

Allergy Safety policy



**The Priory
Primary School**
Inspiring a Love of Learning

Review DATE:

Summer 2026

NEXT REVIEW DATE:

Summer 2027

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1. Aims

This policy aims to:

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

The Allergy Safety Policy will be published on the school website and reviewed annually or sooner following a serious incident, near miss, or significant change in guidance. The policy will be published within the Policies section of the school website.

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

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Designated Allergy lead

The designated allergy lead is Debra Adams, Deputy Head. The nominated allergy governor is Louise Penn.

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils. (Whilst the allergy Lead has ultimate responsibility, the information collected is also delegated to the Office manager) working alongside the Allergy Lead)
- Recording and reporting any incidents of anaphylaxis and / or near miss incidents.
- Leading a post-incident review following any serious allergic reaction, administration of adrenaline, hospital admission, or significant near miss
- Identifying lessons learned and implementing improvements to training, risk assessments, healthcare plans, procedures and policy where appropriate
- At the Priory School, the use of First Aid Forms will be used to record and report serious anaphylaxis incidents and near miss incidents to parents/carers
- First Aid Forms will also be used to collate data about incidents for reporting to the Governing body as part of the Head teacher's report to Governors (data collated and supplied to school by First Aid forms on a termly basis)
- The Pupil AAI register will also be used to log and record incidents and near miss incidents
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils with allergies have an 'Individual Health Care Plan for Allergy' (IHCP) (completed by school with parents/carers input) and an 'Allergy Action Plan' completed by a medical professional. See Appendix 2 and 3 for proformas.
 - All staff receive an appropriate level of allergy training
 - They have attended Designated Allergy Lead Training ([Designated Allergy Lead training | The Allergy Team](#))
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment – allergy risk assessments to be added to all relevant risk assessments for school activities.
 - All staff have taken part in statutory Allergy Training – Certificate in Allergy and Anaphylaxis Awareness ([Allergy and Anaphylaxis](#)) via the National College Platform.
 - Recognising the range of signs and symptoms of severe allergic reactions
 - Recognising when emergency action is necessary
 - Administering AAIs according to the manufacturer's instructions

- Making appropriate records of allergic reactions
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- Providing reports and assurance to governors regarding allergy safety arrangements, incidents, training compliance, emergency medication provision and policy review
- Publishing the Allergy Safety Policy on the school website and ensuring it remains accessible to parents, carers, staff and the wider school community
- Ensuring the policy is reviewed annually, or sooner following a serious incident, significant near miss, or changes to the guidance

3.2 Trained AAI professionals - Office Manager

The trained AAI staff members are responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Have gained their certificate in Allergy and Anaphylaxis Awareness ([Allergy and Anaphylaxis](#)) via the National College Platform.
- **Being aware of specific pupils with allergies in their care**
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making 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
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition
- Providing the school with the relevant Allergy Action Plan as signed by the child's medical professionals (Providing an Asthma Action Plan if applicable)

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate (potentially Y5-6), carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Knowing procedures for raising an alarm in the event of an anaphylactic shock
- Older pupils might also be expected to support their peers and staff in the case of an emergency

3.7 Visitors, Contractors, Volunteers and Supply Staff

Visitors, volunteers, contractors and agency or supply staff will be expected to follow the school's allergy safety arrangements. Where appropriate, relevant allergy information, emergency procedures and risk controls will be shared with individuals working with pupils. Supply and temporary staff will be provided with information about pupils with allergies and the procedures for responding to an allergic reaction as part of their induction.

