



**Manningham Community
Nursery Schools
Federation**

ALLERGY AND ANAPHYLAXIS POLICY

Updated May 2026

Purpose of this policy

Having a robust Allergy and Anaphylaxis Policy ensures everyone:

- is clear on procedures
- understands their responsibility for reducing the risk of allergic reactions happening
- knows how to respond appropriately if an allergic reaction occurs

This policy is a dynamic document and will be reviewed annually or sooner if the need arises. The Designated Allergy Lead, the School's Senior Management Team and Governors are responsible for ensuring the policy is up-to-date, remains fit for purpose and is implemented.

This Allergy and Anaphylaxis Policy will be publicly available on our website and clearly communicated to all pupils, school staff and parents/carers.

THE SCHOOLS ALLERGY CODE

The School's Allergy Code sets out what best practice looks like in terms of allergy management in schools and provides practical guidance on how to implement it. It was developed by The Allergy Team, Benedict Blythe Foundation and the ISBA (Independent Schools' Bursar Association) and is recommended by the Department for Education.

[You can download the Schools Allergy Code for free.](#)

CONTENTS:

1. AIMS AND OBJECTIVES.....	3
2. WHAT IS AN ALLERGY?.....	3
3. DEFINITIONS.....	3
4. ROLES AND RESPONSIBILITIES	5
5. INFORMATION AND DOCUMENTATION	9
6. ASSESSING RISK.....	9
7. FOOD, INCLUDING MEALTIMES & SNACKS	10
8. EDUCATIONAL VISITS AND SPORTS FIXTURES	12
9. INSECT STINGS	12
10. ANIMALS	12
11. ALLERGIC RHINITIS/ HAY FEVER.....	13
12. INCLUSION AND MENTAL HEALTH.....	13
13. ADRENALINE PENS	13
14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS.....	14
15. TRAINING	15
16. ASTHMA	16
17. REPORTING ALLERGIC REACTIONS.....	16

1. AIMS AND OBJECTIVES

This policy outlines Manningham Community Nursery Schools Federation'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 federation.

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

Medical Conditions in School,

Safeguarding,

Nutrition and healthy eating

2. WHAT IS AN ALLERGY?

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing 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.

Allergic disease is the most common chronic condition in childhood. On average, one or two children in every class of 30 will have a food allergy so it's vital the whole school community understands allergy, knows how to reduce the risk of an allergic reaction and knows what to do in an emergency.

A severe allergic reaction can cause risk to life but even a mild to moderate reaction or near-miss can have widespread consequences.

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 AAI, 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 2025.

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: We have spare adrenaline pens in school. These are 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

4.1 Designated Allergy Lead

The Designated Allergy Lead is Hannah Clark – SENDCO

They report to the Headteacher. They are responsible for:

- Ensuring the safety, inclusion 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 staff, pupils and parents with concerns or questions about allergy management;
- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this is likely to involve liaising with the admissions team for new joiners);
- Communicating allergy information to all staff,
- 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.
- Ensuring staff know where adrenaline pens are stored.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips; and
- Ensuring there is an anaphylaxis drill once a year.

At regular intervals the Designated Allergy Lead will check procedures and report to the Headteacher.

4.2 Business Manager and Administrative Team

- Reviewing the school's stock of spare adrenaline pens and reporting this to KITT Medical.
- Ensuring allergy information is recorded on Arbor and is up-to-date.
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;

4.3 The Headteacher

- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Liaising and instructing the Allergy Lead on actions to be taken.

4.4 Governors

- The named allergy lead governor for the federation is Kate Welsh.
- Governors will monitor staff training, incidents involving allergies and responses to incidents.
- They will liaise with the allergy lead and Headteacher to strategically lead any necessary changes.

4.5 Teachers and Room Leaders

Teachers and room leaders are responsible for:

- Supporting the Designated Allergy Lead with disseminating information to all school staff, including the catering team, occasional staff and those running clubs or events.
- Ensuring the information from families is up-to-date, and reviewed termly
- Coordinating medication with families and ensuring medication is in date.
- Keeping records of all medication, including adrenaline pens prescribed to pupils and including brand, dose and expiry date.
- Capture allergy information or special dietary information at the earliest opportunity as children transition into school.
- Informing parents and carers of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.6 All staff

All school staff, including teaching staff, support staff, occasional staff 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 needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk 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 or carrying it on their behalf during external trips.
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- 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 any communication or information that comes directly to them from parents regarding allergens to the administration team and SENDCO.
- Checking allergy information with parents at least termly.
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a trip.

4.7 All parents

All parents and carers (whether their child has an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing their child's keyperson and/or the SENDCO with information about 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; Please also see the nutrition and healthy eating policy.
- Refraining from informing staff their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.8 Parents of children with allergies

In addition to point 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 with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Sign the associated permission for their child's photograph to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

4.9 All pupils

All pupils at the school should:

- Be taught how to be allergy aware through activities such as baking, snack time and meal times;
- Begin to understand the risks allergens might pose to their peers and respect measures to support them, through appropriate adult guidance;
- 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 case of an emergency; and
- When pupils bring in food from home and are old enough to check the ingredients they should be encouraged to recognise allergens.
- All of the above should be done in an age and capability appropriate way under the guidance of well-informed staff.

4.10 Pupils with allergies

In addition to point 4.7, pupils with allergies will begin to learn:

- What their allergies are and how to mitigate personal risk
- How to avoid their allergen as best as they can;
- Understand the importance of following the school specific processes of lunch and snack services 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;

- Understand how and when to use their adrenaline auto-injector;
- Tell a trusted adult if they experience any inappropriate behaviour in relation to their allergies;

5. INFORMATION AND DOCUMENTATION

5.1 Register of pupils with an allergy

The school has a register of pupils who have a diagnosed allergy. This includes children 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.

