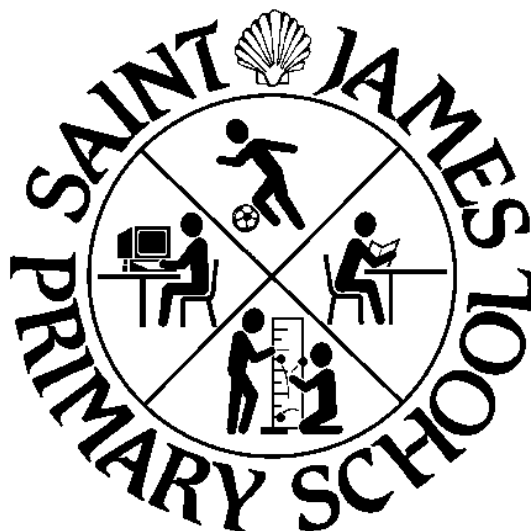


St James Church of England Primary School, Handsworth

ALLERGY SAFETY POLICY



*Let all that you do be done in love
Corinthians 16:14*

September 2026

Senior leader with oversight of this policy: Mrs J Pritchard (Deputy Head teacher).

Named Lead for Medical Needs: Mrs N Sagoo.

Date approved: October 2026

Review date: September 2027

Introduction: Our Commitment to Children with Allergies

At St James C of E Primary School, children are at the heart of everything that we do. Our school is built on the values of LOVE – values that guide us in creating a nurturing, inclusive community where every child can flourish.

We believe that all children, regardless of any medical condition including allergies, deserve to receive the very best education and care. We are committed to ensuring that children and young people with allergies are safe, supported, and able to participate fully in all aspects of school life.

This policy reflects our commitment to:

- **Removing barriers** – ensuring that no child is prevented from participating fully in school life because of their allergy
- **Promoting wellbeing** – recognising that the risk posed by allergy can be a significant cause of anxiety and providing appropriate support
- **Working in partnership** – collaborating closely with parents, carers, healthcare professionals and our pupils to minimise risks
- **Creating a safe environment** – where every child with an allergy feels valued, understood and protected
- **Enabling achievement** – making sure that allergies never stand in the way of a child reaching their full potential

Our approach is underpinned by our Christian values:

We see each child as a unique individual, created in God's image. We are committed to ensuring that every child – whatever their medical needs – experiences the love, compassion and support that enables them to flourish and achieve their God-given potential.

This policy ensures that we fulfil our legal duties under the Children's Wellbeing and Schools Act 2026 (Benedict's Law) while staying true to our values, creating a school where every child can learn, grow and succeed safely.

1. Culture

1.1 Awareness Training

All staff present during times when pupils are scheduled to be on site will receive allergy awareness training at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers, regular volunteers, and others who may oversee children at breakfast or after-school clubs.

The catering staff receive the training through their employer, Aspens.

Allergy awareness training will ensure all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents
 - How to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
 - Training on how to use the medication/device in an emergency (whether prescribed to a given person or the school's "spare" adrenaline devices)
- Understand the impact allergy can have on a child's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss")

Training arrangements:

- All staff will complete The Kitts Medical eLearning course, which is CPD-certified Benedict's Law
- New staff will receive allergy awareness training as part of their induction

- Supply and cover staff will be briefed on allergy safety procedures on arrival and provided with key information about pupils with known allergies
- Staff will have access to training devices (EpiPen and Jext training pens) to practise safely and be familiar with the different brands of Adrenaline devices (ADs) in school.

Training records:

A record will be maintained of all staff who have completed allergy awareness training, including the date of training and any refresher training undertaken. This record will be kept by Mrs N. Sagoo

1.2 Wellbeing

We recognise that the risk posed by allergy (and the possibility of anaphylaxis) can be a significant cause of anxiety for children, young people and their families.

