



Administering Medication and Anaphylaxis Prevention and treatment Policy and Procedures

Policy reviewed August 2024 by Claire Hughes *Aug25CSH Aug2026CSH*

Please refer to separate policy regarding Auto Immune Injectors

Woodland Nurture is committed to ensuring safe administration of Medication to children accessing our sessions.

This policy applies to the administration of both Prescribed and Non-Prescribed Medication at all our sessions.

Medication, including prescription, non-prescription, over the counter and homeopathic medication must not be administered to a child in our setting without the authorisation of a parent/guardian, or a person with the lawful authority to consent to the administration of medical attention to the child.

In case of an emergency, it is acceptable to obtain verbal consent from a parent/guardian or to obtain consent from a registered medical practitioner or medical emergency services if the parent/guardian can not be contacted.

In the case of anaphylaxis or asthma, the child's individual medical plan will be followed, and will be taken as pre-consent. Parents/guardians will be contacted as soon as possible after the event.

Administering medication brought in from home:

A Consent form for medication (see appendix 1) needs to be completed which requires the following information:

- Name of child
- Name of medication and dosage
- Time to be administered
- Signature of parent/guardian
- Date, time and signature of the person who administers.

The medication will be administered by, or supervised by, a member of staff holding a relevant first aid certificate who will sign and date the form.

The medication will be passed to a member of staff in a labelled pill box/container at the start of the session and stored in the medical bag. If medicine requires storage in a fridge we can facilitate this by providing a cool box with ice in.

Administering medication not brought from home:

We have a stock of Calpol for the rare occasions a child may become ill during the session and some Calpol may help them. In this instance we would contact the parent/guardian to seek permission over the phone before administering and complete the Calpol form (Appendix 2)

[illegible]



Calpol Log:

Should a child require Calpol during a session, the first aider should first ring the child's parents to gain permission and check they have not recently had some Calpol or similar.

Hand this form to parents at collection.

If permission is granted, record below:

Child's name:

Child's age:

First Aider:

Date:

Child's symptoms:

Temperature of child (if relevant):

Dosage given:

Time:

Monitor child and record any change in symptoms and times:



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ANAPHYLAXIS MANAGEMENT POLICY AND PRACTICE

Policy created September 2026 by Claire Hughes.

This policy should be read in conjunction with First Aid, Safeguarding.

Our overarching aim is to keep every participant safe. This policy is written with that in mind and in line with Benedict's Law and The Children's Well Being Act 2026.

We know that...

- **Effective management of anaphylaxis requires staff training, clear Allergy Action Plans, emergency medication access, and close collaboration with parents and healthcare professionals.**
- **As a Childcare Setting we are currently prohibited from holding spare AAIs (Auto Immune Injectors)**
- **90% of allergy management is in the prevention, therefore reviewing our systems to ensure that they enable the prevention is key**
- **By combining staff training, clear action plans, accessible emergency medication, preventive strategies, and strong communication, we can significantly reduce the risk of severe allergic reactions and ensure a safe environment for children with anaphylaxis.**

Key Principles for Managing Anaphylaxis:

Staff Training and Awareness:

- **All Woodland Nurture, staff have up-to-date outdoor and paediatric first aid training** which includes specific training on recognizing and responding to anaphylaxis, including the use of **adrenaline auto-injectors (AAIs)** such as EpiPen® or Jext®
- **At least one trained staff member** should be present at all times, including during outings and mealtimes.

Allergy Action Plans:

- Any child or adult with a known allergy that requires an AAI (Adrenaline Auto Immune Injector) will be expected to bring **TWO AAIs** to the setting every time they attend.
- They will not be allowed to attend if they do not have **both** AAIs.
- Each child or adult at risk should have a **written management plan**, (Individual Healthcare Plan IHP) developed in consultation with parents and a healthcare professional. This plan outlines their triggers, early symptoms, and emergency treatment steps, and should be **kept accessible** in the setting. (stored with the registers)
- Plans should be updated regularly and shared with all staff, including temporary or part-time workers.

Medication Management:

- Medication is stored in a lockable safe in the container, this makes it immediately accessible to trained staff, but out of reach of children .
- The safe is portable and will be taken on any walks around the farm/surrounding area.
- Medication is clearly labelled with the relevant name, dosage and expiry date.
- Expiry dates are checked half termly.

