Allergy Awareness Policy for Pupils, Staff and Visitors

Our Vision

Achieving More Together

Our Mission

Working together passionately to achieve the best outcomes for our children and young people in our specialist SEND & AP settings

Reviewed by:	Director of Operations
Ratified by:	Board of Trustees
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Version Control

Version No.	Amendments	Date
1.0	Adoption of Policy as per Benedicts Law	Sept'26
1.2	Amendment: Removal of consent for use of spare adrenaline auto-injectors	Sept'26

1.1 Introduction

This policy applies to all members of the school community, including pupils, staff, volunteers, contractors and visitors. The school recognises that allergies can affect both children and adults and is committed to providing a safe environment for everyone with an allergy or at risk of an allergic reaction. The procedures outlined in this policy are intended to support the prevention, recognition and management of allergic reactions and anaphylaxis in both pupils and staff.

Allergy is the response of the body's immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a 'threat' and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs and latex. Symptoms often appear quickly and the 'first line' emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI).

Around 5-8% of children in the UK live with a food allergy, and most school classrooms will have at least one allergic pupil, and schools may also have staff members living with severe allergies. These people are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of allergic reaction in both children and adults and can respond appropriately.

Parents, staff and wider school community need to be confident in the schools' ability to provide a safe environment for those living with allergies and be reassured that staff are sufficiently trained to act immediately in the event of an allergic reaction. Regular communication with parents is vital. It is crucial that pupils and staff with allergies are not stigmatised or discriminated against because of their medical condition. For example, they should not be separated at mealtimes or excluded from class activities.

1.2 Aims

Enable Trust is committed to ensuring the health, safety and wellbeing of all pupils, staff and visitors. This policy aims to:

- Set out the Trust's approach to allergy management, including reducing the risk of exposure to allergens and the procedures to be followed in the event of an allergic reaction.
- Explain how our schools support pupils and staff with allergies to ensure their safety, wellbeing and inclusion.
- Promote and maintain allergy awareness across the school community.
- Ensure that staff are appropriately trained to recognise and respond to allergic reactions and anaphylaxis.
- Provide a safe and inclusive environment for all members of the school community affected by allergies.

1.3 Legislative Framework

This policy is based on the Department for Education (DfE)'s guidance on allergies 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
- Benedict's Law - Benedict Blythe Foundation

2.0 Roles and Responsibilities

The overall Allergy Lead in the Trust is Ana Tsoucalas, Director of Operations. We take a whole-Trust approach to allergy awareness. Supporting pupils and staff with allergies is a shared responsibility across the Trust and not the sole responsibility of any one individual.

2.1 Nominated Medical Lead

The nominated medical lead in each school is responsible for:

› Promoting and maintaining allergy awareness across our school community

Having oversight of allergy and special dietary information for all relevant pupils (although the medical lead has ultimate responsibility, the information collection may be delegated) ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy care plan
- All staff receive an appropriate level of allergy 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
- Keeping stock of the school's adrenaline auto-injectors (AAIs) and ensuring these are in date
- Ensuring that a practice AAI is available for staff training
- Regularly reviewing and updating the allergy policy
- Supporting the coordination of paperwork and information from families
- Supporting communication around medication arrangements with families
- Raising awareness of allergy management (see Appendix for an example poster)

2.2 The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure there is a nominated medical lead to oversee Allergy awareness
- Ensure that staff attend appropriate allergy training

- Take overall responsibility for the development and monitoring of allergy care plans
- Ensure that systems are in place for obtaining information about a child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Ensure a School Governor and a SLT member are named to oversee Allergies at each school

2.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Supporting the coordination of paperwork and information from families
- Supporting communication around medication arrangements with families
- Overseeing the signing in and out of AAIs, ensuring medication accompanies pupils as required, and monitoring expiry dates when AAIs are brought into or removed from the setting
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

2.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school office with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Consenting to the administration of their child's personal AAI in the event of an allergic reaction
- 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
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared e.g. food in its original sealed packaging, displaying clear ingredient and allergen information.
- Updating the school on any changes to their child's condition

2.5 Staff with allergies

Staff with allergies are responsible for:

- Informing their line manager of any allergy that may affect them in the workplace

- Providing relevant information about their allergy and any emergency treatment required
- Always carrying their prescribed adrenaline auto-injector(s) or other emergency medication with them
- Ensuring that their medication remains in date and is replaced as required
- Sharing their allergy care plan with their colleagues as appropriate (see Appendix for template)
- Sharing the location of their personal AAI device with their colleagues as appropriate
- Seeking medical advice and notifying the school of any changes to their allergy management arrangements

3.0 Assessing Risk

Schools will conduct a risk assessment for any individual at risk of anaphylaxis taking part in:

- Lessons such as food technology and forest school
- Science experiments involving foods
- Interventions
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any individual at risk of an allergic reaction will also be carried out where a visitor requires a guide / therapy dog.