We will promote the wellbeing of children with allergies by:

- Involving children and their parents/carers in developing Individual Healthcare Plans, ensuring their voices are heard
- Providing age-appropriate education about allergies to help children understand and manage their condition
- Creating a supportive environment where children feel safe to speak up about their needs
- Ensuring that children with allergies are not excluded from any activities, trips or events
- Working closely with our pastoral team to provide emotional support where needed
- Regularly reviewing and updating risk assessments to minimise anxiety for children and families
- Communicating clearly and regularly with parents/carers about allergy safety measures

Addressing bullying:

We have a zero-tolerance approach to bullying of children with allergies. We will:

- Include allergy awareness in our PSHE curriculum to promote understanding and empathy
 - Address any incidents of allergy-related bullying swiftly and in line with our anti-bullying policy and behaviour policy.
 - Encourage children to report any concerns about bullying related to allergies
 - Work with children and families to ensure that reasonable adjustments do not single out or stigmatise children with allergies
 - Foster a culture of inclusion and respect where all children feel valued
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2. Minimising Risk

We will take all reasonable steps to minimise the risk of individuals (whether children, staff or visitors) coming into contact with their known allergens.

2.1 Food Allergens

Food provided by the school:

- Our catering team maintains detailed allergen information for all food provided by the school
- Allergen information is available to parents/carers on request from the school cook. A notice is displayed in the hall stating this
- Mrs N Sagoo will ensure that catering staff are aware of pupils with food allergies and they are given a copy of the Alert Cards and Individual healthcare plans
- Kitchen staff follow strict procedures to avoid cross-contamination
- Staff supervising lunch are aware of children with food allergies and their specific allergens

Food brought in by others:

- Birthday treats and celebration food must be discussed with class teachers in advance
- We discourage the sharing of food between children
- Children are taught about the importance of not sharing food with peers who have allergies
- Staff are vigilant in monitoring food brought into school and will intervene if necessary

2.2 Airborne and Contact Allergens

Where children and adults have known allergies to airborne or contact allergens (such as food, pollen, pet dander, latex), we will:

- Put reasonable measures in place to manage the risk of exposure
- Conduct individual risk assessments for affected children
- Communicate with staff and parents about specific allergens to avoid
- Make reasonable adjustments to activities where necessary (e.g., using alternative materials in craft activities)
- Ensure that cleaning products used in school have been checked by the site manager and are appropriate and do not pose a risk

2.3 Activities and Lessons

Staff planning any activity will consider the risk of exposure to allergens, including:

- **Craft activities** – checking materials for potential allergens (e.g., latex in balloons, food products in art materials)
- **Science lessons** – risk assessing experiments involving potential allergens
- **Music lessons** – considering allergies when using instruments (e.g., latex in some mouthpieces)
- **Cooking activities** – ensuring children with food allergies can participate safely with appropriate substitutions
- **Activities involving animals** – risk assessing and making adjustments for children with animal allergies

2.4 External Visits and Trips

Pupils at risk of anaphylaxis who take part in school activities off the premises, such as a school trip, will have their adrenaline devices with them. There will be staff present who are trained to administer the devices in an emergency.

We will:

- Conduct specific risk assessments for each child with an allergy participating in external visits or trips
- Ensure that trip leaders are fully briefed on the medical needs of all children, including allergies
- Communicate with venues in advance about children's allergies and dietary requirements
- Ensure that emergency medication (including spare adrenaline devices where appropriate) is taken on all trips
- Have at least one member of staff trained in administering adrenaline devices on every trip
- Ensure that Individual Healthcare Plans are taken on trips and are accessible to all staff

3. Food Allergy Management

Key principles:

- The school cook has detailed allergen information for all food provided by the school
- Catering staff are trained in food allergy awareness and cross-contamination prevention
- Children with food allergies are supported to make safe choices
- We communicate clearly with parents/carers about food provided at school
- We have procedures in place to manage food brought into school by others

4. Individual Children and Young People

4.1 Identification

We will identify all individuals with allergies (children, staff and regular visitors) through:

On admission:

- All parents and carers will be asked to complete an admissions form, giving full details of any known medical conditions including allergies and dietary requirements
- Parents/carers will be required to disclose any emergency medication, including adrenaline devices

Ongoing:

- Parents/carers are asked to inform the school immediately if their child develops an allergy
- The school nurse will notify the school when a pupil has been identified as having an allergy that requires support
- Staff members will be asked to disclose any allergies that may require support or adjustments
- Mrs Sagoo regularly checks with parents if there have been any changes to a child's allergens list.

