supervision and environmental factors
- Checking whether policy and procedures were followed

Following the investigation process appropriate actions will be implemented to reduce the risk of recurrence.

This may include:

- Feedback to staff members involved
- Updating risk assessments
- Amending procedures or controls
- Providing additional staff training
- Reviewing catering or food-related processes
- A review and update of the pupil's Allergy Action Plan

Outcomes of the investigation will be recorded appropriately

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PHOTO

Allergy Action Plan

To be completed by the Parent/Carer of any child requesting that medication be administered by school staff due to an allergy.

Please complete in **BLOCK CAPITALS**.

1. Child's Details

Child's Full Name:	
Date of Birth:	
Class:	
Home Address:	

2. This pupil has the following allergies

Please list all allergies individually:

1.	
2.	
3.	
4.	
5.	

3. Emergency Action Instructions

If an allergic reaction was to occur, how should the school respond? (Is medication required?)

4. Medical Information

GP Surgery:	
GP Name:	

5. Medication Details (One form per medication)

Name of Medication:	
Is this medication:	☐ Prescribed ☐ Non-Prescribed

(If no, please note that the school will only administer non-prescribed medication in exceptional circumstances and in accordance with school policy.)

Expiry Date:	
Dosage (exact amount to be given):	
Method of Administration (e.g., oral, inhaled, topical):	
Time(s) and frequency to be given in school:	
Storage requirements (e.g., refrigeration):	
Possible side effects staff should be aware of:	
What constitutes an emergency for your child and what action should staff take?	

6. Self-Administration

I confirm that my child:

☐ Is NOT able to self-administer medication

☐ Is able to self-administer medication under supervision

☐ Is able to carry and self-administer their medication independently (Inhalers)

(Agreement for self-administration is subject to school assessment and approval.)

7. Important Information for Parents/Carers

Prescribed medication must be provided in the original container as dispensed by a pharmacy.
The container must have a pharmacy label clearly stating:

- Child's full name
- Name of medication
- Prescribed dosage
- Administration instructions

The school cannot administer medication that does not meet these requirements.
Parents/carers are responsible for ensuring medication is in date and replacing it as necessary.
Any changes to dosage or instructions must be confirmed in writing by a healthcare professional.

8. Parental Consent

I request that the above medication be administered to my child in accordance with the information provided. I confirm that the information given is accurate and complete.

I understand that:

- The school will administer medication in line with its Medication and First Aid Policy
- A record will be kept of all medication administered
- In an emergency, school staff will take appropriate action and contact emergency services if necessary
- I will be informed as soon as reasonably possible in the event of any concerns or emergency

Parent/Carer Name (PRINT):	
Signature:	
Date:	
Daytime / Emergency Contact Number(s):	1. _____ 2. _____

For School Office Only

Date Received:	
Checked by:	
Storage Location:	

☐ Care Plan Required

☑ Care Plan in Place

☐ Staff made aware

ALLERGY ACTION PLAN

BSACI Improving Allergy Care through education, training and research

RCPCH Royal College of Paediatrics and Child Health

anaphylaxis UK

AllergyUK

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

  Loratadine 5mg

  (If vomited, can repeat dose)
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)

2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

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

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

How to give JEXT®

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

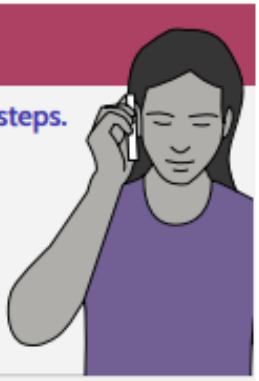
If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix 3. Medical Site Map

Appendix 4. Child Action Plan

My asthma triggers

Tick the triggers that make your asthma worse:

- ☐ Pollen
- ☐ Exercise
- ☐ Cold/flu
- ☐ Stress
- ☐ Weather
- ☐ Air pollution
- ☐ Other (please list here):

> Always keep your blue reliever inhaler and your spacer with you. You might need them if your asthma gets worse.
>
> **Dr Andy Whittamore**
> Asthma + Lung UK's GP

Book your child's asthma review

You should book an asthma review at least once a year, or more if your child needs it. If your child has been to A&E, or been prescribed steroid tablets or liquid, you should book an asthma review straight away. Remember to bring:

- their action plan, to see if it needs updating
- any inhalers and spacers they have, to check they're using them in the best way
- their peak flow meter if they use one
- any questions about their asthma and how to manage it.

Date of next asthma review:

Healthcare professional contact details:

Parents and carers

As well as wheezing, coughing and a tight chest, your child might have their own unique symptoms that tell you their asthma is getting worse. You can list them here:

Does your child tell you when they need their asthma inhaler?

☐ Yes ☐ No

Does your child need help taking their asthma medicines?

☐ Yes ☐ No

Get the most from your child's action plan:

- take a photo and keep it on your phone, and on your child's phone if they have one
- stick a copy on your fridge door
- share your child's action plan with their school, holiday club or grandparents – whoever is caring for your child.

Learn more about what to do during an asthma attack:
www.asthmaandlung.org.uk/asthma-attacks

Get advice, support and information at **AsthmaAndLung.org.uk** or find us on social media:

Questions about asthma?
Talk to our friendly respiratory nurse specialists for more support.
Call **0300 222 5800**
(Monday to Friday, 9am to 1pm and 2pm to 5pm)

Last reviewed July 2025; next review July 2028. V1.

ASTHMA+ LUNG UK

Child asthma action plan

Fill this in with your healthcare professional

This asthma action plan is for children who use separate preventer and reliever inhalers. If you are on a MART or AIR regime, please use our MART or AIR asthma action plan.

Name and date:

Appendix 4. Child Action Plan

1 My daily asthma routine

I need to take my preventer inhaler every day.

My preventer inhaler is called:

and its colour is:

I take ____ puff(s) in the morning.

I take ____ puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

My reliever inhaler is called:

and its colour is:

IMPORTANT: If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

2 When I feel worse

My asthma is getting worse if I have any of these symptoms:

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my healthcare professional).

If my asthma gets worse, I will:

- take my preventer medicines as normal
- take ____ puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

URGENT! If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. **See section 3.**

Other things my healthcare professional says I need to do if my asthma is getting worse:

3 In an asthma attack

I'm having an asthma attack if I have any of these symptoms:

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

If I have an asthma attack, I will:

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

IMPORTANT: If you have a MART or AIR inhaler, please tell the responder when you **call 999**.

What to do after your child's asthma attack:

- If the asthma attack was managed at home, contact your GP surgery or call **111**.
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.