4.0 Managing Risk

4.1 Hygiene procedures

Measures in place to prevent contamination in schools:

- Pupils are reminded to wash their hands before and after eating

4.2 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 provided with pupil allergen information
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- 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)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

4.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Nuts
- Granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Sesame seeds and foods containing sesame seeds

4.4 Insect bites/stings

In the event of an insect bite or sting, the individual should be moved safely away from the area and reassured. The affected area should be checked for swelling, redness, pain, and any signs of an allergic reaction. If a sting is present, it should be removed by gently swiping it away in the direction it entered using a straight-edged object, such as a fingernail or card. A cold compress may then be applied to help reduce pain and swelling. Parents/carers should be informed of the incident. Please refer to the school First Aid handbook for further guidance and procedures relating to allergic reactions and emergency response.

4.5 Animals

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

5.0 Support for mental health

We recognise that allergies and mental wellbeing can significantly affect a child's daily experience, confidence, participation, and learning. Staff will work in partnership with pupils, parents/carers, healthcare professionals to ensure individual needs are understood and appropriately supported.

Reasonable adjustments, clear communication, staff training, and a culture of empathy and respect will help ensure that all pupils feel valued, included, and able to participate fully in school life without fear of discrimination, stigma or exclusion.

6.0 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no individuals with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools' AAI protocols for off-site events and school trips. A risk assessment should be completed in advance for any pupil with a diagnosed allergy requiring an Adrenaline Auto-Injector (AAI/EpiPen). The pupil's prescribed AAI must accompany them at all times during the trip, alongside their allergy care plan.

- Where deemed necessary following an individual risk assessment, an additional spare AAI may also accompany the trip. All medication must always remain readily accessible and should stay with, or near the pupil.

7.0. Procedures for handling an allergic reaction

7.1 Register of pupils with AAIs

The school maintains a register of staff and pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether the individual has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- The register is kept in an easily accessible location and can be checked quickly by any member of staff as part of initiating an emergency response

7.2 Allergic reaction procedures

As part of the whole-Trust awareness approach to allergies, all staff are trained in the allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

- Staff are trained in the administration of AAIs to minimise delays in individuals receiving adrenaline in an emergency
- If an individual has an allergic reaction, the staff member will initiate the school's emergency response procedures, following the allergy action plan
- If an AAI needs to be administered, a member of staff will use the individual's own AAI, or if it is not available, a school one
- If the individual has no allergy action plan, staff will follow the school's allergy care plan procedures on responding to allergy and, if needed, the school's normal emergency procedures

A school AAI device will be used instead of the individual's own AAI device if the individual's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

Advance consent for the use of spare AAIs should be sought wherever practical, as this is good practice. However, the absence of prior consent should not prevent a spare AAI being administered in an emergency where it is considered necessary to save life or prevent serious harm.

If an individual needs to be taken to hospital, staff will stay with them until the parent/carer or next of kin arrives, or accompany the individual to hospital by ambulance

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the individual will be monitored and the parents/carers informed

8.0 Adrenaline and auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, our Trust's procedures for AAIs are:

8.1 Purchasing of spare AAIs

The medical lead in each school is responsible for buying AAIs and ensuring they are stored according to the guidance.

- AAIs will be sourced from a pharmaceutical supplier
- Each school must have at least two AAIs available for each age-based dosage requirement
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)
- Practice pens will be purchased to support staff training

For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).
For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used

8.2 Storage (of both spare and prescribed AAIs)

The medical lead will make sure all AAIs are:

- With the child or adult at all times
- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Frio pouches (or suitable alternative) are used to protect AAIs from extreme heat. In this case, the AAI labels must be stored with the pouch.
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any prescribed AAI, and clearly labelled to avoid confusion.

8.3 Maintenance (of spare AAIs)

The medical leads are responsible for checking monthly that the AAIs are present and in date. Replacement AAIs are obtained when the expiry date is near

8.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

8.5 Use of AAIs off school premises

Individuals at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI with them on school trips and off-site events. Where deemed necessary following an individual risk assessment, an additional spare AAI may also accompany the trip within the emergency anaphylaxis kit. All medication must always remain readily accessible and should stay with, or near the individual.

8.6 Emergency anaphylaxis kit

Each school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Emergency allergy procedure containing instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A record of when AAIs have been administered

9.0 Incident reporting

All staff must report any allergy-related incident without delay. This includes:

- Confirmed allergic reactions (mild, moderate, or severe)
- Suspected allergic reactions
- Near misses (e.g. potential exposure or cross-contamination that did not result in a reaction)
- Errors in food provision, medication handling, or adherence to an individual's allergy care plan

Incidents must be reported in line with the Trust's reporting procedures and recorded on the appropriate system (e.g. CPOMS or incident reporting system) on the same day wherever possible.

9.1 Immediate Actions Following an Incident

In all cases, the priority is the safety and wellbeing of the individual. Staff must:

- Follow the emergency allergy procedures where required
- Ensure appropriate medical treatment is administered
- Inform parents/carers/next of kin as soon as practicable
- Notify the Headteacher and Nominated Medical/Allergy Lead

Where an Adrenaline Auto-Injector (AAI) has been administered, the incident must always be treated as serious and escalated accordingly.

9.2 Recording Requirements

All allergy-related incidents must include, as a minimum:

- Date, time and location of the incident
- Name of the individual affected
- Known allergens and suspected cause of the incident
- Description of symptoms observed
- Action taken (including administration of medication and emergency services involvement)
- Names of staff involved
- Outcome and follow-up actions

Records must be clear, factual, and completed promptly to support accurate review and accountability.

10. Review and Learning

All incidents, including near misses, will be reviewed to identify:

- Contributing factors (e.g. communication failures, procedural gaps, environmental risks)
- Whether the allergy care plan was followed appropriately
- Any delays or issues in recognising or responding to symptoms
- Opportunities to strengthen controls, training or communication

A proportionate review process will be applied:

- **Serious incidents** (e.g. anaphylaxis, AAI use, hospitalisation) will be formally reviewed by senior leaders
- **Recurring or pattern-based incidents** will trigger wider review and escalation to Trust level where appropriate

10.1 Actions and Continuous Improvement

Following review, the school will:

- Update individual allergy care plans where required

- Amend risk assessments and control measures
- Provide targeted staff training or refresher sessions
- Update policy or procedures where necessary
- Share key learning with relevant staff to prevent recurrence

Where appropriate, findings will be reported to the Trust's senior leadership team and/or Board of Trustees as part of health and safety monitoring arrangements.

11. Monitoring and Oversight

The Nominated Medical/Allergy Lead will maintain oversight of all allergy-related incidents, ensuring that:

- Records are complete and up to date
- Reviews are carried out consistently
- Actions are implemented and monitored

Regular summaries of incidents and trends will be shared with senior leaders to support effective risk management and continuous improvement.

12. Training

The Trust is committed to training all school staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Training will be carried out annually and applies to all staff including teachers, education support staff, lunchbreak supervisors, office staff, and site staff.
- We will also seek assurance from external providers who work regularly with children, including transport staff, agency staff, catering staff, cleaning staff and professional visitors, that they regularly receive allergy training.

13. Monitoring and Review

This policy will be reviewed annually or earlier in the event of an incident involving an adverse reaction, an error in administration of medication or another incident involving medication which requires investigation.

Appendix A Emergency Allergy Procedure and AAI Instructions

This plan is for anyone not on the allergy register and will be kept with the spare AAIs

Signs and Symptoms of an Allergic Reaction	
Mild to Moderate Symptoms	**Severe Symptoms (Anaphylaxis)**
• Itchy rash or hives • Tingling or itchy mouth • Swelling of lips, face, or eyes • Abdominal pain, vomiting, or nausea • Sneezing or runny nose	• Difficulty breathing or wheezing • Persistent cough • Swelling of the tongue or throat • Difficulty speaking or hoarse voice • Dizziness or collapse • Pale or floppy appearance • Loss of consciousness

If a severe allergic reaction (anaphylaxis) is suspected:

- Remain calm and give reassurance
- Follow emergency procedures when calling 999 and clearly state “anaphylaxis”
- Call for immediate assistance and request that a spare AAI and defibrillator are brought to the scene
- Follow all advice and instructions provided by the emergency services
- Inform parents/carers/next of kin as soon as possible
- Continue to monitor closely until emergency services arrive

