# Allergy and Anaphylaxis Policy

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This policy is based on the template policy from The Allergy Team that was reviewed by Paediatric Allergy Consultant, Professor Adam Fox.

# Allergy and Anaphylaxis Policy

## Contents

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## 1. Aims and Objectives

This policy outlines Higham Primary School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if one does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware.

This policy applies to all staff, pupils, parents and visitors to school and should be read alongside these other policies and risk assessments:

- Child Protection Policy
- Equality Act 2010
- First aid needs risk assessment
- First aid policy,
- Health and Safety Policy
- Special Education Needs and Disabilities (SEND) Policy
- Supporting children at school with medical conditions policy,
- Supporting children with health needs who cannot attend school policy
- Whole School Food Policy

## 2. What is an allergy?

Allergy occurs when a person has a bad reaction to a substance which is usually considered harmless. The body reacts with an immune response and rather than ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, resulting in only minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

## 3. Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just 9 foods. These are eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper,

outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this Policy we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan.

DESIGNATED ALLERGY LEAD: The member of staff responsible for overseeing allergy management across the school and acting as the main point of contact for pupils, parents and staff.

NEFFY: Neffy (official name in the UK is EURNeffy) is a nasal spray which delivers adrenaline. It is a needle-free alternative to an adrenaline auto-injector approved. [Neffy was approved for use in the UK in 2025 and distribution is expected from late September. There is a factsheet attached to this Policy for reference.]

INDIVIDUAL HEALTHCARE PLAN: A detailed document outlining an individual pupil's medical conditions, history, treatment, risks and action plan. This document should be created by schools in collaboration with parents/carers and, where appropriate, pupils. All pupils with an allergy should have an Individual Healthcare Plan and it should be read in conjunction with their Allergy Action Plan.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

SPARE ADRENALINE PENS: Schools are able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' prescribed adrenaline pens are not available. They can also be used to treat a person who experiences anaphylaxis but has not been prescribed their own adrenaline.

## 4. Roles and Responsibilities:

Higham Primary School takes a whole-school approach to allergy management.

### 4.1 Designated Allergy Lead:

The Designated Allergy Lead is the SENCO. They report to the Headteacher. They are responsible for:

- Ensuring the inclusion, safety and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for pupils, staff and parents with concerns or questions about allergy management;
- Ensuring that allergy information is recorded, up-to-date and communicated to all staff. (The Headteacher ultimately has overall responsibility however, direct help with allergy record and health care plans will be supported by the SENCO and Office Administrator);
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures.
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or 'near misses', reporting these straight away to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learning shared;

- Regularly reviewing and/or updating the Allergy and Anaphylaxis Policy as required;
- Ensuring there is an anaphylaxis drill once a year.

### 4.2 Allergy Lead Governor

The designated Allergy Lead Governor is responsible for providing strategic oversight of the school's allergy management arrangements. They will:

- Support and challenge the school in ensuring effective implementation of this policy;
- Monitor how the school meets its responsibilities towards pupils with allergies;
- Receive updates from the Headteacher and Designated Allergy Lead regarding allergy management, training, incidents and policy reviews;
- Promote awareness of allergy management and inclusion at governing board level;
- Ensure allergy management remains an appropriate consideration within the school's safeguarding, health and safety, and inclusion arrangements.

### 4.3 Additional support from school staff

The SENCO and Office Administrator will provide additional support to Headteacher and will be responsible for:

- Co-ordinating and collecting paperwork and information from families (including Individual Healthcare Plans and Allergy Action Plans). This will include liaising with office staff regarding admission information relating to new joiners;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff including catering staff, temporary staff including supply staff and even staff providing clubs to the setting;
- Keeping regular checks that the information stored on record is up-to-date and reviewed annually or sooner if required, co-ordinating medication with families and ensuring that medication is in date;
- Keeping an adrenaline pen register which records adrenaline devices prescribed to pupils, location of school spare adrenaline devices and information relating to the school's supply of adrenaline devices such as brand, expiry date and dose of the auto injector;
- Regularly checking the location of the spare adrenaline devices, ensuring they are where they should be at all times and keeping check of their expiry date;
- Ensuring spare adrenaline pens are replaced when necessary;
- Ensuring staff feel confident in their training prior to events such as school trips.

### 4.4 Admissions Team

The Admissions Team will more than likely be the first to learn of a pupil, staff or visitor's allergy. They should then work with Designated Allergy Lead and all school staff to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity;
- There is a clear structure in place to communicate this information with all relevant parties;

- Parents and applicants are informed of catering arrangements during admission events;
- Plans are made for emergence medication if the child is to be left without parental supervision.

