

Merryhills Primary School

Individual Healthcare Plan (IHP)

Serious Allergy

1. Child Details	
Child's name:	
Child's photograph:	
Date of birth:	
Year Group/Class:	
Plan start date:	
Review date:	
Parent/Carer 1 (Primary emergency contact):	Name: Relationship: Mobile:
Parent/Carer 2 (Secondary emergency contact):	Name: Relationship: Mobile:
GP details	Practice name: Contact number:

2. Medical Condition	
The child has a diagnosed serious allergy to: Allergies:	
Specific allergen(s):	☐ Ingestion ☐ Skin contact ☐ Airborne/inhalation ☐ Other:
Type of exposure that triggers reaction:	
Severity of allergy:	☐ Mild ☐ Moderate ☐ Severe ☐ History of anaphylaxis
Date of most recent allergic reaction:	
Brief reaction history / relevant clinical information:	

3. Individual Allergy Risk Management	
This section records the child-specific situations in which exposure may occur and the agreed measures required to reduce risk. It should be reviewed with the parent/carers and updated whenever the child's needs or school arrangements change.	
Identified risk / situation	Individual arrangements / control measures
Classroom / general learning	

Snack and lunchtime	
Food sharing	
Cooking / baking / food-related activities	
Parties, celebrations and special events	
Breakfast / after-school clubs	
PE / outdoor learning / field activities	
Educational visits / off-site activities	Include details of: • Who carries AAI: • Transportation method (insulated bag if needed): • Briefing arrangements for venue staff: • Emergency services access at location: • Risk assessment completion: ☐ Required before each trip
Other child-specific exposure risks	

Additional child-specific precautions / information:

4. Signs and Symptoms

Record the child's known signs and symptoms:

Symptom type	Child's specific symptoms
Skin symptoms:	
Swelling:	
Breathing symptoms:	
Gastrointestinal symptoms:	
Dizziness, collapse or other symptoms	
Other symptoms:	

IMPORTANT: Staff must follow the child's individual emergency allergy action plan (see Section 5).

5. Emergency Allergy Action Plan

This emergency action plan is: ☐ Integrated below ☐ Attached as Appendix A ☐ Displayed in: _____

Visual Emergency Action Plan

MILD TO MODERATE REACTION	SEVERE REACTION (ANAPHYLAXIS)
Symptoms may include: • Itchy mouth/throat • Hives or skin redness • Mild swelling • Mild stomach upset	Symptoms may include: • Difficulty breathing/wheezing • Swelling of tongue/throat • Difficulty swallowing/speaking • Persistent cough • Pale/floppy • Collapse/unconsciousness
ACTION: 1. Give antihistamine (if prescribed - see below) 2. Stay with child and monitor closely 3. Contact parent/carer 4. If symptoms worsen, treat as severe reaction Never delay AAI if anaphylaxis suspected →	ACTION: 1. Give adrenaline auto-injector immediately 2. Call 999 - say "anaphylaxis" 3. Contact parent/carer 4. Follow emergency procedures below

Emergency Action Following Administration of Adrenaline Auto-Injector

IMMEDIATE ACTIONS:

1. **Call 999 immediately and say "anaphylaxis"** - even if the child seems to be improving
2. **Position the child correctly:**
 - Keep the child **lying flat with legs raised**
 - If breathing is very difficult, they may sit up with legs extended, but **do not let them stand or walk**
 - If unconscious but breathing, place them in the **recovery position**
3. **Note the time the AAI was given** and stay with the child
4. **Contact parents/carers immediately**
5. **If symptoms have not improved after 5 minutes, or are getting worse, give the second adrenaline auto-injector** (if available and in accordance with this plan)
6. **If the child becomes unresponsive and is not breathing normally**, start CPR and follow the 999 call handler's instructions
7. **The child still requires urgent medical assessment** because symptoms can return after initial improvement - **do not send the child home without medical review**

AFTER THE EMERGENCY:

- Send the used AAI(s) with the ambulance crew
- Complete the Medication Administration Record (Section 9)
- Inform the headteacher/designated safeguarding lead
- Review this IHP with parents and healthcare professionals

6. Medication and Treatment

Adrenaline Auto-Injectors (AAIs)

Medication name:	
Dose exactly as prescribed:	
When it should be given:	Follow the child's current emergency allergy action plan / prescribed instructions.
Number of prescribed adrenaline auto-injectors (AAIs) held:	
AAI 1 - device / dose / expiry date:	
AAI 2 - device / dose / expiry date:	
Usual storage location:	
Medication box clearly labelled with child's name:	☐ Yes ☐ No
Arrangements when child leaves the classroom (including PE, outdoor learning and field activities):	
Expiry-date monitoring arrangements:	Termly check. Checked by: _____
Additional medication / treatment:	

Antihistamine (for mild reactions only)	
Antihistamine prescribed:	☐ Yes ☐ No
Medication name:	
Dose:	
When to give:	For mild symptoms only (see emergency action plan) Never delay AAI if anaphylaxis suspected
Storage location:	

Other Medication/Treatment	
Additional medication:	
Dose and administration:	

School's Spare AAI Provision	
Spare AAI location:	

7. Medication Check Record

Use this record for the school's routine medication checks. Any concern must be acted upon promptly and parents/carers informed where appropriate.

Date	AAI 1 expiry	AAI 2 expiry	Storage / label checked	Action required	Staff initials

8. Child's Understanding and Self-Management

What the child understands about their allergy:	<i>(Age-appropriate)</i> ☐ Knows what they are allergic to ☐ Knows to avoid allergen ☐ Knows not to share food ☐ Knows to tell an adult if they feel unwell ☐ Other: _____
Can the child self-identify symptoms:	☐ Yes ☐ No ☐ Sometimes
Can the child self-carry their AAI:	☐ Yes ☐ No <i>(If yes, must be agreed by parents, school and healthcare professional)</i>
Specific instructions given to the child:	

9. Parent Responsibilities

Parents/carers agree to:

- ☐ Provide in-date AAI's and replace before expiry
- ☐ Inform school immediately of any changes to the child's condition, medication, or emergency contacts
- ☐ Ensure emergency contact details are current at all times

- ☐ Provide updated medical information from healthcare professionals when available
- ☐ Collect the child promptly if requested following a reaction
- ☐ Inform school of any allergic reactions that occur outside school
- ☐ Attend annual IHP review meetings (or more frequently if needed)
- ☐ Provide appropriate allergen-free food for school activities where required
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10. Agreement and Signatures

	Name	Signature	Date
Parent/Carer			
School representative			
Healthcare professional input (where applicable)			

11. Plan Review

Next scheduled review date:	
Review frequency:	☐ Annually ☐ Termly ☐ Other: _____

This plan must be reviewed immediately if:

- The child has an allergic reaction at school
- There is a change in the child's condition or medication
- There is a change in the child's educational setting (e.g., new class, new school)
- Staff have concerns about the plan's effectiveness
- Parents request a review
- Healthcare professional recommends changes

Important: This IHP must be individualised. Medication doses and emergency instructions must be copied from current child-specific clinical advice and the child's emergency allergy action plan.