Instructions for Use of an Adrenaline Auto-Injector (AAI)

- Follow the manufacturer’s instructions for the prescribed device.
- Administer the AAI into the outer mid-thigh.
- The AAI can usually be administered through clothing if necessary.
- Record the time the AAI was administered.
- Give the used AAI to emergency services.
- Administration Steps

1. Remove the AAI from its container.
2. Remove the safety cap.
3. Hold the AAI firmly, avoiding either end.
4. Place the tip against the outer mid-thigh at a right angle.
5. Push firmly until a click is heard or felt.
6. Hold in place for the recommended number of seconds according to manufacturer guidance.
7. Remove the AAI and massage the area briefly if advised.

Appendix B Emergency Anaphylaxis Kit Checklist

Emergency Anaphylaxis Kit Checklist	**Date checked**
Spare AAIs Injector 1 batch no expiry date Injector 2 batch no expiry date	
Record of when AAIs have been administered	
Generic allergy care plan containing instructions for the use of AAIs	
Instructions on storage	
Manufacturer's information	

Appendix C Annual Allergy Audit Template

Section 1: Policy Governance & Documentation

☐ Policy is accessible to all staff & is read annually

☐ Policy ratification and review dates are current

☐ Policy reflects latest DfE and DHSC guidance

Section 2: Leadership & Roles

☐ A named **Nominated Medical Lead** is in place

☐ All staff are aware of allergy procedures

☐ Systems are in place for collecting pupil allergy/medical information

Section 3: Information & Care Plans

☐ Up-to-date register of pupils/staff with allergies/AAIs is maintained

☐ Register includes: allergens, risk factors, medication, consent status

☐ All individuals with allergies have an allergy care plan

☐ Allergy information is accessible to relevant staff

Section 4: Risk Assessment & Planning

☐ Risk assessments are completed for pupils at risk of anaphylaxis

☐ Individual risk assessments are in place where required

Section 5: Prevention & Day-to-Day Controls

Hygiene & Environment

☐ Handwashing procedures are embedded

☐ Measures in place to prevent cross-contamination

Catering

☐ Catering staff trained in allergen management

☐ Menus clearly labelled with allergen information

☐ Systems in place to meet special dietary needs

☐ Catering team aware of all pupils with an allergen care plan

Section 6: Emergency Response Arrangements

☐ Staff understand signs of allergic reaction and anaphylaxis

☐ Clear emergency procedures are in place

☐ Staff know when and how to call 999

☐ Parents / Next of Kin are informed appropriately following incidents

☐ Staff understand use of AAIs and emergency school AAIs

Section 7: AAI (Adrenaline Auto-Injector) Management

Availability & Storage

☐ Minimum required AAIs are in place

☐ AAIs stored correctly (accessible, not locked away, within 5 minutes reach)

☐ Spare AAIs clearly labelled and separate

Monitoring & Maintenance

☐ Monthly checks of AAI stock and expiry dates completed

☐ Replacement process is in place

☐ Disposal arrangements are understood

Off-site provision

☐ AAIs accompany pupils on trips

☐ Emergency anaphylaxis kit available where required

Section 8: Emergency Anaphylaxis Kit

☐ School holds a complete emergency anaphylaxis kit

☐ Kit includes all required elements:

- ☐ Spare AAIs
- ☐ Generic allergy care plan
- ☐ Storage instructions
- ☐ Manufacturer's guidance
- ☐ Stock/expiry checklist

- ☐ Record of AAI use

☐ Kit checks are recorded regularly

Section 9: Training & Awareness

☐ Annual allergy training delivered to all staff

☐ Staff induction training includes allergy awareness

☐ Training includes:

- ☐ Recognising symptoms
- ☐ Emergency response
- ☐ AAI administration
- ☐ Prevention strategies

☐ Records of training completion are maintained

Section 10: Communication & Engagement

☐ Parents/carers informed of school allergy procedures

☐ Clear signage for allergy awareness is in place

☐ Clear expectations for packed lunches are communicated

☐ Staff communicate effectively with families regarding medication

Section 11: Monitoring, Incidents & Review

☐ Any allergy-related incidents have been recorded

☐ Incidents reviewed and lessons learned identified

☐ Policy updated following incidents where required

☐ Annual audit completed and signed off

☐ Findings reported to SLT / Operations team where required

Appendix D Staff Health Care Plan

Staff Health Care Plan

This form is to be completed for employees with a medical condition which may require an emergency response, e.g. allergy, epilepsy, diabetes, heart conditions, etc.