Preventive Measures:

We implement **allergen avoidance strategies**, including:

- Asking parents about allergies before enrollment and recording details(via Pembee or contact information sheets)
- Asking parents to update the information on Pembee at least yearly.
- Having the information on Pembee printed off for each child and made available in every session.
- Asking all staff, volunteers and other adult participants to declare any known allergies and keep us updated of any changes.
- Adjusting menus and food preparation to prevent cross-contamination
- Supervising mealtimes and sensory activities to reduce exposure risk
- Educating children about not sharing food

Food and eating

- Children and adults bring their own packed lunch, snack and water bottles which are kept securely in their own bags on their own pegs/designated area.
- Children are supervised by staff when they are eating.
- Children are taught not to share foods with each other.
- If we have a participant with a severe allergy, ie a peanut allergy, we alert all participants and ask that they do not bring in anything in with that allergen into the setting
- Children are educated about the risk of allergens and taught how to spot an allergic reaction.
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Communication and Collaboration:

- We recognise that regular communication with parents, healthcare providers, and local paediatric allergy services is essential.
- Staff should meet with parents to understand the child's needs and ensure continuity of care
- Documentation of allergic reactions and emergency interventions will be maintained for safety and legal compliance

Emergency Response:

- Our training ensures that we **recognize early signs of anaphylaxis**, such as swelling, hives, difficulty breathing, or tingling in the mouth, and **administer adrenaline immediately** if indicated and an AAI is available
- Prompt activation of emergency services is critical, even if symptoms improve after AAI use
- Should an AAI not be available, ie for someone with an unknown allergy, we will call emergency services immediately and follow their advice.

Allergy Bullying – What it is and what to do about it:

Allergy bullying occurs when someone with an allergy, usually a child or teenager, is bullied because they have an allergy to something.

Food allergy bullying is the most common form of allergy bullying and, although it's not one of the most talked about forms of bullying, as many as [32%](#) of children have reported being bullied due to having a food allergy at least once. It can range from mean comments and teasing, to an allergic child being physically threatened with or tricked into handling or eating their allergen.

The consequences of allergy bullying can be extremely serious. For some children, being exposed to even a small amount of their allergen can put them at risk of anaphylaxis which, if not handled quickly and correctly, can result in death.

Why Does Allergy Bullying Happen?

Bullying can result from anything that makes someone appear or act differently to others.

There are several things that can make a child with an allergy appear different to others. For example, they might not be able to eat the same thing as other children or they might have to wear medical identification or carry an adrenaline auto-injector (AAI).

All of these things can single a child out as a target for bullies, particularly if other children don't understand why the victim has to do these things. This could be the case if **children are not properly educated** about what allergies and allergic reactions are and the potential consequences of them.

The Impact of Allergy Bullying

It's not only physical threats that can harm an allergic child, either. Verbal bullying can severely impact their mental wellbeing and self-worth, which can continue into adulthood. It may cause stress, anxiety, depression, self-harm and even suicide.

Allergy bullying can be particularly dangerous because it may lead victims to take risky or dangerous measures to stop the bullying from happening. For example, allergic children may:

- Stop wearing their medical ID to avoid being singled out for having an allergy.
- Stop carrying around their AAI so other children don't find it and bully them for it.
- Try to appear more 'normal' by acting as though they aren't allergic to their allergen at all, which may include trying to handle or consume the allergen.

Even allergic children who aren't yet being bullied may perform these behaviours to avoid becoming targets themselves.

How Can You Spot Allergy Bullying?

It can sometimes be challenging to identify when a child is being bullied and, while asking them outright might seem like the simplest approach, this isn't necessarily the case. The child may not want to disclose that they're being bullied out of shame or embarrassment and in some cases - particularly among younger children - a victim of bullying may not realise what they are experiencing is bullying.

For these reasons, it's more effective to ask children gentle, open questions that can help to uncover any changes in their behaviour and social life that might indicate they are being bullied.

You should ask questions such as:

- Who have you been sitting with at lunch and/or on the bus recently?
- Have you been finding it easy/difficult to keep away from your allergen at school?
- Is everyone at your school nice or are there any children you don't get along with? Why do you think that is?
- What was the best/worst thing that happened at school today?
- Do you feel safe in school?
- Do you think the other children at school understand what it means that you have an allergy?

In addition to being able to communicate with a child about potential bullying, it's also incredibly important that you are able to recognise the signs that a child may be experiencing allergy bullying.