Record keeping:

We will maintain a central register of all individuals with allergies, including:

- The individual's name and class/year group
- Their known allergens
- Whether they have medication (e.g., adrenaline auto-injector devices, antihistamines)
- Whether they have an Individual Healthcare Plan
- Whether they have an Allergy Action Plan and/or Asthma Action Plan

This register will be kept securely by Mrs N. Sagoo and will be accessible to relevant staff members in accordance with GDPR requirements.

4.2 Individual Healthcare Plans (IHPs)

In line with new legislation, pupils will have an Individual Healthcare Plan (IHP) if:

- They have an allergy which has a functional impact on them in school
- They are at risk of harm as a result of their allergy; and

- They require arrangements which are additional to or different from those made generally

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the child with their allergy, including in emergency situations.

Who is involved in creating the IHP:

Mrs N Sagoo or a healthcare professional will write the plan, in consultation with the parents and the pupil.

- **The head teacher** is responsible for overseeing the development of the plan, making sure all staff who need to know about the plan are aware of it, making sure that staff are insured to support pupils with their medical needs, and making sure there are enough trained staff available to implement the plan
- **Parents/carers** are responsible for telling the school exactly what their child's allergy needs are, updating the school if things change, and carrying out actions they have agreed to do
- **Healthcare professionals** (such as the school nurse or the pupil's paediatrician/allergist) will provide advice on how a pupil's allergy needs can be met

What the IHP will include:

- The allergy and known allergens
- Symptoms and signs of an allergic reaction
- What constitutes an emergency for the child
- Emergency procedures and who is responsible
- Prescribed medication (including location and how to administer)
- Preventative measures and daily care requirements

Where children have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to or attach it. Whenever an updated Action Plan becomes available, the child's Individual Healthcare Plan will be reviewed to incorporate it.

Review of IHPs:

IHPs will be monitored and reviewed at least annually, or sooner if:

- The pupil's allergy needs change
- Initiated by a healthcare professional
- Requested by parents/carers
- Following an incident or emergency

A template IHP is provided at Appendix 1.

4.3 Prescribed Adrenaline Devices

Our arrangements:

- Pupils prescribed adrenaline devices will be kept in a secure location within the classroom (cupboard that is unlocked for accessibility at all times) in a named container.
- Spare adrenaline devices will be stored in the school office in a clearly labelled medical locker
- All staff will be informed of the location of prescribed adrenaline devices. Notices around school show staff, pupils and visitors where the emergency adrenaline devices and inhalers are kept.
- Pupils' prescribed adrenaline devices will be kept separate from spare adrenaline devices to avoid confusion
- Parents/carers are responsible for checking that devices remain in date and replacing them when necessary
- The school will check expiry dates termly and will remind parents/carers when devices are approaching their expiry date

Access to adrenaline devices:

Pupils with prescribed adrenaline devices will have rapid access to their devices at all times, including:

- In different areas of the school (e.g. hall, playground)
- On visits and trips

Records:

We will keep a record of which pupils have prescribed adrenaline devices, including:

- The pupil's name and class
- The type and dosage of device
- The expiry date
- The location where the device is stored (if not carried by the pupil)

This record will be maintained by Mrs N. Sagoo

5. School-Wide Policies

5.1 "Spare" Adrenaline Devices

The DfE expects all schools to stock spare adrenaline devices of the correct dosage for pupils, for use in emergency situations.

What we will stock:

As a primary school, we will stock:

- 1 pair of spare adrenaline auto-injectors (AAIs) for children under 6 years of age (150 micrograms) e.g. EpiPen Junior, Jext 150
- 1 pair of spare AAIs for individuals over 6 years of age (300 micrograms) e.g. EpiPen, Jext 300

When spare adrenaline devices will be used:

Spare adrenaline devices will be used in an emergency if:

- The pupil doesn't have prescribed adrenaline devices
- The pupil's prescribed adrenaline devices aren't available or misfire
- A pupil is experiencing anaphylaxis for the first time

We can administer spare adrenaline devices to anyone in an emergency for the purpose of saving their life. This means we can use them on a pupil who is experiencing anaphylaxis for the first time without needing parental consent.

