Yehudi
Menuhin
School

Allergy and Anaphylaxis Policy

Contents

1. AIMS AND OBJECTIVES

This policy outlines the 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 school.

This policy pays particular regard to the Government's statutory guidance, *Allergy Safety in Schools* (July 2026). Allergy safety in schools statutory guidance

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies: First Aid, Health Care and Medicines Policy, Safeguarding and Child Protection Policy, Catering Policy, Mental Health and Wellbeing Policy.

This policy was approved by the Chair of Governors in August 2026. It is the responsibility of Robin Harskin, the Designated Allergy Lead, and is reviewed at least annually. Next scheduled review: Autumn Term 2027.

2. WHAT IS AN ALLERGY?

An 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.

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 (AAI): A 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 AAIs.

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. At YMS this is Robin Harskin.

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.

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. It is YMS policy that all pupils with an allergy have an Individual Healthcare Plan, which 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 AAIs: Schools are able to purchase spare AAIs. 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

The School takes a whole-school approach to allergy management.

4.1. Designated Allergy Leads

The School's Designated Allergy Lead is Robin Harskin. The Governors' Designated Allergy Lead is Professor Kate Costeloe.

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;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff by the school nurse.
- 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. (Staff must sign and return a form saying they have read and understood this policy.);
- Reviewing the school's stock of spare adrenaline pens and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy; and
- Ensuring there is an anaphylaxis drill once a year.

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

4.2. School Nurse

The School Nurse is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families, including liaising with the admissions team for new joiners;
- Supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running clubs;
- Ensuring the information from families is up-to-date and reviewed regularly, and at least once a year;
- Coordinating medication with families and ensuring medication is in date;
- Keeping an AAI register to include AAIs prescribed to pupils and the school's stock of spare AAIs, including brand, dose and expiry date. The location of spare AAIs should also be documented;
- Regularly checking spare AAIs are where they should be, and that they are in date;
- Replacing the spare AAIs when necessary; and

- Providing on-site AAI training for staff and pupils and refresher training as required e.g. before school trips.

4.3. Registrar

The Registrar is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and School Nurse to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity, which begins with parents' initial application to join the School, and continues with the medical form new parents complete and with the School Nurse's regular checking of pupil information throughout a child's time at the School;
- There is a clear structure in place to communicate allergy information with the School Nurse and Catering team;
- Parents and applicants are informed of catering arrangements during admission events; and
- Plans are made for emergency medication if the child is to be left without parental supervision.

4.4. All staff

All school staff, including teaching staff, support staff and 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;
- 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 the School Nurse;
- 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 school nurse; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Healthcare Plan with them when leaving school site, for a concert or other trip.

4.5. 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 the school Registrar, Designated Allergy Lead and School Nurse 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;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

4.6. 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 or their child with two labelled AAIs and any other medication, for example antihistamine (with a dispenser, i.e. 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 AAIs 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 also updated;
- 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; 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, e.g. not eating the food to which they are allergic.

4.7. All pupils

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures 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 case of an emergency; and

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

4.8. Pupils with allergies

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

- Knowing what their allergies are and how to mitigate personal risk;
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding 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 AAIs with them at all times, if age and capability appropriate, which they must only use for their intended purpose;
- Understanding how and when to use their AAI;
- Talking to the Designated Allergy Lead or School Nurse 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;
- Pupils permitted to leave the school site should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school.

4.9. Governors

- The Governing body is responsible for ensuring the School has an allergy safety policy which sets out the arrangements to reduce the risk of individuals

coming into contact with their known allergens (e.g. food or contact allergens) and sets out emergency response plans for cases of anaphylaxis. Risks relating to children and young people with allergy should be included on the school, college or setting's risk register and actively managed by the governing body.

- The School governor with specific responsibility for Allergy policy and practice is Professor Kate Costeloe.

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 AAIs, as well as pupils with an allergy where no AAIs have been prescribed. The allergy register is stored by the School Nurse.

5.2. Individual Healthcare Plans

It is the policy of YMS that 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 AAIs, antihistamine etc;
- A copy of parental consent to administer medication, including the use of spare AAIs 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", ensuring that safe food is provided or considering 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, the activity should be adapted to ensure all pupils may participate. The School 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 regarding allergen management when appointing Catering staff.
- All Catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training.
- 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. Parents complete a medical form for their child upon entry. The School Nurse communicates regularly with parents and pupils to ensure the medical information parents have given is complete and up to date.
- Pupils with food allergies are listed on the medical conditions poster and catering poster with their name, photo and their allergy. (These posters are distributed strictly on a need-to-know basis and are not circulated freely throughout the School, for privacy reasons.)
- Food containing the main 14 allergens (see Allergens definition above) will be clearly labelled. Other ingredient information will be available on request. Information about pupils or staff with allergies to food other than the “main 14” is notified to the Catering team. Pupils’ allergens are on the allergy meal sheet at every meal-time, and checked and signed off by house staff on entry into the dining room to ensure pupils have not selected food with their allergens in.
- Pre-packaged food complies 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 house parents/allergy lead/school nurse.

Catering must ensure changes in any of their ingredients are communicated to the above staff.

- The School takes extreme care with produce that states ‘May Contain...’ potentially harmful ingredients, and we will always err on the side of caution.
- We do not allow food with nuts as an ingredient in the school kitchens.

7.2. Food brought into school

- If a pupil wishes to order a food takeout at the agreed times in the week, the pupil first obtains their house parent’s consent.
- Pupils with allergies are reminded to check list of ingredients for allergens and house staff assist with this process.
- Lunches/teas required for school trips are prepared by the Catering team and are packed individually for each pupil.
- Birthday cakes are provided by Catering. The School does not allow Birthday cakes (or other cakes to celebrate special occasions) to be brought on to the site.
- Fundraiser events that include the sale of food are managed by the organiser who will consult with the School Nurse. The organiser must stipulate that no products known to contain nuts can be brought onto the school site. If product packaging states “may contain nuts” then these products must be clearly highlighted by the organiser and must not be served or sold to anyone with a known food allergy.