Signs to look out for in a child include:

- Being reluctant, or making excuses not to do activities they once enjoyed.
- Changes in their eating and/or sleeping habits.
- Having an unexplained drop in their school performance.
- Being unwilling to carry their allergy medication or medical ID around with them.
- Walking to school if they previously took the bus.
- Changing who they sit with at lunch.
- Spending time alone and/or losing friends.
- Showing increased anxiety, possibly around their allergy, including panic attacks.
- Becoming withdrawn, depressed and/or unusually angry.
- Talking negatively about themselves.

How to Prevent Allergy Bullying in Schools

There are a number of ways for both school staff and parents to reduce the risk of allergy bullying in schools. These are listed below.

Having Clear and Concise School Policies

Every state school is required to have a [behaviour policy](#) in place, by law, which is decided by the school. This policy should be the first line of defence against bullying in schools and must:

- Explain what kind of behaviour is not permitted at the school, including the different types of bullying.
- State how cases of bullying or inappropriate behaviour should be dealt with if they happen.
- Include an anti-bullying strategy for preventing all types of bullying, including allergy bullying.

This policy should be **clearly communicated** to both school staff and parents so everyone understands and is reassured that the response to unacceptable behaviour will be consistent, proportionate and certain.

It should also be communicated to pupils in a way that is accessible and easy to understand - for example, having regular assemblies on school values and expectations, bi-annual anti-bullying newsletters and an annual anti-bullying day.

School staff must be trained to implement and uphold the policy in all situations so they can respond to inappropriate behaviour correctly.

Schools should also have a well-written and communicated **allergy policy** that covers safeguarding children with allergies from bullying. You can find out what your food allergy policy needs to cover [here](#).

Allergy Awareness

To prevent allergy bullying from happening, we make it part of our teaching that children and staff are [taught what allergies actually are](#), and what they aren't, and what they can mean for the person who has one. For example, they should understand that a food allergy is not the same as an [intolerance](#) but instead can have life changing consequences. This should include educating them on how allergies do and do not affect the lives of allergic people and why they might require a child to do things differently to other children.

Children should also be taught about the potential harmful effects of an allergic reaction and how severe these can be so they fully understand the full impact their physical threats could have on an allergic child.

Our approach to allergy awareness is essential for creating understanding and acceptance and includes:

- Dedicated teaching at fire circle times.
- Focused work with individuals and small groups, such as social stories
- Special projects
- Putting up allergy awareness resources in the school, such as posters.
- Look at Benedict's Law for a range of [free, downloadable posters](#) that we can print and display
- Giving someone with experience the chance to talk to pupils. This could be a child/adult in the setting who has an allergy and is willing to talk about it with others, or an external speaker. Hearing first hand experiences is important for building understanding of allergies.

Resources and Support:

- **AllergyWise® for Early Years:** Online training and downloadable resources for staff to manage allergies safely
- **British Society for Allergy & Clinical Immunology (BSACI):** Provides guidance on Allergy Action Plans and best practices
- [Benedict's Law - Benedict Blythe Foundation](#)

- [Anaphylaxis UK](#) and [Allergy UK](#) both offer a hub of free resources to build allergy awareness and promote allergy awareness in children.
- [Natasha's Foundation](#), the UK's food allergy charity, have a new education programme - Allergy School.



Individual Allergy Care Plan

An allergy care plan outlines a patient's allergies, symptoms, emergency actions, and medication instructions to ensure safe and effective management.

Date of plan creation :
review schedule:

Patient Information	Name	Date of birth
Address		
Emergency contact 1		Emergency contact 2
Dr's surgery address		Dr's phone number

Allergy Details:

List of allergens (food, medication, environmental)	
Severity of reactions (mild, moderate, anaphylaxis risk)	
History of previous allergic reactions	

Symptoms to Watch For: (delete as appropriate/add additional)

Mild: rash, itching, sneezing, watery eyes	
Moderate: persistent cough, wheezing, difficulty breathing	

Severe (anaphylaxis): swelling of lips/tongue, severe breathing difficulty, dizziness, loss of consciousness	
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Emergency Actions

Step-by-step instructions for mild reactions	
Step-by-step instructions for moderate reactions	
Step-by-step instructions for severe reactions	

When to call emergency services (e.g., 999 in the UK)	
Medical observation requirements after anaphylaxis	

Medication Instructions

Names and dosages of prescribed medications (antihistamines, inhalers, adrenaline autoinjectors)	
How and when to administer each medication	
Parent/carer authorisation signature	

Individual Adjustments

Environmental or activity modifications (e.g., allergen-free snacks, safe alternatives for crafts)	
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Healthcare professional authorization	
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