### 4.5 All Staff

All school staff of Higham Primary School, including teaching staff, support staff, office staff and occasional staff (for example supply staff, sports coaches) are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if it is needed;
- Being aware of pupils (and staff, when necessary) with allergies, knowing exactly what they are allergic to and what their treatment plan is;
- Considering the risks to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication, carrying it around with them or a trusted adult who is with them daily, carrying it around on their behalf;
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (recommended at least once per year). Whilst the responsibility is the schools to ensure staff have received training annually, the staff member is responsible for alerting their line manager should this not happen.
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times. Preventing and responding to allergy-related bullying, in line with the school's anti-bullying policy.
- Forwarding on any information or communication that comes in from parents onto the relevant people/team;
- Ensuring pupils have their medication as well as their Individual Health Care Plan or Allergy Action Plan with them on all occasions where they will be off site i.e. for a trip or sporting event.

### 4.6 All parents

All parents and carers, regardless of whether their child has allergies or not, are responsible for:

- Being aware of and understanding the school's Allergies and Anaphylaxis Policy and considering the wellbeing and safety of pupils with allergies;
- Providing the school (SENCO and/or Office administrator) with information relating to their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware;

### 4.7 Parents of children with allergies

In addition to section 4.5, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie a spoon or syringe), inhalers or creams;
- Take full responsibility for ensuring that medication is replaced at the appropriate time and that it is always in date;
- Ensure their child has access to their allergy medication on the journey to and from school including access to their two adrenaline pens if prescribed;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- If applicable, provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management;
- Support their child to understand their allergy diagnosis and to advocate for themselves and to reasonable steps to reduce the risk of an allergic reaction occurring eg not eating the food to which they are allergic.

### 4.8 All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their and respect measures in place to support them;
- Learn how they can support their peers and be alert to allergy-related bullying
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in a case of an emergency;
- If pupils are bringing in food from home, ensuring the ingredients are checked prior to the items entering school based on knowledge of our school policy and guidance around food allergens;

All of the above should be done in an age and capability appropriate way

### 4.9 All pupils including pupils with allergies

In addition to point 4.7 pupils with allergies are responsible for:

- Knowing what their allergies are and how to minimise personal risk (this would be dependent on child's age and capability);
- Avoiding their allergen as best they can
- Understanding the importance of following school specific guidance and procedures regarding allergies particularly at snack times and lunch times and how that mitigates risk
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction

- Carrying two adrenaline auto-injectors with them at all times, if age and capacity appropriate. They must only use them for their intended purpose.
- Understanding how and when to use their adrenaline auto-injector
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school

## 5. Information and Documentation

### 5.1 Register of pupils with a known allergy

Higham Primary School has a register of pupils who have been diagnosed with an allergy. This register includes pupils who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed. Any pupil added to this register would be added following a discussion with parents and this information being provided to us.

### 5.2 Individual Healthcare Plans

Any pupil of Higham Primary School who has an allergy, has an Individual Healthcare Plan. The information included in this plan is as follows:

- Known allergens and risk factors for allergic reactions;
- History of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc.
- Copy of parental consent to administer medication, including the use of spare adrenaline pens in case of suspected anaphylaxis;
- Photograph of each pupil;
- Copy of pupils Allergy Action Plan;

## 6. Assessing the risks

Allergens can pop up even in the most unexpected places or situations. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking
- Bringing in animals to school can pose a high risk i.e. hatching chicks or a dog;
- Planning special events such as cultural days, Christmas and Easter celebrations;
- Running activities or clubs where they might hand out snacks or food ‘treats’, i.e. Breakfast and Afterschool club. Ensure safe food is provided or consider an alternative non-food treat for all pupils

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity. The school will ensure compliance with the Equality Act 2010.

## 7. Food, including snacks and lunchtime

### 7.1 Catering in school

The school is committed to providing a safe meal for all students, staff and visitors, including those with food allergies.

