STAHS
PREP SENIOR SIXTH

Allergy & Anaphlaxis

Pupil Mental & Physical Health Policy
Related Document

September 2026

THINK BEYOND

STAHS PREP SENIOR SIXTH

STAHS PO2: PUPIL MENTAL AND PHYSICAL HEALTH (Related Document)

ALLERGY & ANAPHYLAXIS

The whole school refers to all staff and pupils in the Prep and the Senior School of St Albans High School for Girls (STAHS). This includes: the Early Years/Foundation Stage (EYFS), Pre-Prep (Key Stage 1), Prep (Key Stage 2); Senior School (Key Stages 3-5). STAHS is an independent, selective day school for girls between the ages of 4 and 18.

The school recognises Anaphylaxis as a severe and possibly life-threatening allergic reaction. The school takes its responsibilities to all pupils with Anaphylaxis very seriously. We support children with anaphylaxis in all aspects of school life, encouraging, and facilitating them to fully partake in school activities and ensuring they reach their full potential.

This policy has been developed to ensure that all members of staff are aware of the condition and how to proceed in an emergency.

Contents

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

References

A. STAHS P02: Allergy & Anaphylaxis Policy
B. STAHS P02 RD: Prep Allergy & Anaphylaxis Management Procedures
C. STAHS P02 RD: Senior School Allergy & Anaphylaxis Management Procedures
D. STAHS P02 RD: Asthma
E. Culinera Allergy & Special Diets Policy & Procedures for STAHS Senior
F. STAHS P05: Anti-Bullying Policy
G. British Society for Allergy and Clinical Immunology (BSACI), Paediatric Allergy Action Plans
H. Department of Health (DfH), Guidance on the use of adrenaline auto-injectors in schools

1. AIMS AND OBJECTIVES

1.1. This policy outlines St Albans High School for Girls 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.

1.2. This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside ***References B, C, D & E.***

2. WHAT IS AN ALLERGY?

2.1. 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.

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

2.3. 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 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 three brands licensed for use in the UK: EpiPen, Jext Pen and Emerade. Emerade is currently not available as it has been recalled due to misfiring incidences. For the purposes of this Policy we will refer to them as AAI's.

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

INDIVIDUAL HEALTHCARE PLAN (IHCP): A detailed document outlining an individual pupil's condition, 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 PENS: From 2017 schools have been able to purchase spare adrenaline pens. These should be held as a back-up, in case pupils' own 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

St Albans High School for Girls takes a whole-school approach to allergy management.

4.1. Designated Allergy Lead

The Designated Allergy Lead is the Deputy Head Pastoral (Senior) and Deputy Head Pastoral (Prep). They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with 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
- 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 stock of the school's spare adrenaline pens and ensuring staff know where they are.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings, using the Every system.
- Regularly reviewing and updating the Allergy and Anaphylaxis Policy
- Ensuring there is an Anaphylaxis Drill training yearly at INSET.

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

4.2. School nurse/ Healthcare team

Nursing Team at each school site (Senior and Prep) is responsible for:

- Collecting and coordinating the paperwork (including Allergy Action Plans and Individual Healthcare Plans) and information from families (this will involve liaising with the Admissions Team for new joiners)
- Support the Designated Allergy Lead on how this information is disseminated to all school staff, including the Catering Team, occasional staff and staff running clubs
- Ensuring the information from families is up-to-date, and reviewed annually (at a minimum)
- Coordinating medication with families. Whilst it's the parents and carers responsibility to ensure medication is up to date, the nursing team should also have systems in place to check this and notify the parents when they see the expiry date is approaching
- Keeping an adrenaline pen register to include Adrenaline Pens prescribed to pupils and Spare Pens, including brand, dose and expiry date. The location of Spare Pens should also be documented.
- Regularly checking spare pens are where they should be, and that they are in date
- Replacing the spare pens when necessary
- Providing on-site adrenaline pen training for other members of staff and pupils and refresher training as required eg. before school trips
- Working with the School Office Staff and Catering Team to ensure that our identification methods for pupils with allergies (lanyards and wrist bands) are up-to-date
- (Prep Nurse only) Liaising with the Senior Nurse regarding pupils with allergies when a pupil transitions to the Senior School from the Prep School.

4.3. 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 school nursing team to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity. Parents of new starters complete a joiner pack where they can communicate their childs medical needs to the school. They are also able to update this via parent portal medical questionnaire.
- The allergy information on students is collected by the nursing team and is shared with the catering team via a password protected document. They are aware that this is only as up to

date as the day the document is shared. The nursing team will update the catering team when they are alerted to any changes.

- Prep and Senior school will follow their procedures on admissions and communications with catering.
- Visitors (for example at Open Days and events) are aware of the catering set up and if food is to be offered and plans for medication if the child is to be left without parental supervision. This information is shared prior to the event by the parents to the school staff and disseminated to the appropriate teams.

4.4. **All staff**

- All school staff, to include teaching staff, support staff, domestic staff, occasional staff (for example sports coaches, music teachers and those running breakfast and afterschool clubs) are responsible for:
- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed
- Being aware of pupils 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 (For Prep – age dependant).
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in training and anaphylaxis drills as required (at least once a year) and to tell a manager if you have not received any in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times
- Preventing and responding to allergy-related bullying, in line with ***Reference F.***

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 nursing team, 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, hayfever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice
- Encouraging their child to be allergy aware

4.6. 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 in a timely manner, ideally before the child starts at the school.
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine, inhalers or creams
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Sign the associated permission for child's photo to be shared appropriately as part of their allergy management.
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food they are allergic to.
- If child at Prep, not to supply a packed lunch in accordance with ***Reference B***.

4.7. All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to allergy-related bullying.
- Older pupils will learn how to recognise and respond to an allergic reaction and to support their peers and staff in case of an emergency
- If students are buying food out of school or bringing in food from home independently, to be responsible for checking the ingredients.

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 dependant on age of child and maturity.
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- If age-appropriate, to carry two adrenaline auto-injectors with them at all times. They must only use them for their intended purpose. See ***Reference B*** for Prep students with AAI's.
- Understand 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

- Pupils permitted to leave the school site during the school day 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.
- To follow ***Reference E*** with regards to allergens in food within school premises.

5. INFORMATION AND DOCUMENTATION

5.1. Register of pupils with an allergy

5.1.1. 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. Each pupil with an allergy that requires management at school 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
- A copy of their Allergy Action Plan, if they have one.

5.3. For further detail, see ***References B and C***

6. ASSESSING RISK

6.1. 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 tech 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.
- Planning special events, such as cultural days and celebrations

6.2. Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, adapt the activity.

7. FOOD, INCLUDING MEALTIMES & SNACKS

7.1. CATERING IN SCHOOL

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

7.1.2. Due diligence is carried out with regard to allergen management when appointing catering staff

7.1.3. All catering staff and other staff preparing food will receive relevant and appropriate allergen awareness training

7.1.4. Anyone preparing food for pupils with allergies will follow good hygiene practices, food safety and allergen management procedures

7.1.5. The catering team will endeavour to get to know the pupils with allergies and what their allergies are supported by all school staff.

7.1.6. The school has robust procedures in place to identify pupils with food allergies, these are outlined in the separate procedures document for the Senior and Prep sites. [*References B & C*]

7.1.7. Food containing the main 14 allergens (see Allergens definition) will be documented according to *Reference E.*

7.1.8. Food packaged to go will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging.

7.1.9. Where changes are made to the ingredients this will be communicated to pupils with dietary needs by catering team.

7.1.10. Culinera operate a 'Nut-Free' kitchen and limit their products of may contain. However, they cannot guarantee that their food items are free from nuts or nut derivatives.

7.1.11. Food provided at breakfast club and after school club will follow the procedures of each school site.

7.1.12. Food able to purchase within the school is supplied via the catering company. Students and staff must ask staff to provide the allergy matrix.

7.2. FOOD BROUGHT INTO SCHOOL

Please see ***References B & C.***

7.3. FOOD BANS OR RESTRICTIONS

7.3.1. 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.

7.3.2. We try to restrict peanuts and tree nuts as much as possible on the site and check all foods coming into the kitchen.

7.3.3. 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

7.4. FOOD HYGIENE FOR PUPILS

7.4.1. Pupils will wash their hands before and after eating

7.4.2. Sharing, swapping or throwing food is not allowed

7.4.3. Water bottles and packed lunches should be clearly labelled

7.4.4. If the school has kitchens or food prep areas for the pupils, for example in a boarding house, outline your procedures here. Include measures to limit cross-contamination in preparation and the storage of food

8. SCHOOL TRIPS AND SPORTS FIXTURES

8.1. Allergies will be considered on the risk assessment and catering provision put in place.

8.2. See ***References B and C*** for more information.

9. INSECT STINGS

9.1. Pupils 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
- Keep food and drink covered

9.2. The school St Albans High School for Girls Senior and Prep 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

10.1. It is normally the dander that causes a person with an animal allergy to react.

10.2. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal they are 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 an animal lives on site parents will be made aware and consideration and adaptations will be made
- School trips that include visits to animals will be carefully risk assessed

11. ALLERGIC RHINITIS/ HAYFEVER

11.1. Students are advised to self administer antihistamine prior to attending school.

11.2. If students are needing their allergy managed at school via the school nurse, an IHCP should be in place.

11.3. If medically appropriate, students can be excused from partaking in activities on grass, eg games, if unable to sufficiently manage symptoms.