However, it is good practice to obtain consent from parents/carers of pupils with prescribed adrenaline devices to use spare devices in an emergency. We will seek this consent as part of the IHP process.

Where spare adrenaline devices will be located:

Spare adrenaline devices will be stored as part of an emergency anaphylaxis kit in the school office. All devices will be:

- Kept in a safe and suitably central location to which all staff have access at all times, but which 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.

How spare adrenaline devices will be stored:

Spare adrenaline devices will be:

- Kept at room temperature
- Out of direct sunlight
- Not refrigerated

Checking spare adrenaline devices:

- As a school we subscribe to Kitts Medical who will provide an adrenaline auto injector kit. This will contain 4 emergency pens. As part of the service they will provide all training as well as replacing pens as required and at least annually.

As the medical Lead in School **Mrs N. Sagoo will also ensure necessary checks are carried out termly.**

Replacing spare adrenaline devices:

- Spare adrenaline devices will be replaced when they are used or go out of date
- Used AAIs will be disposed of in line with the manufacturer's guidelines, which may involve giving the used AAIs to ambulance paramedics or putting the AAIs in a pre-ordered sharps bin for collection by the local council

5.2 Visits and Trips

We are committed to ensuring that children with allergies can participate fully and safely in all visits and trips.

Arrangements and adjustments:

- Risk assessments will be conducted for any child at risk of anaphylaxis taking part in a trip off the premises
- Individual risk assessments will outline emergency procedures and will be completed with and signed by parents/carers
- All parents/carers of pupils attending a school trip will be asked for consent, together with up-to-date information about medical requirements including allergies
- Trip leaders will be aware of how pupils' allergies may impact their participation
- Venues will be contacted in advance to discuss allergen information and dietary requirements
- Where pupils are required to take medicine, arrangements will be made to administer and store them in accordance with this policy and the Medical Needs Policy

Emergency medication on trips:

- Pupils at risk of anaphylaxis will have their adrenaline devices with them on trips
- There will be staff present who are trained to administer the devices in an emergency

- The responsible staff member will bring all relevant medical information, including the pupil's Healthcare Plan, on day and residential visits
- A named member of staff is responsible for first aid on the visit and for ensuring that pupils' medication is taken
- We will consider whether it's appropriate to take spare adrenaline devices for emergency use on some school trips, but will make sure this doesn't leave the school site without any spare devices

6. Serious Incidents and "Near Misses"

We will record any serious incident or near miss relating to allergy safety, and report it to the pupils' parents/carers and our governing board, in addition to our statutory reporting requirements.

Definitions:

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services. Benedict's Law (allergy safety requirements)

A **"near miss"** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different. Benedict's Law (allergy safety requirements)

Recording:

All serious incidents and near misses will be recorded using the school's incident reporting form on the BCC portal. The record will include:

- Date, time and location of the incident
- Details of the individual(s) involved
- Description of what happened
- Actions taken (including any medication administered)
- Outcome
- Any lessons learned or recommendations for policy/procedure changes

Reporting:

- Parents/carers will be informed immediately of any serious incident involving their child
- The governing board will be informed of all serious incidents and near misses at the next scheduled meeting
- Serious incidents will be reported in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) where applicable

Learning lessons:

We will learn lessons from a serious incident or near miss and review our relevant policies and procedures.

Following any serious incident or near miss, we will:

- Conduct a review meeting with relevant staff within 5 working days
- Identify any gaps in procedures or training
- Update risk assessments and Individual Healthcare Plans as necessary
- Consider whether the allergy safety policy needs to be reviewed
- Implement any necessary changes to prevent recurrence
- Communicate lessons learned to all staff

7. Information Sharing

We recognise that a child's health information is considered special category data under UK GDPR, which means it is highly sensitive and has additional legal protections.

