



EASTBURY FARM PRIMARY SCHOOL
Severe Allergic Reaction Policy

Autumn 2025

Eastbury Farm Primary School Severe Allergic Reaction Policy

Pupils who suffer from Severe Allergies are welcome at Eastbury Farm Primary School. They will be encouraged to take a full part in all activities whilst at school.

MANAGEMENT OF SEVERE ALLERGIC REACTION AT SCHOOL

We would hope to develop clear communication, about each child with Allergies, between home and school.

Records are kept of children with Severe Allergic Reaction and their medication; all members of staff are made aware of their condition.

All allergy medication is kept in clearly named 'grab & go' bags, which are stored in an unlocked cupboard in the child's classroom.

In the event of a Severe Allergic Reaction the school operates an emergency alert red card system for Teachers to raise urgent help. Red cards are situated in all areas of the school. (For further details see Health & Safety Policy)

METHODS OF COMMUNICATION

When joining Eastbury Farm Primary School, Parents/Guardians are asked to declare any medical condition suffered by their child, which might need special attention or medication during their school life. Severe Allergies are a condition that the School needs to be made aware of at whatever stage in a child's life it is diagnosed.

Parents/Guardians of the children with Severe Allergic Reaction are supplied with a copy of the school's Severe Allergic Reaction Policy, and a working agreement for them to read, sign and return to the school. (see Appendix 1) Each child's Severe Allergic Reaction is different, and effects of the condition vary greatly. It is on this agreement that we ask Parents/Guardians to provide either an Individual Allergy Action Plan written by their medical provider or a written Allergy Action Plan providing clear instructions for dealing with their child's severe allergic reaction. (see Appendix 2 for an example) An Anaphylaxis Risk Assessment for each child will also be completed in conjunction with parents/guardians. The Risk Assessment will be reviewed when the child moves to a new class within the school.

Parents/Guardians of children who suffer from any medical condition, including Severe Allergic Reaction, should be very careful to keep the school informed of changes in daytime contact numbers, so that the staff are always able to speak with them quickly, should the need arise.

STORAGE OF EPIPENS AND ALLERGY MEDICATION

We request that two *Epipens*, appropriately named, are supplied for children with Severe Allergic Reaction for use in the school. Should this not be possible, we ask that the Parent/Guardian inform the school in writing immediately.

Epipens and other allergy medication for children are kept in clearly named 'grab & go' bags, which are stored in an unlocked cupboard in the classroom to ensure swift access to treatment. Clear instructions for dealing with the child's severe allergic reaction are printed on the outside of the 'grab & go' bag. All Allergy Action Plans are in the Allergy & Diabetes record file in the Office and on our online Medical Tracker platform.

Responsibility for having the correct Severe Allergic Reaction medication in school for their child lies with the Parent/Guardian. We encourage Parents/Guardians to check expiry dates of *Epipens* and allergy medication very regularly. In addition the schools Welfare Officer will check details before the end of each term.

DEPARTMENT OF HEALTH EPIPEN SHORTAGE ADVICE

Due to a shortage in *Epipen* medication supplies the Department of Health issued advice regarding the extension of certain *Epipens* expiry dates by a further four months. While the shortage lasts Parents/Guardians who are unable to provide an in date *Epipen* must provide written confirmation that their current medication is safe to use and provide in date medication as soon as it is available.

SPORTS ACTIVITIES, SCHOOL OUTINGS & SCHOOL CLUBS

Should the child be taking part in an offsite educational visit their *Epipens* and other allergy medication should always be taken.

All children with Severe Allergic Reaction are given access to school clubs and sports activities.

Parents should state that their child suffers from Severe Allergic Reaction, on the booking form (where request for medical information is made), that is completed by all parents, before their child joins an after school club.

Any externally run school club that takes part outside the school buildings will be given an emergency alert card to alert the school office.

This policy will be updated when necessary.

APPENDIX 1



PERSONAL WORKING AGREEMENT FOR THE MANAGEMENT OF SEVERE ALLERGIC REACTION IN SCHOOL

CHILD'S NAME _____

Please read the checklist below and tick in each box to indicate you are happy to comply with each statement.

I agree to supply 2 EpiPens and any other required allergy medication for use in school and regularly check the expiry dates

I will give written notification if I am unable to supply 2 EpiPens

I have received a copy of the Eastbury Farm Primary School Severe Allergic Reaction Policy

I have supplied a completed Allergy Action Plan

I agree to keep the Welfare Officer informed of any medical changes

I will keep the school informed of current telephone numbers for each Parent/Guardian

I authorise school staff to administer relief medication when necessary

Signed Date
Parent/Guardian

Please return this agreement to the Welfare Officer ASAP.

APPENDIX 2 – example only

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name: _____

DOB: _____

Photo

Emergency contact details:

1) _____

2) _____

Child's Weight: _____ Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: _____

(PRINT NAME) _____

Date: _____

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:
- Phone parent/emergency contact (if vomited, can repeat dose)

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**

AIRWAY: Persistent cough, hoarse voice
difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing,
wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy
suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat:
(If breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector (eg. EpiPen) **without delay**
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 2nd adrenaline dose using a second autoinjector 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.

Additional instructions:

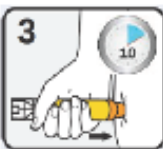
How to give EpiPen®



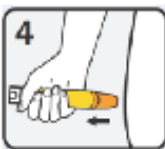
1. Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



2. SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



3. HOLD FIRMLY in place for 10 seconds



4. REMOVE EpiPen®. Massage injection site for 10 seconds

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.

This plan has been prepared by:

SIGN & PRINT NAME: _____

Hospital/Clinic: _____

Date: _____