4. Assessing risk

The school will conduct 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 experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

In order to prevent contamination:

- Pupils are reminded to wash their hands before and after eating
- Sharing or swapping of food is not allowed
- Pupils have their own named water bottles

5.2 Primary and Infant Sites Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff (Priory Kitchen and/or Edwards & Ward) receive appropriate training and communications and can identify pupils with allergies (5.21)
- School menus are available for parents/carers to view with ingredients clearly labelled. Full ingredient breakdown is available on request.
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.21 School Procedure for identifying pupils with allergies

- Included in the data collection forms - Pre-Enrolment Disclosures: Includes specific allergy disclosure sections in school registration forms to identify risks before the pupil begins.
- Pupil data will contain medical needs when a pupil starts at the school in any class, age or phase. This will initiate the development of the individual health Care plan (IHCP), relevant risk assessments and the addition of the pupil to the AAI register.
- Photo Identification Boards/documents: Photographs and allergy information will only be shared with staff who have a legitimate safeguarding, health, welfare or catering need to access the information.
- All information will be handled in accordance with UK GDPR, Data Protection legislation and the school's Data Protection Policy.
- Parental consent will be obtained before photographs are displayed for medical identification purposes and consent may be withdrawn at any time.
- We will display a list of children with their photographs and specific allergy details in areas where food is prepared or served. We will display a copy of the identification document in every

classroom, staffroom and hall where food is served and eaten. This will be stored in a secured way so that it is only accessible by school staff.

- During the school day the use of orange lanyards(EYFS/KS1) and orange wrist bands (KS2) during meal service times will be used to identify the pupils during this time. The children will sit with their peers as usual. Lanyards/Bands to be given to the children prior to them collecting their food/eating packed lunches and then collected in before they exit the dining hall. Stored in labelled year group orange boxes.

5.3 Food restrictions – we are an Allergy Aware school

We acknowledge that it is impractical to enforce an allergen-free school. The school adopts a nut-aware approach and requests that nuts and nut-containing products are not brought onto the school site. Whilst every reasonable effort is made to reduce the risk of exposure to nuts, the school cannot guarantee a completely nut-free environment

Such products include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- The school may introduce additional restrictions relating to specific allergens following individual risk assessments where required. E.g. sesame and sesame products.
- Sesame seeds and foods containing sesame seeds

If a pupil inadvertently brings these foods into school, they will be confiscated, packaged and returned directly to the parent.

None of the above products are allowed at any food sales or curriculum food experiences on site.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered where possible

5.5 Animals

- Pets are not allowed onto the school site
- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Risk assessments are carried out for events and curriculum activities that involve animals
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies will have additional support through:

- Pastoral care/ support for any identified anxieties around their allergies and needs
- Regular check-ins with their [class teacher/form tutor/etc.]
- Involve the pupils in educating peers and the school community about their medical condition.
E.g. School assemblies/talks with their classes (where they want to willingly participate)

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part.
- Relevant risk assessments will be carried out ahead of a trip to ensure that any allergen pupils are considered. An 'allergy/anaphylaxis aware' section will be added to all school risk assessments to include the school trip check list, coach and minibus travel, and other generic lesson activities and general school risk assessments.
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAls

Links with the 'supporting pupils with medical conditions' policy.

The school will maintain a record of:

- • Allergic reactions
 - • Administration of medication
 - • Administration of AAls
 - • Near miss incidents where exposure was avoided before harm occurred
- Records will be reviewed periodically to identify trends and opportunities for improvement
-
- The school will maintain a register of pupils who have been prescribed AAls or where a doctor has provided a written plan recommending AAls to be used in the event of anaphylaxis. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed AAI(s) (and if so, what type and dose/expiry dates)
 - Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil

- A photograph of each pupil to allow a visual check to be made. Parents to complete 'Image Release form' (Appendix 4)
- The register is kept in the hall/school offices/staffroom/kitchen/classrooms and can be checked quickly by any member of staff as part of initiating an emergency response.
- The register is shared electronically with all relevant staff

6.2 Allergic reaction procedures

- As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure (appendix 1), and to recognise the signs of anaphylaxis and respond appropriately
- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
 - 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
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures
- If a pupil is experiencing any of the following symptoms, it should be treated as a **medical emergency**
 - Airway – swelling in the throat, tongue or upper airways, hoarse voice, difficulty swallowing
 - Breathing – sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough
 - Circulation – dizziness, feeling faint, sudden sleepiness, confusion, pale clammy skin, loss of consciousness or collapse
- Following any of the symptoms above, staff will follow Anaphylaxis' UK Guidance: Also see **Appendix 1** School Emergency Response

Get emergency help: steps to follow

In the event of a serious allergic reaction, it's crucial to act quickly and follow these steps

Get in position

If the person is conscious, **lie them flat with their legs raised** to assist in blood flow to the heart and vital organs.

If they're having **difficulty breathing**, they can be propped up with legs stretched out straight.

Give adrenaline immediately

If you or the person affected has been prescribed adrenaline (such as EpiPen®, Jext® or EURneffy®), **use it straight away** – adrenaline is the first-line treatment for anaphylaxis.

Make a note of the time you give the first dose of adrenaline. If symptoms don't improve after **five minutes**, or symptoms get worse, **give a second dose**.

Call 999

Call emergency services immediately after using your first dose of adrenaline and tell the operator it is "**anaphylaxis**" (ana-fil-ax-is).

Give your **exact location** (What3Words can help if you are outside).

Do not move

Stay in this position until help arrives. **Do not** stand up, walk or run, even if you start to feel better.

Movement can make symptoms worse and cause a sudden drop in blood pressure.

Stay with them until emergency services arrive.

- 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 the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/carers informed. In accordance with the pupil's Allergy Action Plan, any prescribed antihistamine medication will be administered and recorded using First Aid Forms App.

6.3 Incident Review and Learning

Following any serious allergic reaction, administration of an adrenaline auto-injector, hospital admission, or significant near miss, the Designated Allergy Lead will carry out an incident review.

The review will consider:

- Whether procedures were followed appropriately
- The effectiveness of individual healthcare plans
- Any training needs identified
- Any amendments required to risk assessments or control measures
- Any lessons learned to improve allergy safety across the school

Outcomes of reviews will be recorded and reported to governors where appropriate.

7. Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, below are The Priory Primary School's procedures for AAIs, covering these areas:

7.1 Purchasing of spare AAIs

The allergy lead is responsible for procuring AAIs and ensuring they are stored according to the guidance.

The school will maintain an appropriate stock of spare adrenaline auto-injectors in accordance with current Department for Education and Department of Health and Social Care guidance.

Spare AAIs will always be available during the school day and for educational visits where identified through risk assessment.

- AAIs will be sourced from an online pharmacy
- SFET schools will purchase **Epipens** 0.15 and 0.3 centrally and distribute to schools each June
- The quantity of AAIs required:
 - **Primary School without Nursery** - EpiPen Jr 0.15mg x 1, Epipen 0.3mg x1
- The dosage required (based on Resuscitation Council UK's age-based criteria)
 - **Under 6 years:** usually 150 microgram devices
 - **Age 6–12 years:** usually 300 microgram devices

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.
- Individual pupil AAIs stored in individually labelled/photo labelled medpacs in the Pupil AAI labelled cupboard in the **school's main office**.
- Kept in a safe and suitably central location (medical cupboard) 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



Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion. **Spare AAIs kept in the main school office and labelled as Emergency AAI Kit. See Appendix 5 – School Floor Plan**

7.3 Maintenance (of spare AAls)

Debra Adams (Allergy lead) and Lucy Hipgrave (Office Manager) are responsible for checking monthly that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near – expiry date and days to expiry logged in AAI register
- Spare AAI records are kept in the AAI Pupil register and link to the dosage for pupil AAls

7.4 Disposal

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

7.5 Use of AAls off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAls should carry their own AAI with them on school trips and off-site events
- School will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises.
- It will be decided on a case-by-case basis by the Designated Allergy Lead whether it may be appropriate to take spare AAI(s) obtained for emergency use on a trip.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAls have been administered – logged in First Aid Forms App and on AAI register

In the Pupil AAI register - The school maintains a central management log for all spare adrenaline auto-injectors. The log records the type, dose, batch number, expiry date, storage location, monthly checks, replacement actions, and any administration of AAls in an emergency.