12. INCLUSION AND MENTAL HEALTH

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

12.2. No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.

12.3. Pupils with allergies may require additional pastoral support including regular check-ins from their tutor, wellbeing team, school nurses etc

12.4. Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives

12.5. Bullying related to allergy will be treated in line with ***Reference F.***

13. ADRENALINE PENS

See ***Reference H***.

13.1. Storage of adrenaline pens

13.1.1. Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.

13.1.2. Adrenaline pens are stored at central locations around both school sites. Details are available in the procedures document. Each medical room also keeps spare sets of the appropriate dosage depending on site.

13.1.3. Prep school students will not be expected to carry their own two adrenaline pens (See *Reference B*)

13.1.4. Senior school students are expected to always carry their own two adrenaline pens on their person (See *Reference C)*

13.1.5. Spot checks will be made to ensure adrenaline pens are where they should be and in date

13.1.6. Adrenaline pens must not be kept locked away

13.1.7. 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)

13.1.8. Used or out of date pens will be disposed of as sharps

13.2. Spare pens

13.2.1. This school has 10 spare adrenaline pens too be used in accordance with government guidance. *[Reference H]*

The adrenaline pens are clearly signposted and are stored at the senior school:

- Medical Centre
- Staff Room
- Kitchens
- Rotunda
- Sports Pavillion
- Sports Complex

At Prep they are located:

- The Lodge
- The dining room
- School Hall
- Medical Room

13.2.2. Spares of 150mcg and 300mcg are kept in the Prep medical room.

13.2.3. The PE department also have access to 12 spare Adrenaline Pens that they use for sports fixtures. 2 AAI's are kept in each Emergency Medication bag.

13.2.4. The medical room keeps a stock of spare adrenaline pens to supply two spare for school trips.

13.3. The Designated Allergy Lead and the school nursing team are responsible for:

- Deciding how many spare pens are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see page 11)
- Which brand(s) to buy. Schools are recommended to buy a single brand if possible to avoid confusion. St Albans High School for Girls buy 'Epi-Pen' brand.
- The purchasing of spare adrenaline pens which can be obtained at low cost from a local pharmacy. See government guidance in *Reference H.*
- Distribution around the site and clear signage

13.4. Adrenaline pens on school trips and match days

13.4.1. No child with a prescribed adrenaline pen will be able to go on a school trip without two of their own pens

13.4.2. Adrenaline pens will be kept close to the pupils at all times eg. not stored in the hold of the coach when travelling or left in changing rooms

13.4.3. Adrenaline pens will be protected from extreme temperatures

13.4.4. Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction

13.4.5. Consider whether to take Spare pens to sporting fixtures and on trips

14. RESPONDING TO AN ALLERGIC REACTION /ANAPHYLAXIS

See APPENDIX A and APPENDIX B on recognising and responding to an allergic reaction

14.1. If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will follow their school sites procedures document.

14.2. If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in APPENDIX B. They will be treated where they are and medication brought to them.

14.3. A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.

14.4. This will be administered by the pupil themselves (if age appropriate) or by a member of staff. Ideally the member of staff will be trained, but in an emergency **anyone** will administer adrenaline.

14.5. If the pupil's own adrenaline pen is not available or misfires, then a spare adrenaline pen will be used.

14.6. If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, a member of staff will ensure they are lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will 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.

14.7. The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.

14.8. Anyone who has had suspected anaphylaxis and received adrenaline must go to hospital, even if they appear to have recovered. A member of staff will accompany the pupil in an ambulance and stay 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
- 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
- Taking part in an anaphylaxis drill

15.2. The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response. If this is not possible, then staff are shown a video and are talked through what to do. Staff are also given opportunities to use trainer adrenaline pens as practice.

16. ASTHMA

It is vital that pupils with allergies keep their asthma well controlled, because asthma can exacerbate allergic reactions. Please see ***Reference D***.

APPENDIX A

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.

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

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

APPENDIX B

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.