Allergy Safety Policy

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1. AIMS AND OBJECTIVES

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

- Health, Safety Policy
- Supporting Pupils with Medical Conditions
- Equal Opportunities Policy
- Administering Medicines in School

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.

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

Beighton NI School takes a whole-school approach to allergy management.

4.1 Designated Allergy Lead

The Designated Allergy Lead is Lisa Hindley. They report into the Headteacher and Allergy Governor. 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 (although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or 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 to the appropriate authority (e.g.under RIDDOR) 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 SMT.

4.2 School Medical Lead

Lisa Hindley/Ruth Byrne is responsible for:

- 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);
- 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 annually (at a minimum) Coordinating medication with families and ensuring medication is in date. (Whilst it's the responsibility of parents/carers to ensure medication is up to date, the medical lead will send an annual reminder to parents and carry out expiry checks)
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Providing on-site adrenaline pen training for staff and pupils and refresher training as required e.g. before school trips.

4.3 Allergy Governor

Their primary duty is to ensure robust strategic oversight and statutory compliance of the school's Allergy Code and medical needs, guaranteeing the safety of vulnerable pupils. This includes;

- Reviewing and approving the allergy policy, maintaining a comprehensive allergy safety policy (separate from general medical conditions) that is reviewed at least annually.
- Verifying that a named Senior Leadership Team (SLT) member has been appointed as the Allergy Lead.

- Ensuring that whole-school allergy and anaphylaxis training is completed by all staff, including external contracted staff (e.g. after school providers);
- Ensuring the correct medical information and documentation is gathered and in place;
- Ensuring that the school stocks spare adrenaline Pens and that they are kept readily accessible to staff and never locked away.
- Ensuring that all allergic incidents and "near misses" are documented, reported to parents, and reviewed by the governing board so lessons can be learned.

4.4 Admissions Team

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and medical lead 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 to the relevant parties (i.e. Allergy lead, staff members, 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.

4.5 All staff

All school staff, including teaching staff, support staff, irregular staff (for example sports coaches, music teachers and those running afterschool clubs) 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 with the red medical bags being in close proximity at all times,
- 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 Healthcare Team; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving Beighton NI School for a school visit.

4.6 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 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.

4.7 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;
- 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 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 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.

4.9 Pupils with allergies

In addition to point 4.7, depending on age and capacity pupils with allergies are responsible for:

- being aware of 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 time 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;
- Being aware of what medication they need, have in school and what their purposes are.
- 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;

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 that may involve food. 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 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. Our school meal provider is Taylor Shaw. Information will be used to inform this policy related to their company Allergy Practices.

- Due diligence is carried out with regard to allergen management when appointing midday supervisors;
- All midday supervisors and other staff preparing food will receive relevant and appropriate allergen awareness training;
- Early Years adhere to new Early Years Foundation Stage statutory guidance. School follows the “Safer Eating” expectations set out in this guidance.
- Anyone preparing or coming into contact with food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- The catering team and midday supervisors will endeavour to get to know the pupils with allergies and what their allergies are, supported by school staff;
- Taylor Shaw 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, these are;
    - Meals prepared by Taylor Shaw for children with allergies are served on a white tray to provide a clear visual identifier.
    - Prepared allergy meals are stored separately from other meals until they are ready to be served.
    - Pupils with allergies are accompanied to the dining room by a staff member and enter the dining room before other children.

- The accompanying adult will check the information on the meal identifying the food to avoid and sign the medical diet log.
- A dedicated Allergy Table is located in a clearly visible area of the dining room to support safe meal service.
- Clear allergy information signage displays the child's photograph, their specific allergies, and whether they have an adrenaline pen in school.

7.2 Food brought into school

We share communications regularly encouraging our school community to be allergy aware and explain that we aim to be a 'Nut Free School'.

Whilst sending this message out to parents and staff we recognise that this does not eliminate all risk and therefore packed lunches are still monitored carefully.

We do not allow food to be brought into school from home for any other reason other than children's school lunch. If we do identify foods containing nuts we would remove and contact the parents to make them aware. School will provide a nut free alternative where possible with the agreement of parents.

We remain extra vigilant and consider the eating arrangements when attending school visits.

Alternative snack items can be brought from home in exceptional circumstances, such as for children with SEN Support plans who require reasonable adjustments related to food and for children with allergies or intolerances to the regular school provided snack items.