The log is updated following each scheduled check and immediately following any use, removal, or replacement of an AAI. Responsibility for maintaining the log sits with the allergy lead and designated support staff. (Debra Adams Lead /Lucy Hipgrave AAI Professional)

8. Training

The school is committed to training all staff in allergy response.

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 AAI's are kept on the school site, and how to access them
- How to administer AAI's
- The wellbeing and inclusion implications of allergies
- Annual training will be carried out for all staff utilising a training module by National College Allergy Training – Certificate in Allergy and Anaphylaxis Awareness ([Allergy and Anaphylaxis](#)) and relevant updates will be given by the allergy lead throughout the academic year
- All new employees, agency workers, volunteers, trainee teachers and supply staff will receive allergy awareness information and emergency response procedures as part of their induction before working unsupervised with pupils.
- **Anaphylaxis drills** will be scheduled and run to practice and implement policy and procedures outlined in this policy. Drills will be reviewed and policies and procedures refined from learning points

The Governing Body will receive an annual report regarding allergy safety arrangements, training compliance, incidents, near misses, emergency medication provision and policy review outcomes.

9. Links to other policies

This policy links to the following policies and procedures:

- SFET Health Safety and Welfare Policy
- SFET First Aid Policy
- SFET Pupils with Medical Needs Policy

Appendix 1 – Allergic Reaction Response Procedure

Emergency Response Steps

Assess for signs & symptoms of anaphylaxis; signs of airway obstruction, increased work of breathing and reduced consciousness level. **If any one (or more) of these signs above are present follow the Emergency Response to Anaphylaxis below.**

- **Immediate Action & Position:**

- **Stay with the child** and call for adult help. Stay Calm. Remove allergen if possible (e.g. excess of food, venom sting).

ALERT OFFICE STAFF – OFFICE CALL EMERGENCY SERVICES. SEE STEPS BELOW *

CALL TO INFORM PARENTS/CARERS -

- **Lie the child flat** with their legs raised to maintain blood pressure.
- **Do NOT allow the child to stand or walk**, even if they feel better, as this can trigger a sudden drop in blood pressure or cardiac arrest.
- *Exception:* If the child is struggling to breathe, they may sit up slightly, but only for as short a time as possible.

- **Administer Adrenaline (AAI):**

- **Use the Adrenaline Auto-Injector (AAI)** without delay if signs of anaphylaxis (difficulty breathing, swelling, or dizziness) are present. Identify the child's personal AAI. Bring the kit to the child.
- **Inject into the outer thigh**, through clothing if necessary, following the specific brand's instructions (e.g., [EpiPen](#) or Jext).
- **Note the time** the injection was given.

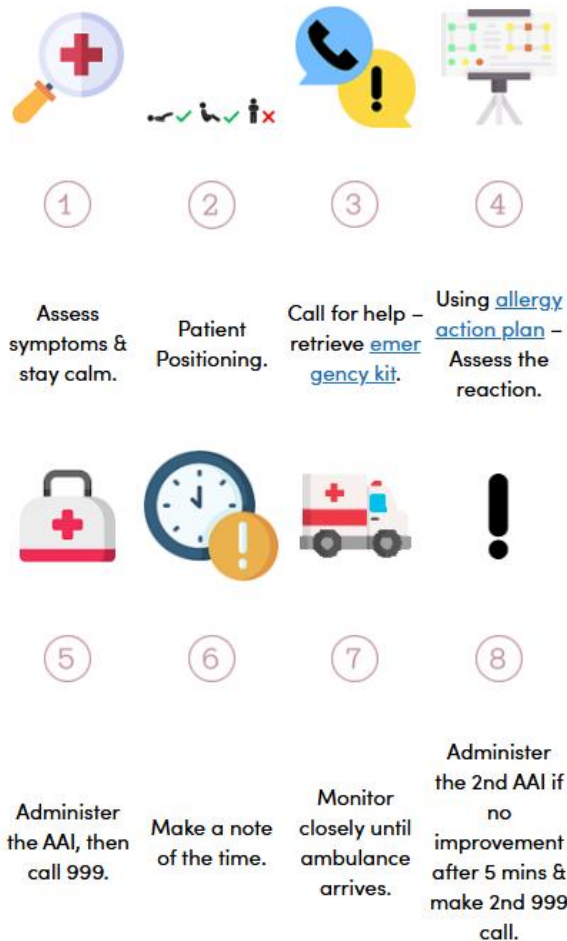
- ***Call Emergency Services: OFFICE STAFF OR MEMBER OF SCHOOL STAFF SUPPORTING**