- Due diligence is carried out with regard to allergen management when appointing catering staff;
- All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training;
- The school adheres to the Early Years Foundation Stage (EYFS) statutory guidance in relation to safer eating and allergies. Staff are aware of the signs and symptoms of allergic reactions and anaphylaxis and follow individual healthcare plans where required. Procedures are in place to ensure that children only receive food appropriate to their dietary and medical needs. Children are supervised at all times whilst eating, and a member of staff holding a valid Paediatric First Aid certificate is available. Staff remain vigilant to prevent food sharing and to respond promptly to any allergic reaction.
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- The catering team will endeavour to provide varied meal options to students and staff with allergies;
- The school has robust procedures in place to identify pupils with food allergies, their photograph is displayed clearly in the school kitchen along with a list of their known allergies.
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled. Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where changes are made to the ingredients this will be communicated to pupils with dietary needs by the lead cook
- Food provided at breakfast club and after school club will follow these procedures

### 7.2 Food brought into school

Food brought into school must be carefully considered to minimise the risk to pupils with food allergies. Parents/carers will be informed of any restrictions relating to allergens and are expected to comply with these. Food brought into school for celebrations, fundraising events, parent events, educational activities, school trips or other occasions should be pre-packaged where possible, with ingredients and allergen information clearly available. Staff will assess any food-related activity in advance and take appropriate steps to ensure the safety of pupils with known allergies. Where necessary, alternative arrangements will be made to enable all pupils to participate safely. Food must not be shared between pupils unless authorised by staff.

### 7.3 Food bans or restrictions

Higham Primary School operates a nut-free approach and is an allergen-aware school. Peanuts, tree nuts and products containing nuts must not be brought onto the school site or used within school catering provision. While the school takes all reasonable precautions to reduce the risk of exposure to nuts, it cannot guarantee a completely nut-free environment; therefore, all staff, pupils and visitors are expected to remain vigilant at all times. Products labelled as "may contain nuts" may be permitted, provided they are consumed away from pupils with known nut allergies and following an appropriate risk assessment. Food provided through the school's Breakfast Club and After-School Club adheres to the same allergy management procedures and nut-free expectations. The PTA also follows the school's allergy procedures when organising events, and parents/carers are asked to notify organisers of any dietary requirements or allergies in advance. All food brought into school, taken on educational visits, or provided at school events should be checked carefully to ensure it does not contain peanuts or tree nuts.

### 7.4 Food hygiene for pupils

- Pupils will wash their hands before eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled; and

## 8. Educational visits and sports fixtures

- Staff leading the trip will have a register of pupils with allergies and details of their medication. Staff should notify the trip leader of any allergies;
- Allergies will be considered on the risk assessment and catering provision put in place;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- Staff (and some pupils, if appropriate) accompanying the trip will be trained to recognise and respond to an allergic reaction;
- Allergens will be clearly labelled on catered packed lunches.
- See Adrenaline Pens section for School Trips and Sports Fixtures.

## 9. Insect stings

The school takes reasonable steps to minimise the risk of insect stings. The Site Manager regularly monitors the school grounds for wasp and bee nests and arranges for appropriate action where necessary. Pupils and staff should report any nests to a member of staff and avoid the area. Individual healthcare plans will be followed for pupils with known insect venom allergies.

## 10. Animals

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react.

Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site a risk assessment will be done prior to the visit;

- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- School trips that include visits to animals will be carefully risk assessed.

## 11. Allergic rhinitis/ hay fever

Pupils who have seasonal hayfever and allergies are able to bring in Piriton medication if required. Parents simply sign in the medication, providing the dose and frequency of the medication to the school office where it is securely stored in a lockable cabinet. This medication is readily available to all children as and when required. Parents are notified right away by the office team if the medication has been administered. Allergies can have a considerable impact on pupil's emotional wellbeing and mental health. Pupils may find they more susceptible to experience depression and anxiety. Pupils will never be excluded from trips or school activities, whether on site or off site, simply because they have allergies. Pupils with allergies will have a designated person during trips and activities, who will ensure they do daily check-ins to ensure they getting any additional pastoral support they may require.

## 12. Inclusion and mental health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from a known adult etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's anti-bullying policy.

## 13. Adrenaline pens

### 13.1 Storage of adrenaline pens

Pupils prescribed adrenaline auto-injectors will have immediate access to two in-date devices at all times. Adrenaline auto-injectors will be kept within the pupil's classroom in an accessible location. When pupils leave the classroom, including for assemblies, break times, lunch times, PE lessons, educational visits, or when attending other areas of the school such as the computer suite, their adrenaline auto-injectors will accompany them. Medication will be readily available in an emergency while remaining secure. Regular checks will be carried out to ensure devices are present, in date and in good condition. Any used or out of date will be disposed of as sharps and will be disposed of correctly.