7.3 Food hygiene for pupils

- Pupils will wash their hands or use hand sanitiser before eating;
- Sharing, swapping or throwing food is not allowed;
- Tables are cleaned thoroughly in between sittings
- Water bottles and packed lunches should be clearly labelled

8. EDUCATIONAL VISITS

- Evolve risk assessments will identify any pupils with allergies, individual reasonable adjustments and measures in place, including detail of medication;
- Staff leading the trip will have details and the health care plans of all children with allergies and of should notify any external trip leader of any allergies;
- A pre-visit will be carried out if the location and trip is not familiar to school. Provisions will be put in place for any food related activities and snack/meal times;
- Parents, and pupils where appropriate, may be consulted if considered necessary, or if the trip requires an overnight stay;
- There will be the required number of first aiders (Full Paediatric – children, and First Aid at Work - adults) accompanying the trip and staff will be trained to recognise and respond to an allergic reaction;
- The identified first aider/s will be responsible for adrenaline pens and medication.
- Allergens will be clearly labelled on catered packed lunches.

9. INSECT STINGS

Below are the measures taken for preventing and dealing with insect stings and to protect those with a known insect venom allergy:

- 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 will monitor the grounds for wasp or bee nests. Pupils, staff and parents 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;
- All staff made aware of the animal a child/adult is allergic to;
- 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;
- If school was to keep an animal on site, 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

The organisation recognises that allergic rhinitis (hay fever) and persistent nasal allergies can be caused by seasonal pollen, dust mites or other allergens.

Where reasonably practicable, the school will take steps to minimise exposure to known environmental allergens. These measures may include:

- Keeping windows and doors closed during periods of high pollen count where appropriate.
- Using ventilation or air conditioning systems where available and ensuring filters are maintained in accordance with maintenance schedules.
- Encouraging regular cleaning to reduce dust accumulation and, where appropriate, using damp dusting methods to minimise airborne allergens.
- Promptly addressing damp and mould issues within the premises.
- Considering seating adjustments where environmental allergens are known to be problematic.

- Supporting children who require reasonable adjustments because of severe allergic rhinitis.

Antihistamine medication can be brought into school for school to administer with the completion of a medication form

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 class teacher / TA;
- 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

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 provided for a child with an allergy will be stored in the class red medical bag. This bag will remain in the first aid box during learning time.
- At lunchtime and breaktime the red medical bag will be transferred to the medical bag storage hooks on the yard by the teacher. The accompanying staff member takes the red medical bag contacting the adrenaline pens into the dining room with the pupil. At the end of break and lunchtime they are taken back to the classroom first aid box by the teacher.
- Used or out of date pens will be disposed of as sharps.

13.2 Spare adrenaline pens

This school has two spare adrenaline pens to be used in accordance with government guidance.

- The spare adrenaline pens are stored centrally in the main reception first aid box. This will remain unlocked for staff to access in emergency.
- Termly checks are carried out to identify when they are coming up to expiry to then replace.
- School have two Epipin Jr Auto Injectors, both 0.15mg

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 first aid trained, aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- The above procedures will be considered and 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;
- 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;
- Staff member to administer the adrenaline pen. Ideally the member of staff will be first aid 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;
- When able - raise emergency alarm (red card / inform staff member in class next door / telephone Main Office or SLT)
    - Emergency alarm = 3 sharp rings of the school bell
    - This indicates that all available staff (particularly trained first aiders) to gather at main reception to be directed to location of emergency
    - First available staff member from admin team or SLT to take spare adrenaline autoinjectors to location of emergency
    - Ask for ambulance to be called – this call to be made on staff mobile so adult is able to take the phone to the location of emergency to be directed by medical / ambulance team
- **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;**
- When additional adult available and the situation is safe to do so, call child's parents;
- 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
- 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
- Giving staff the opportunity to practise with a training adrenaline auto-injector;
- 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. This additional medical need will be identified on the Individual Health Care Plan

17. REPORTING ALLERGIC REACTIONS

The school will record allergic reaction incidents and near-misses on the Allergy & Allergic Reaction Log.

Parents will be informed immediately and have a full report on the medical situation, pre and post reaction events.

Any additional information or lessons learnt to improve the safety of the pupil/pupils will be added to the Health Care Plan, Medical Risk Assessment and/or Allergy Policy.

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.