- **Dial 999** and clearly state **"ANAPHYLAXIS"** (pronounced ana-fil-axis). State that 1st dose of adrenaline has been administered and give clear, precise directions to the operator including the postcode of your location. What3Words
- Give the school's address, postcode, and precise location within the building/outside area.
- Send a staff member to the school entrance to direct paramedics.

- **Monitor & Second Dose:**

- Stay with the child until the ambulance arrives.
- **Avoid any sudden change in posture; the child must not be allowed to stand up, or sit in a chair, even if they are feeling better** (due to the risk of cardiac arrest).
- **If there is no improvement after 5 minutes**, administer a second AAI (either the child's second prescribed device or the school's spare).
- In this instance, make a second 999 call to ensure an ambulance is on its way. Inform that a 2nd dose has been administered.
- If the child stops breathing, **commence CPR**.

The emergency response at a glance



Taken from <https://www.rightdecisions.scot.nhs.uk/school-allergy-care/all-about-allergies/understanding-allergy/the-emergency-response-to-anaphylaxis/>

- **Appendix 2 – Individual Health Care Plan (IHCP) (including parental permission to administer medication and spare AAls)**

Individual Healthcare Plan: Allergy Management (Asthma if applicable to pupil)

Name of Child:			Photo
Name of school/setting	The Priory Primary School		
Class:			
DOB:			
Child's Address:			
Medical diagnosis/Specific allergy and known allergens/triggers:			
Is the Allergy diagnosed or suspected:			
Family/Emergency Contact Information:	Contact 1	Contact 2	
Name:			
Relationship to child:			
Email:			
Phone No. mobile			
Clinic/Hospital / Consultant Contact:	Name:	Telephone:	
GP/ Details:			
IHP Created by:			Date Created: Review Date:
Background Information for medical condition/ Area of Concern (including information shared by medical professionals) Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities,	Please confirm allergy diagnosis from the Doctor: 		

equipment or devices, environmental issues etc :															
Is the child able to recognise symptoms and alert an adult independently? <i>Include Asthma Symptoms if applicable</i>															
Preventative measures in place (inc food arrangements when applicable): <i>Include for Asthma if applicable</i>															
Emergency Symptoms of Condition: <i>Include Asthma Symptoms if applicable</i>	Parents – please highlight below the specific symptoms experienced by your child, add any additional specific symptoms Symptoms of an anaphylaxis reaction – <table border="1"> <thead> <tr> <th>Airway:</th> <th>Breathing:</th> <th>Circulation:</th> </tr> </thead> <tbody> <tr> <td> Swollen tongue Difficulty swallowing/speaking Throat tightness Change in voice (Hoarse or croaky sounds) </td> <td> Difficult or noisy breathing Chest tightness Persistent cough Wheeze (whistling noise due to a narrowed airway) </td> <td> Feeling dizzy or faint Collapse In babies and young children this may look like the sudden onset of paleness and floppiness Loss of consciousness (unresponsive) </td> </tr> </tbody> </table> Other symptoms can include: <table border="1"> <tbody> <tr> <td>generalised flushing of the skin</td> <td>severe asthma</td> <td>collapse and unconsciousness</td> </tr> <tr> <td>nettle rash (hives) anywhere on the body</td> <td>abdominal pain, nausea and vomiting</td> <td>sudden feeling of weakness (drop in blood pressure)</td> </tr> </tbody> </table>			Airway:	Breathing:	Circulation:	Swollen tongue Difficulty swallowing/speaking Throat tightness Change in voice (Hoarse or croaky sounds)	Difficult or noisy breathing Chest tightness Persistent cough Wheeze (whistling noise due to a narrowed airway)	Feeling dizzy or faint Collapse In babies and young children this may look like the sudden onset of paleness and floppiness Loss of consciousness (unresponsive)	generalised flushing of the skin	severe asthma	collapse and unconsciousness	nettle rash (hives) anywhere on the body	abdominal pain, nausea and vomiting	sudden feeling of weakness (drop in blood pressure)
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	swelling of throat and mouth, lips, eyes, face alterations in heart rate	difficulty in swallowing or speaking	sense of impending doom
MORE INFORMATION on what an EMERGENCY SITUATION is – Further to the NHS information above, describe what constitutes an emergency. Include Asthma Symptoms if applicable			
Emergency Response / Action During an Anaphylaxis Episode: <i>As per the child's Action Plan attached (which must be completed by the child's medical practitioner,) the process here is standard practice and procedure as endorsed by Allergy UK/NHS–</i> <i>Include Asthma Symptoms if applicable</i>	Emergency Action: IF ANY 1 OR MORE OF THE SIGNS ABOVE ARE PRESENT – FOLLOW THE PROCEDURES OUTLINED BELOW – • Lie the child flat with legs raised (allow child to sit if breathing is difficult) • Give adrenaline – WITHOUT DELAY- adrenaline injector is stored in labelled cupboard opposite main school office in year group box • Call an ambulance (999) and tell the operator it is an anaphylaxis episode (office to contact Parents/emergency contact) • Avoid standing or moving the person having the allergic reaction • Stay with the person until medical help arrives DO NOT stand child up • Commence CPR if there are no signs of life • If the first dose of adrenaline given has not helped improve symptoms after 5 minutes, if available, another dose of adrenaline can be given. • A person who has a severe allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment		
Emergency Response / Action During an Episode: please add anything specific for your child below <i>Include Asthma Symptoms if applicable</i>			
Impact it can have on child (inc health, learning/ attendance, Emotional wellbeing, SEND where relevant):			

Medication and arrangements <i>Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision</i> <i>Include Asthma Medication if applicable</i>	Arrangements:			
	Medication			
	Name	Dose	Storage	How and When?
Arrangements for school visits/workshops/Trips: <i>Parents to ensure that extra AAls to be provided for trips off site</i> <i>Teachers to ensure they have the child's medical pack and know the signs and symptoms: see Trip Checklist</i>				
Day-to-Day Care: Daily care requirements <i>- please add anything that you think is necessary daily</i> <i>Include Asthma Symptoms if applicable</i>				
Allergy/Anaphylaxis Action Plan attached (circle): Provide Asthma Action Plan if applicable	YES		No (if no, explain why below:)	
Plan developed with/ Staff Involved:			Review Date:	
<i>To be shared with all staff; copy to be kept in classroom, staffroom and in the office; copy to be given with verbal briefing to all adults with responsibility for the child.</i> Plan to be reviewed following serious incident, near miss, medical change or new clinical advice				

The school's Headteacher and the child's Parent/Guardian

This Individual Healthcare Plan authorises the school staff to follow the advice of the child's parent/guardian and medical practitioner as set out in the **Child's Individual Health Care Plan and child's Allergy Action Plan completed by a medical professional**.

The IHCP is valid for one year or until I advise the school of a change in my child's health care requirements.

A copy of the child's Action Plan completed by the child's medical practitioner/allergy specialist must be attached to this document.

Parental consent:

Signed.....Date.....

....

Parent/Guardian

Signed.....Date.....

....