Our approach to information sharing:

- We have a lawful basis to hold, use and share a child's special category health data when this is necessary for their safety and wellbeing
- Information will always be shared in a controlled and respectful way
- We will avoid unnecessary sharing that could reduce children's confidence or be embarrassing for children who may not want to be singled out
- We will balance the need to keep children safe with their right to privacy and dignity

Who we share information with:

Information about children's allergies will be shared with:

- All teaching staff who work with the child
- Support staff who supervise the child (e.g. teaching assistants, lunchtime supervisors)
- Catering staff (where relevant to food allergies)

- First aiders and staff trained in administering emergency medication
- Supply teachers and cover staff (on a need-to-know basis)
- Staff leading educational visits or trips
- The school nurse and other healthcare professionals (with parental consent)
- Emergency services (in an emergency situation)

How we share information:

- A central register of pupils with allergies is maintained securely by Mrs N. Sagoo (Named Lead for Medical Needs)
- Individual Healthcare Plans are stored securely and are accessible to relevant staff
- Staff are briefed at the start of each academic year about pupils with allergies in their class
- Photos and key information about pupils at risk of anaphylaxis are displayed discreetly where staff can access (with parental consent)
- Information is shared electronically via secure systems only
- Hard copies of sensitive information are stored in locked cabinets

Parental consent:

- In an emergency situation, information may be shared without consent if it is necessary to protect the child's vital interests
- Parents/carers will be informed about how their child's information will be shared as part of the IHP process

For full details about our approach to data protection, please refer to our Data Protection Policy.

8. Awareness of the Allergy Safety Policy

Publication:

This allergy safety policy is published on the school website and is available in hard copy on request from the school office.

Staff awareness:

- All staff will be made aware of this policy as part of their annual allergy awareness training
- New staff will be introduced to the policy during their induction
- Supply and cover staff will be briefed on key aspects of the policy on arrival
- The policy will be discussed at staff meetings where relevant
- Staff will be required to confirm they have read and understood the policy

Pupil awareness:

We will raise awareness of allergy safety among children through:

- Age-appropriate PSHE lessons about allergies and inclusion
- Assemblies about keeping friends safe and being allergy-aware
- Classroom discussions about not sharing food
- Visual reminders in around school including dining hall

Where children are prescribed adrenaline devices, it may be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training will be considered carefully and discussed with the child and their parents/carers, and will not replace staff emergency response arrangements.

Parent/carer awareness:

- Parents/carers will be informed about the allergy safety policy via the school newsletter and website
- Parents/carers of children with allergies will be involved in developing Individual Healthcare Plans
- Parents/carers will be reminded about allergy safety measures at the start of each academic year
- Information about allergy safety will be included on the school website and new parent information packs

9. Policy Review

This policy will be reviewed at least annually by the governing body, or sooner if:

- There is a serious incident or near miss that suggests the policy may need updating
- There are changes to statutory guidance or legislation
- There are significant changes to the school's circumstances (e.g. new pupils with complex allergies)
- Requested by the Named Lead for Medical Needs, staff, parents/carers or healthcare professionals

The review will:

- Take account of any incidents and near misses

- Seek to learn lessons from them
- Consider feedback from staff, parents/carers and pupils
- Ensure the policy remains fit for purpose and effective in keeping children safe

Next review date: September 2027

Related Policies

This policy should be read in conjunction with:

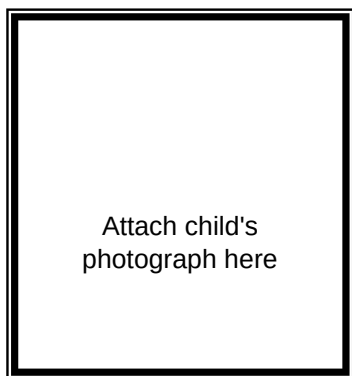
- Supporting Children with Medical Needs & Administration of Prescribed Medicines Policy
- Health and Safety Policy
- Anti-Bullying Policy
- PSHE Policy
- Data Protection Policy
- Complaints Policy

APPENDICES

Appendix 1: Individual Healthcare Plan Template

This template is adapted from the Department for Education Individual Healthcare Plan template included in the allergy safety guidance. It should be completed with parents/carers, the child where appropriate, and relevant health professionals.