5.2 Individual Healthcare Plans

Each pupil with an allergy has an Individual Healthcare Plan. The information on this plan includes:

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

6. ASSESSING RISK

Allergens can crop up in unexpected places. 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 animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food “treats”. Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

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

7. FOOD, INCLUDING MEALTIMES & SNACKS

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;
- We adhere to new [Early Years Foundation Stage statutory guidance](#). The “Safer Eating” section has the relevant information for allergies. Please see also the nutrition and healthy eating policy.
- 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 at mealtimes. Allergen and dietary information MUST be listed on the back of children’s placemats at lunchtimes. Room leaders MUST display the dietary/allergen list on the inside of a cupboard door for lunchtime staff to visually check each day. This MUST include photos of the children.
- 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. Other food is NOT permitted in school.
- The federation’s policy on products with Precautionary Allergen Labelling or “May Contain’ labelling is to ensure these products are not purchased;
- Food provided in school will follow these procedures.
- If food is sold on site the products sold will display a full list of ingredients so that parents and children can make informed choices.

- Food brought into school for birthday events and celebrations must be sent home with children at the end of the session so that parents can make informed choices about whether or not to allow their child to eat the food. Staff should encourage parents not to bring in food.
- Food bought into school for staff fuddles, meetings, celebrations and governor meetings MUST follow this policy. If staff wish to bring in unlabelled food they MUST consult with the SENDCO and/or Headteacher first. Any unauthorised and unlabelled food that has not been prior discussed with a senior leader will be removed.

7.2 Food bans or restrictions

- This school is an Allergen Aware school. We have students with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food;
- We restrict peanuts and tree nuts as much as possible on site and check all foods coming into school; and
- All food coming onto school premises or taken on a school trip or to a match should be checked to ensure peanuts and tree nuts are not an ingredient in another product. Please check the label on all foods brought in. Common foods that contain these goods as an ingredient include: packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.
- As children's allergy information changes, we will inform parents, staff and children and advise them to avoid specific allergens that may affect other school users. We politely request that parents follow this guidance to avoid issues with mealtime procedures.

7.3 Food hygiene for pupils

- Pupils will wash their hands before and after 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 provided by school.
- See Adrenaline Pens section for School trips.

9. INSECT STINGS

Insert your measures for preventing and dealing with insect stings. For example, those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

The school caretaker and staff completing outdoor risk assessments on a daily basis will monitor the grounds for wasp or bee nests. Pupils (with or without allergies) should notify a member of staff if they find a wasp or bee nest in the school grounds and avoid them.

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.

- Staff will liaise with parents to discuss any potential risks to a child and modify or amend activities so that all children can be included.

11. ALLERGIC RHINITIS/ HAY FEVER

Seasonal pollen allergy and hay fever and persistent nasal allergy due to house dust mites or other allergens will be dealt with in the same way as other allergic reactions. Staff will carefully monitor children and be alert to potential allergies.

Parents should inform their child's keyperson if they are concerned about emerging hay fever or pollen allergies and seek advice from their GP.

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 their keyperson;
- 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 federation behaviour policy.

13. ADRENALINE PENS

[See the government guidance on Adrenaline Pens in Schools.](#)

13.1 Storage of adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Adrenaline pens are to be stored in the medicine cabinets matching the room the child attends. We also have centrally stored adrenaline pens in the corridor spaces that are clearly signed KITT medical.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;

- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

This school has 2 spare child adrenaline pens and 2 spare adult adrenaline pens to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are located:

Abbey Green – Corridor next to Green Room

Midland Road – Corridor next to Orange Room

13.3 Adrenaline pens on off-site activities

- No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own devices. It is the trip leader's responsibility to check they have them;
- Adrenaline pens will be kept close to the pupils at all times e.g. not stored in the hold of the coach when travelling or left in changing rooms;
- Adrenaline pens will be protected from extreme temperatures;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See appendix on recognising and responding to an allergic reaction

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Instigate the school's Emergency Response Plan and call a senior leader as soon as practically possible.
- If anaphylaxis is suspected administer adrenaline without delay;
- Treat the pupil where they are. Lie them down with their legs raised and bring medication to them;
- Use pupil's own prescribed medication if immediately available;

- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- 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.

15. TRAINING

15.1 The school is committed to training all staff annually to give them a good understanding of allergy.

This includes:

- 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 and staff will be given the opportunity to practise with a training adrenaline auto-injector;
- 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.

15.2 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.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions.

17. REPORTING ALLERGIC REACTIONS

The school will log allergic reaction incidents and near-misses using incident forms and CPOMS.

Any learning actions will be disseminated to staff.

The following support the **implementation** of this policy and ensure we monitor **impact**

- a) Lunchtime Guidance
- b) Lunchtime Leaflet for Parents
- c) Physical Development Policy
- d) Admissions Policy
- e) Nutrition and Healthy Eating policy

The signs of an allergic reaction are:

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 according to the child's allergy treatment plan
- Phone parent/emergency contact

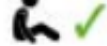


**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

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

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



***** 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 further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



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.

Contact us: schools@theallergyteam.com | www.theallergyteam.com



RESPONDING TO ANAPHYLAXIS

SYMPTOMS OF ANAPHYLAXIS

A – Airway

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen Tongue

B – Breathing

- Difficult or noisy breathing
- Wheeze or cough

C - Circulation

- Persistent dizziness
- Pale or floppy
- Sleepy
- 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.](#)