Employee name:	
Usual place of work:	
Medical condition:	
Signs and symptoms:	
If this Health Care Plan relates to an allergy, please state: - Known allergens - Typical medical symptoms - Location of auto-injector - Whether a 2nd auto-injector is available	
Control measures:	
Any medical advice or workplace adjustments recommended by a healthcare professional	
Who has been trained to support this employee (if applicable)	
What to do in an emergency (step-by-step response)**:**	
When should 999 be called:	
Location of emergency medication:	
First emergency contact details (name & phone number)	
Second emergency contact details (name & phone number)	
GP name & address	
By signing this form, I give consent and I take responsibility for sharing this information with my team. I also consent to sharing this form with the emergency services in the event of an emergency.	
Signed:	
Dated:	

Review date:	

Appendix E Pupil Allergy Care Plan

ALLERGY CARE PLAN FOR PUPIL WITH MEDICAL NEEDS

Name of Pupil:

Address:

D.O.B:

NHS Number

School: New Siblands Special School

Date of Plan:

Review Date: **or sooner if changes required**

ALLERGIES

CONTACT INFORMATION

Home Contact 1 (Main Contact):

Name:

Tel No 1:

Relationship:

Home Contact 2:

Name:

Tel No 2:

Relationship:

Key Health Professionals:- GP for child & Consultant:

Name:

Position:

Location:

Name:

Position:

Location:

AGREEMENT TO SHARE HEALTH CARE PLAN

I agree that this information can be shared with school and transport staff. I give permission to use my child's photograph on health documents. As a parent/carer, I am responsible for keeping my child's information up to date. I also consent to share the information in this plan with relevant health professionals.

I agree to inform the School if there are any changes that need to be made to this health care plan, and get this updated and the new copy sent in to school.

This health care plan has been discussed and agreed between the following persons:

Care and medication lead Print name:	Signature: Date:
Head Teacher or representative: Print Name:	Signature: Date:
Parent/carer (with parental responsibility): Print name:	Signature: Date:
Child/young person: Print name:	Signature: Date:

Medical Summary and Explanation of Medical Term

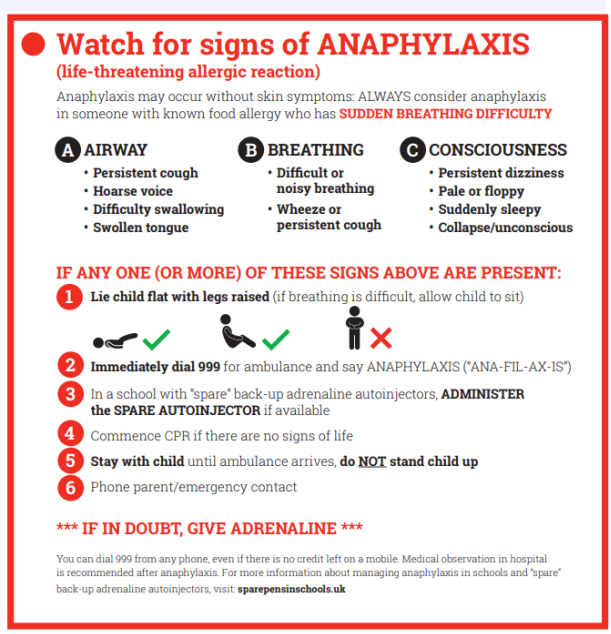
An allergy is where your body reacts to something that's normally harmless like food, pollen, dust, insect bites or animals. The symptoms can be mild, but for some people they can be very serious.

LIST OF POSSIBLE MEDICAL EMERGENCIES & ACTIONS

Symptoms of an allergic reaction can appear within minutes or after a few hours.

Symptoms may include:

- **a runny nose or sneezing**
- **red or watering eyes**
- **pain or tenderness around your cheeks, eyes or forehead**
- **coughing, wheezing or breathlessness**
- **a raised rash (hives), or itchy or red skin – redness can be harder to see on brown or black skin**
- **diarrhoea, stomach cramps or bloating**
- **feeling or being sick**
- **swollen eyes, lips, mouth or throat**
- **Sudden change in behaviour**



Appendix F Allergy Awareness Poster

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

B Breathing

- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation

- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up

2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)

3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)

4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis

01252 542029
info@anaphylaxis.org.uk
anaphylaxis.org.uk
Charity Number: 1085527