Individual Healthcare Plan



Name:

Date of birth:

Emergency contact telephone numbers		
Name:		Mobile:
Name:		Mobile:
Medical condition:		

<p>Describe the condition and give details of individual symptoms:</p> <p>NAME is allergic to:</p> <p>Medication:</p> <p>Symptoms of an allergic reaction:</p> <p>Symptoms shown in the past reactions</p> <p>Past medical History</p>
--

Treatment: Follow BSACI allergy action plan and Asthma action plan

Educational Staff Name:	Date
Educational Staff Signature:	
Parents Name	Date
Parents Signature	

Medical needs, symptoms, triggers, signs, treatments

Describe medical needs, symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues and any specific risks.

[Insert details]

Medication

Medication, dose, method of administration, when to be taken, side effects, contraindications and whether administered by staff or self-administered with/without supervision.

[Insert details]

Daily care requirements

Daily care requirements and preventative arrangements.

[Insert details]

Specific support

Specific support for educational, social and emotional needs.

[Insert details]

Emergency procedures

What constitutes an emergency and the action to take if this occurs.

[Insert emergency response steps, including:

- Signs of anaphylaxis
- Location of adrenaline devices
- How to administer adrenaline
- When to call 999
- Who to contact]

Plan developed with

Plan developed with:

[Insert names/roles, including parent/carers and health professional where appropriate]

Appendix 2: Emergency Anaphylaxis Response Poster

[This poster should be displayed in key locations around school, including the school office, staff room, medical room and near where spare adrenaline devices are stored]

RESPONDING TO ANAPHYLAXIS EMERGENCIES

WATCH FOR SIGNS OF ANAPHYLAXIS – ABC

A AIRWAY

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

B BREATHING

- Difficulty or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

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



If you suspect someone is suffering from anaphylaxis, act fast. Stay with the person, and call for help if needed

IF ANY ABC SIGNS ARE PRESENT, TAKE IMMEDIATE ACTION:

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



- 2 Use adrenaline auto-injector without delay (e.g. EpiPen).



- 3 Dial 999 for ambulance & say ANAPHYLAXIS "ANA-FIL-AX-IS". If in doubt administer adrenaline.



AFTER GIVING ADRENALINE

After giving adrenaline (AAI)

1. Stay with the pupil until the ambulance arrives – **do not stand them up** or let them walk
2. Phone the parent/carer or emergency contact
3. If there is no improvement **after 5 minutes**, give a **second adrenaline dose**

Commence CPR if there are no signs of life

If wheezy: give adrenaline first, then the asthma reliever (blue inhaler) via spacer as shown on their plan.

Also inform the school's allergy lead/first aider:

ALLERGY LEAD / FIRST AIDER:

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position



Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- ! If unconscious, place them in the recovery position
- ! If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- ! Note the time that the first dose of adrenaline is given
- ! ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

(ana-fil-ax-is) Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move



Stay lying flat or propped up 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.



Give second dose of adrenaline

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.



www.anaphylaxis.org.uk

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Anaphylaxis UK, a charity registered in England and Wales (1085527) and in Scotland – charity number: SC051390

anaphylaxis UK

A brighter future for people with serious allergies

ANAPHYLAXIS EMERGENCY RESPONSE

Anaphylaxis is a severe, life-threatening allergic reaction. Act quickly.

Signs of anaphylaxis may include:

- Difficulty breathing / wheezing
- Swelling of the face, lips, tongue or throat
- Feeling faint, dizzy or confused
- Pale or clammy skin
- Rapid pulse
- Loss of consciousness

IMMEDIATE ACTION:

1. **Call for help** – alert another member of staff immediately
2. **Lie the person down** (unless they are having difficulty breathing, in which case let them sit up)
3. **Give adrenaline immediately:**
 - Use the person's own adrenaline device if available
 - If not available, use the school's spare adrenaline device
 - Location of spare devices: **[Main school office]**
 - Give adrenaline into the outer thigh
 - Instructions are on the device
4. **Call 999** – say "anaphylaxis" (ana-fill-axis)
5. **Call parents/carers**
6. **Give a second dose of adrenaline after 5 minutes if there is no improvement**
7. ****Stay with**