Parent/Guardian

Designated Allergy Lead:..... Date

Headteacher: Date

Parental agreement for setting to administer medication

Medication needed while in school

(N.B a standard medical form is sufficient in the interim period whilst this form is completed)

Date for review to be initiated by

Autumn 2026 – reviewed by DAL

Name of school/setting

The Priory Primary School

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medication

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Storage in school – Where stored and how child will
access it when needed

All Allergy Medication stored in Medical cabinet
in main office in an individually identified
Medpac

Timing/when	
Special precautions/other instructions?	
Are there any side effects that the school/setting needs to know about?	
Self-administration – yes or no?	
Procedures to take in an emergency	Call 999
Parental Consent	
Daytime telephone No.	
Relationship to child	
Date	
I understand that I must deliver the medication personally to	The school office NB: Medicines must be in the original container as dispensed by the pharmacy

Consent for the use of the school's spare AAls / Asthma Inhalers (if applicable)	I give consent for the school to administer the school's own spare - • AAls in the event of an emergency • Asthma inhaler in the event of an emergency (delete medication if not applicable)
Signature	
Date	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	

Appendix 3 – Allergy Action Plan – A copy of the Allergy Action Plan as signed by Medical Professionals must be provided and attached to IHP



BSACI
Improving Allergy Care
Professionalism, Training & Research

ALLERGY ACTION PLAN



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



anaphylaxis UK
AllergyUK

This child/young person has the following allergies:

Name:

.....

DOB:

.....

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

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

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

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

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





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

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

AFTER GIVING ADRENALINE:

- 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.
- Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
- 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.

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

Emergency contact details:

1) Name:

.....

2) Name:

.....

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

Signed:

Print name:

Date:

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

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

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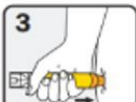
How to give EpiPen®



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 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:

Appendix 4 – Image Release Consent Form



THE PRIORY PRIMARY SCHOOL

Pamber End, Tadley, Hampshire, RG26 5QD
Tel: 01256 850062 | Email: office.tpps@sfet.org.uk

PUPIL PHOTOGRAPH CONSENT FORM: MEDICAL & ALLERGY MANAGEMENT

Child's Full Name: _____
Date of Birth: _____ Class: _____

Why We Need Your Consent

To ensure the safety, health, and well-being of your child, [The Priory Primary School](#) maintains internal medical and allergy alert profiles. Displaying a recent photograph of your child alongside their medical details helps staff, supply teachers, and kitchen teams instantly identify them in an emergency or during mealtimes.

Under the UK General Data Protection Regulation (UK GDPR), a child's photograph and medical history are considered sensitive information. Therefore, we require your explicit, written consent before we can use your child's image for this purpose.

How the Photograph Will Be Used

If you grant permission, a photograph of your child will be combined with their allergy/medical information and placed in the following restricted locations:

- The school staff room notices (for internal staff view only).
- The school kitchen and dining hall service areas (visible to catering staff).
- The child's classroom management folder (for class teachers and supply staff).
- The child's classroom in a discrete area (e.g inside a cupboard only visible by staff).
- The school office and medical storage area (for internal staff view only).
- Senior School Leader Offices (for internal staff view only)

PARENT / GUARDIAN DECLARATION & CONSENT

Please review the options below, check the box that applies, and sign the form.

- **YES, I GIVE CONSENT** for The Priory Primary School to use my child's photograph for internal allergy and medical display purposes as described above.
- **NO, I DO NOT GIVE CONSENT** for my child's photograph to be used for allergy or medical display purposes. (I understand the school will still maintain a written record of my child's medical needs, but a photograph will not be attached).

Your Rights

You have the right to withdraw or change this consent at any time. Withdrawing your consent will not affect any data processing that happened before you withdrew it. If you wish to amend or withdraw your consent, please contact the School Office in writing.

Parent/Guardian Name (Printed): _____

Relationship to Child: _____

Signature: _____

Date: _____

Appendix 5 – School Floor Plan to illustrate location of Emergency AAls – Main School Office

This plan is mainly representative of the main school floor plan and is not wholly accurate. The location of the AAls and the main school office is accurate