7.3. Food bans or restrictions

- YMS 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.
- It is not possible to say that the School is completely nut-free. We restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.
- All food coming on to school premises or taken on a school trip should be checked to ensure peanuts and tree nuts are not an ingredient in another product.
- Common foods that contain these goods as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

7.4. Food hygiene for pupils

- Pupils know they should wash their hands before and after eating.
- Sharing, swapping or throwing food is not allowed.

- Water bottles and packed lunches should be clearly labelled.
- The kitchens in the boarding houses can be used by pupils to prepare food, and pupils clean up after themselves. Boarding staff and the cleaning team check the boarding house kitchens regularly. Boarders will only be allowed to use boarding house kitchens once they have had appropriate induction by boarding staff, which includes comprehensive training on food allergies and anaphylaxis.

8. SCHOOL TRIPS

- Staff leading the trip will have a register of pupils with allergies and details of their medication given to them by the School Nurse when they complete the trip Risk Assessment.
- Allergies will be considered on the Risk Assessment and catering provision put in place.
- Parents, and pupils where appropriate, will be consulted over allergy concerns if considered necessary, or if the trip requires an overnight stay.
- Staff and pupils accompanying the trip will be trained to recognise and respond to an allergic reaction.
- Allergens will be clearly labelled on catered packed lunches. The Catering team is aware of all pupils and staff allergies, and plans meals accordingly.

9. INSECT STINGS

Those pupils or staff 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 Estates team 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 approaching it.

10. ANIMALS

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

Precautions promoted by the School 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;

- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal lives on site, for example in a Boarding House, pupils, parents and staff will be made aware and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

11. ALLERGIC RHINITIS / HAY FEVER

Pupils with seasonal pollen allergy, hay fever, or persistent nasal allergy due to house dust mites or other allergens are identified on the Allergy Poster and have healthcare plans depending on their medical needs.

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 vulnerable 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 the school nurse and House staff;
- 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 AUTO-INJECTORS (AAI)

Below is a link to the latest government guidance on AAIs.

AAI Guidance

13.1. Storage of AAIs

- Pupils prescribed with AAIs will have easy access to two in-date AAIs, which they must always have with them, whether in the boarding house, classroom, Menuhin Hall, elsewhere on site, on when away on a school trip.
- Spot checks will be made regularly by the School Nurse and Designated Allergy Lead to ensure AAIs are where they should be and in date.
- AAIs must not be kept locked away.
- AAIs should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source such as a radiator.

- Used or out of date AAIs will be disposed of by the School Nurse as sharps.

13.2. Spare AAIs

This school has 7 spare AAIs to be used in accordance with government guidance.

The locations of spare adrenaline pens are clearly signposted. These are: Cowan House by the maths classrooms, Reception, Dining room, Menuhin Hall, Harris House Duty office, and Trip box. These locations have been chosen specifically to allow for spare AAIs to be available everywhere on the School site but are near enough to each other to mean a second spare AAI, if needed, can be brought within 1 minute, well within the 5 minutes specified by government guidance.

All pupils with anaphylaxis always carry their two AAIs with them.

Each AAI is 0.3mgs which is the dose for children with body weight of 25kgs and above.

The Allergy Lead and School Nurse are responsible for:

- Deciding how many spare AAIs are required:
- What dosage is required, based on the Resuscitation Council UK's age-based guidance: Paediatric Life Support
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion;
- The purchasing of spare AAIs which can be obtained at low cost from a local pharmacy. See government guidance above; and
- Distribution around the site and clear signage.

13.3. AAIs on off-site activities

- No child with a prescribed AAI will be able to go on a school trip without their two individual AAIs. It is the trip leader's responsibility to check they have them before the trip sets off.
- AAIs will be always kept close to the pupils, not stored somewhere hard to access immediately, such as in the boot of a vehicle.
- AAIs will be protected from extreme temperatures.
- Staff accompanying the trip will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction.
- Trip organisers will consider whether to take spare AAIs to off-site activities. This should be recorded as part of the Risk Assessment.

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;
- 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;
- Pupils can administer the AAI themselves, or a member of staff can administer it. All staff are trained regularly, but in an emergency anyone can administer adrenaline;
- If the pupil's own AAI is not available or misfires, then use a spare AAI;
- If anaphylaxis is suspected but the pupil does not have a prescribed AAI or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the operator that spare AAIs are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare AAI can be administered to anyone for the purposes of saving their life;
- If, after 5 minutes, there is no improvement, use a second AAI 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. All staff

The School is committed to training all staff annually to give them a good understanding of allergy and anaphylaxis.

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; (Staff are given the opportunity to practise with a training AAI at INSET, at the new starter inductions, and First Aid training, and can also call on the School Nurse at any time for extra training.)
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc;
- Where AAIs are kept (both individually prescribed and spare AAIs) 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. Drills

The School will carry out an anaphylaxis drill once a year. The annual drill will result in a recorded review of procedures and lessons learnt.

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. Pupils who have diagnosed asthma will have an Individual Healthcare Plan. The School has generic salbutamol Inhalers that can be administered to children with asthma if we have received signed parental consent.

17. REPORTING ALLERGIC REACTIONS

The School will log allergic reaction incidents and near-misses. Any incident is to be reported electronically on Every and reviewed by the School Nurse. All incidents are to be reported to the Health and Safety Steering Committee.

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.

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.