### 13.2 Spare adrenaline pens

Higham Primary School holds four spare adrenaline auto-injectors in accordance with current government guidance, comprising two 150 microgram devices and two 300 microgram devices. The location of these spare adrenaline auto-injectors is clearly signposted, and they are stored in the main school office for emergency use.

The Allergy Lead (SENCO) is responsible for:

- Deciding on the amount of spare adrenaline pens we hold in school
- What dosage is required, based on the Resuscitation Council UK's age-based guidance
- Which brand (s) to buy. Schools are recommended to but a single brand if possible to avoid confusion.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government advice above
- Distribution around the site and clear signage

### 13.3 Adrenaline devices- off site activities/trips

- No pupil with a prescribed adrenaline pen will be able to attend activities or school trips without two of their own devices. It will be the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to pupil at all times either directly with pupil or with adult who is with the pupil at all times- e.g. not stored in a box left on coach;
- Staff accompanying pupils on trip will be fully aware of pupils with allergies and have the necessary training to recognise and respond to an allergic reaction;
- Adrenaline pens will be protected by extreme temperatures particularly on trips;
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment.

### 13.4 Responding to anaphylaxis/allergic reactions

See appendix 1 on recognising and responding to an allergic reaction.
If a pupil has an allergic reaction:

- If anaphylaxis is suspected, without delay administer adrenaline to the pupil;
- Treat the pupil as per their Allergy Action Plan;
- Use pupils own prescribed medication if available for immediate use;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them
- Pupil can administer the adrenaline pen themselves (if able to) or a member of staff can administer the pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline
- If pupils prescribed adrenaline device is not available or misfires, a spare adrenaline pen should be used;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare adrenaline pens are available and follow

instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better; and
- Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff should accompany them in an ambulance until a parent or guardian arrives.

### 13.5 Training

Higham Primary School is committed to training all staff at least annually to ensure all staff are best equipped at understanding what allergies are and what to do in the event of an allergy medical emergency.

This training for staff will include:

- Understanding what an allergy is;
- How to reduce the risk of an allergic reaction occurring;
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where adrenaline pens are kept (both prescribed pens and spare pens) and how to access them;
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying;
- Understanding food labelling; and
- Taking part in an anaphylaxis drill.

### 13.6 The school will carry out an anaphylaxis drill once a year.

This includes:
An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

## 14. Asthma

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.
If a pupil has asthma but also has allergies, it is vital they keep their asthma well controlled as asthma can be known to exacerbate allergic reactions.

## 15. Reporting allergic reactions

A record will be kept within the school office of any allergic reactions and near misses. Incidents are fully investigated by our Designated Allergy Lead and findings from this investigated will then be shared with staff and steps will be agreed to ensure future incidents are prevented.

## 16. Appendix 1 – Managing allergic reactions

### Allergic reactions vary

- Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.
- You cannot assume someone will react the same way twice, even to the same allergen.
- Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

### Mild to moderate allergic reactions

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

### Serious allergic reactions / anaphylaxis

The most serious type of reaction is called ANAPHYLAXIS. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

**In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.**

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.

People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

## 17. Appendix 2 – Responding to anaphylaxis

Symptoms of anaphylaxis

| A - Airway | B - Breathing | C - Circulation |
|---|---|---|
| • Persistent cough<br>• Hoarse voice<br>• Difficulty swallowing<br>• Swollen Tongue | • Difficult or noisy breathing<br>• Wheeze or cough | • Persistent dizziness<br>• Pale or floppy<br>• Sleepy<br>• Collapse or unconscious |

If you suspect anaphylaxis, give adrenaline first before you do anything else

Delivering adrenaline

1. Take the medication to the patient, rather than moving them.
2. The patient should be lying down with legs raised. If they are having trouble breathing, they can sit with legs outstretched.
3. It is not necessary to remove clothing but make sure you're not injecting into thick seams, buttons, zips or even a mobile phone in a pocket.
4. Inject adrenaline into the upper outer thigh according to the manufacturer's instructions.
5. Make a note of the time you gave the first dose and call 999 (or get someone else to do this while you give adrenaline). Tell them you have given adrenaline for anaphylaxis.
6. Stay with the patient and do not let them get up or move, even if they are feeling better (this can cause cardiac arrest).
7. Call the pupil's emergency contact.
8. If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes, using a second device. Call 999 again and tell them you have given a second dose and to check that help is on the way.
9. Start CPR if necessary.
10. Hand over used devices to paramedics and remember to get replacements.

For more information see the Government's Guidance for the use of adrenaline auto-injectors in schools.