WHITE HOUSE SCHOOL

Allergy Management Policy
Prepared by: The Central Team
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Contents

INTRODUCTION
AIMS
LEGISLATION AND GUIDANCE
ROLES AND RESPONSIBILITIES
IDENTIFYING INDIVIDUALS AT RISK
ASSESSING THE RISK
PROCEDURES FOR HANDLING AN ALLERGIC REACTION
ADRENALINE DEVICES (ADs)
SERIOUS INCIDENTS AND NEAR MISSES
ALLERGY AWARENESS
WELLBEING
INFORMATION SHARING
LINKS WITH OTHER POLICIES
MONITORING, APPROVAL & POLICY REVIEW
REVISION HISTORY

1. INTRODUCTION

The White House School is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular, it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values. Everything we do is underpinned by our core values:

- **Ambition** – developing curiosity, courage and aspiration.
- **Resilience** – developing confidence, character and perseverance.
- **Community** – demonstrating kindness, integrity and respect.

While this current policy document may be referred to elsewhere in The White House School documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the Education Act 1996, which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance Understanding and dealing with issues relating to parental responsibility updated August 2023, considers a 'parent' to include:

- all biological parents, whether they are married or not
- any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part-time, and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school contracts the services of third-party organisations to ensure regulatory compliance and implement best practices for:

- HR and Employment Law
- Health & Safety Guidance
- DBS Check processing

- Mandatory Safeguarding, Health & Safety, and other relevant training
- Data protection and GDPR guidance
- Specialist insurance cover

Where this policy refers to 'employees', the term refers to any individual who is classified as an employee or a worker, working with and on behalf of the school (including volunteers and contractors).

The school is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at The White House School.

The policy documents of The White House School are revised and published periodically in good faith. They are inevitably subject to revision. On occasion, a significant revision, although promulgated in school separately, may have to take effect between the republication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

2. AIMS

This policy outlines The White House School's approach to allergy management, in line with the Department for Education's draft [statutory] guidance published in 2026 (Supporting children and young people with medical conditions and allergy).

Benedict's Law introduces a consistent national framework for allergy safety in schools, requiring whole-school allergy policies, mandatory staff training, access to adrenaline devices, and the creation of Individual Healthcare Plans for pupils with allergies.

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

3. LEGISLATION AND GUIDANCE

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014

- The Food Information (Amendment) (England) Regulations 2019

4. ROLES AND RESPONSIBILITIES

The Governing Body/Directors

The nominated allergy safety governor is Justine Collinson.

The governing board is responsible for ensuring:

- Risks relating to pupils with allergies are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

Allergy safety lead

The nominated allergy safety lead is Lisa Dando – Assistant Headteacher for Standards and Audits.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
        - What lessons there are to learn
        - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made

under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances
Charlene Freshwater (Lead First Aider) and Charlotte Brazier (SLT Administrator) are responsible for: • Checking spare AAIs are present and in date on a monthly basis • Making sure that replacement AAIs are obtained when expiry dates approach • Ensure allergy documentation and posters are kept up to date
<u>Teaching and support staff</u> All teaching and support staff are responsible for: • Promoting and maintaining allergy awareness among pupils • Maintaining awareness of our allergy safety policy and procedures • Being able to recognise the signs of severe allergic reactions and anaphylaxis • Being aware of specific pupils with allergies in their care • Reducing the risk to pupils with known allergies coming into contact with known allergens • Ensuring the wellbeing and inclusion of pupils with allergies • Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
<u>Parents/carers</u> Parents/carers are responsible for: • Being aware of our school's allergy safety policy • Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis • If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner • Following the school's guidance on food brought in to be shared • Updating the school on any changes to their child's condition
<u>Pupils with allergies</u> If age-appropriate, these pupils are responsible for: • Being aware of their allergens and the risks they pose • Carrying their AD on their person and only using it for its intended purpose • Understanding how and when to use their AD
<u>Pupils without allergies</u> These pupils are responsible for: • Being aware of allergens and the risk they pose to their peers Older pupils might also be expected to support their peers and staff in the case of an emergency.

5. IDENTIFYING INDIVIDUALS AT RISK

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma, which may be triggered by airborne allergens
- Allergy to insect stings and medicines

<u>Identifying pupils at risk</u>

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks.
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary.

We ask that parents/carers proactively inform us by either phone call to the school 01202985315 or an email to reception@thewhitehouseschool.org if their child's medical needs change during the school year.

<u>Identifying staff and visitors at risk</u>

The school will take reasonable steps to identify staff, volunteers, contractors and visitors who may be at risk of an allergic reaction or anaphylaxis.

- New staff will be asked to provide details of any **known allergies and associated emergency medication** as part of their induction process.
- Staff are responsible for informing the school of any **new allergy diagnosis or significant change** to an existing allergy.
- Where appropriate, an individual **risk assessment or emergency response plan** will be agreed, particularly for those at risk of anaphylaxis.
- Relevant information will be shared with appropriate staff on a **need-to-know basis**, with due regard to confidentiality and data protection.
- Visitors, volunteers and contractors will be encouraged to inform the school in advance of any **significant allergies that may require reasonable adjustments or emergency arrangements** during their visit.
- Where catering is being provided for meetings, training or events, attendees will be asked to communicate any **allergies or dietary requirements in advance**.

- Staff and visitors who carry prescribed emergency medication, including **adrenaline auto-injectors (AAIs)**, remain responsible for ensuring this is available and in date, with appropriate arrangements agreed where necessary.
- Visitors will be asked if they have allergies when they sign in on our swipe in system. We will then made adaptions where needed.

Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept in the school office, easily accessible to staff and near where food is served or and can be checked quickly by any member of staff as part of initiating an emergency response
- The register is also kept inside classroom cupboards and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all pupils to keep their ADs with them will reduce delays and allow for confirmation of consent without the need to check the register.

6. ASSESSING THE RISK

Hygiene procedures

The school takes the following steps to prevent contamination:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 9.5)

7. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
    - The pupil does not have a prescribed AD
    - The pupil's prescribed AD are not available or misfire

See Appendix 1 for Anaphylaxis Protocol

8. ADRENALINE DEVICES (ADs)

Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times, including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

Prescribed ADs will be stored in the school office. They will be:

- In an appropriate central location that is unlocked and accessible at all times
- No more than 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

- Pupils and parents/carers to take individually prescribed ADs home – these are checked in and out daily with signed sheets available from the school office.
- A central digital record will be kept of which pupils have been provided with prescribed adrenaline (and allergy action plan)

Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and an emergency asthma reliver inhaler and ensuring they are stored according to the guidance.

- The ADs are sourced from Simple Online Pharmacy

• The number of ADs required is two

• The school purchased EPIPEN (Adrenaline) Auto-injector 0.3mg (200mg)

• The dosage required Age 6+ 0.3mg (300mg)

Spare ADs will be stored:

- They will be stored in the school reception.
- They will not be locked away
- They will be no more than 5 minutes away from anyone who may need them.
- They will be kept at room temperature (in line with manufacturer's guidance), protected from direct sunlight and extremes of temperature.

Spare AAIs will be kept:

• In pairs, in case a second one is necessary

• Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Charlene Freshwater and Charlotte Brazier are responsible for:

• Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date

• Obtaining replacement ADs when the expiry date is near

<u>Disposal</u>

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions. Where possible they will be given to the paramedics when they are onsite.

<u>Using spare ADs in an emergency situation without prior consent</u>

The <u>Human Medicines (Amendment) Regulations 2017</u> do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

<u>Use of ADs off school premises</u>

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events.

Pupils who are unable to self-administer their own adrenaline will have the Ads stored in the school's first aid kits.

Spare EPIPENS will be taken on the trip, where possible.

9. SERIOUS INCIDENTS AND NEAR MISSES

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Both require recording on the **Serious Incident Notification form**

Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to

staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Lisa Dando, Assistant Headteacher of Standards and Audits. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. ALLERGY AWARENESS

Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from SchoolPro so staff can practice safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist

- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

All staff will complete yearly training supplied by The Allergy Team.

The Allergy training is completed during staff inductions.

All staff will complete a foundation course: Managing Allergy and Anaphylaxis in School.

First Aiders will complete the foundation course and The Extended Course: Managing Allergy and Anaphylaxis in School.
Our School Governor will complete Allergy Governor Training.
Our School Allergy Lead will complete Designated Allergy Lead Training.

All staff can access their training at The Allergy Team. Training is a combination of online learning and zoom training.

Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Pupils learn about allergies during their Life Skills: Health lessons and PSHE lessons. They learn about what an allergy is, what people can be allergic to and the effects.

11. WELLBEING

Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with their class team and the pastoral team.
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behaviour policy.

Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.
The school will support staff involved in any incident or 'near miss'.
See section 9 of the policy for more detail on incidents and 'near misses'

12. INFORMATION SHARING

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. LINKS WITH OTHER POLICIES

This policy links to the following policies and procedures:
- Health and safety policy
- Supporting pupils with medical conditions policy
- Data protection policy
- Positive Behaviour policy

14. MONITORING, APPROVAL & POLICY REVIEW

This policy will be monitored by the allergy safety lead.

This Policy has been reviewed and approved by:

Policy Approver(s)	Cavendish Education Board of Directors/Senior Leadership Team of the school
Storage Location	Website, online, hard copy in the school
Effective Date	August 2026
Next Review Date	August 2027

15. REVISION HISTORY			
Version	Change	Author	Date of Change
1	First published	Cavendish Central Team	August 2026

Appendix 1: **Anaphylactic shock protocol**

- Radio "Urgent first aid EpiPens needed and location"
- Patient should be lying down with legs raised. If they have trouble breathing, they can sit up slightly with legs outstretched.
- Inject adrenaline into the upper thigh according to manufacturer's instructions. (ensure you are not injecting into thick seams, buttons or zips)
- Make a note of the time you gave the first does.
- Stay with the patient and do not let them move or get up. (this can cause cardiac arrest) Start CPR if necessary.
- If their condition has not improved or symptoms have got worse, give a second dose of adrenaline after 5 minutes (ideally into the other thigh, using a second device). Call 999 again and tell them you have had to give a second dose.
- When paramedics arrive hand over used devices.

SLT/Office team

- Attend the incident, with the school mobile.
- Call 999 and provide the necessary details to the emergency services.
- Contact the parents/carers and inform them of the situation.
- Wait at the gate to meet and direct the paramedics upon their arrival.

Responding to anaphylaxis

A - Airway	B – Breathing	C – Circulation
Persistent cough	Difficulty or noisy breathing	Persistent dizziness
Hoarse voice	Wheezing or cough	Pale or floppy
Difficulty swallowing		Sleepy
Swollen tongue		Collapse or unconscious

Mild to moderate allergic reactions

Symptoms include:	Response:
Swollen lips, face or eyes	Stay with the person
Itchy or tingling mouth	Call for help
Hives or itchy rash on skin	Locate adrenaline pens
Abdominal pain	Give antihistamine (If on IHP)
Vomiting	Make a notice of the time
Change in behaviour	Phone emergency contact
	Continue to monitor person

Recognise the signs of anaphylaxis

A
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms