



Allergies Policy

Prepared by:

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Agreed by staff:

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Review:

September 2031

Signed

Chair of Governors:

Executive Headteacher:

CHASE BRIDGE PRIMARY SCHOOL

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1.0 Introduction, aims, purpose of policy

This Guidance has been developed to help protect the wellbeing of staff and pupils, to reduce the risk from allergic reactions that may cause anaphylaxis.

This policy sets out how to manage allergies and aims to ensure that Chase Bridge Primary School has the systems in place to respond quickly and effectively to allergic emergencies.

Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something they are allergic to (known as an allergen), such as certain foods, medicine or insect stings.

Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with something a person is allergic to.

2.0 Legal Requirements and Standards

Health and Safety at Work Act 1974 - The school has a legal and moral duty to ensure the health, safety and wellbeing of employees and those, such as students and pupils, who are affected by the school's undertakings. This includes the use of a third party to provide food services such as in many school canteens.

The school will also comply with the EU Food Information for Consumers Regulation (1169/2011)

Prepacked for Direct Sale (PPDS) Food - On the 1st October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in Wales, England, and Northern Ireland. The new labelling helps protect consumers by providing potentially life-saving allergen information on the packaging. Any business that produces PPDS food will be required to label it with the name of the food and a full ingredients list, with allergenic ingredients emphasised within the list.

PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. For example, a sandwich made in your kitchen, packaged and sold in the canteen.

PPDS does not apply to any food that is not in packaging or is packaged after being ordered by the consumer. These are types of non-prepacked food and do not require a label with name, ingredients and allergens emphasised. **In these cases, allergen information must still be provided but this can be done through other means, including orally.**

The [Food Information Regulations 2014](#) requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Children and Families Act 2014 places a duty on schools to provide suitable support to pupils/students with medical requirements. This includes the need for individual health plans for pupils/students where relevant.

Please also refer to the following policies and documents:

- Medical Policy

3.0 Aims and Objectives

It is the policy of Chase Bridge Primary School to minimise the risks of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. Where an external canteen, breakfast/after school club are used, they will either follow this policy or have their own which meets or exceeds this level.

This policy will follow guidance from:

- Department. for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Anaphylaxis UK estimates there are around 680,000 children in England living with allergies. It is also estimated that 20% of the UK population has one or more allergies. Although Chase Bridge Primary School cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils/students in line with legislation, or where reasonable, better than the standard.

This policy does not include religious, moral/philosophical dietary requirements or other reasons for not eating certain food.

The school is committed to proactive risk food allergy management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff/pupils/students suffering from allergies;
- remind staff, parents and pupils/students to confirm to the school any allergies when action may be required;
- ensuring pupils/students who need them have a health care plan in place, including those with allergies;
- in the same way, the school encourages staff to notify the Welfare Officer/Pastoral Support Manager of known risk of anaphylaxis and to provide a care plan and advise where their auto-injectors are kept.
- keeping an up-to-date list of staff/pupils/students with allergies and ensuring (where required) the school's caterers have access to the information;
- liaising with the school's canteen and other food providers staff/management;
- regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and
- provision of a whole school awareness training on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g. the use of adrenaline auto-injectors such as EpiPens and similar devices) annually with the Central London Community Healthcare NHS trust.

- Nut free school

4.0 Responsible Person

Amy Gray and Katie Pyke have been appointed as the Responsible Persons for the school and have overall responsibility for helping ensure suitable controls are in place.

The Responsible Person will work in conjunction with the family/person with the allergy (staff, pupils/students and pupils' families/guardians etc.), the school's first aid staff, and Special Educational Needs Coordinator (SENCO).

The Responsible Person will also ensure that any specific training is organised through the School Nurse Service.

The Responsible Person will liaise with the school's food providers (such as external canteen, breakfast and after school clubs etc.)

The Responsible Person will also ensure there is a record of all people with allergies, which notes:

- Name
- Picture of the person
- What they are allergic to
- Symptoms
- Actions to take

This document should be reviewed annually or earlier due to new pupils/students joining the school or new information being provided relating to a pupil/student's medical situation. This document is shared with all staff and is available in the staff room and halls.

Where required, the Responsible Person will ensure the student has an Individual Health Care Plan (IHCP)

Guidance:

Who is the Responsible Person?

The "Responsible Person" is a member of staff that will ensure relevant allergy controls are in place at the school and who will review the individual person's requests where needed.

5.0 Information from Parents and Staff

Staff are asked to make the school aware of any food allergies they have using a staff care plan and speaking with a member of the Senior Leadership team or Welfare.

Parents/guardians are required to make the school aware of any allergies suffered by their children. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

All relevant information will be passed to key areas within the school including Class Teachers, First Aiders, office staff and Catering colleagues who work at the school.

6.0 Training For Staff

The following staff members (at least 2) are responsible for coordinating staff anaphylaxis training:

Katie Pyke - Welfare and Attendance Officer

Amy Gray - Pastoral Support Manager

All staff are required to complete Anaphylaxis training on an annual basis. (This is separate from general first aid training.)

Important Guidance:

Training on Anaphylaxis should be provided to all school staff on an annual basis

What should the training include?

It should include:

- Recognise signs and symptoms of anaphylaxis
- Know how to manage an emergency
- Know how to administer an adrenaline auto-injector (AAI)
- Care planning
- Consider how to keep the school environment safe for children/staff at risk of anaphylaxis

Important Guidance:

Information, Instruction & Training - Type and Frequency

Annual Anaphylaxis Training - All staff	All staff should complete Anaphylaxis training on an annual basis. Access the FREE Anaphylaxis training from the local School Health Team: • Richmond schools - the Richmond School Nurses team organises this each year for Chase Bridge Primary School. CLCHT.RichmondSchoolNursing@nhs.net
All staff	All staff should receive in-house training in the application of this policy. General advice on how to use adrenaline auto-injectors (such as Epipens etc.) can be found at the following:

	https://www.anaphylaxis.org.uk/wp-content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf
Staff providing First Aid assistance:	Where there are pupils/students/staff with allergies, schools are advised to take this into account when deciding upon the level of first aid provision at the school and on school trips, the school should review the number of staff that have completed the full three day First Aid at Work training and the Emergency First Aid including Paediatrics to ensure that staff are trained accordingly. For early years and foundation stage, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and should accompany children on outings. Where there are pupils and/ or staff present that are at risk of anaphylactic shock selected staff will also require training in the correct use of adrenaline auto-injector, e.g. epipens. It is important that the First Aiders are included in the annual anaphylaxis training as discussed above within this table. Schools should also contact the School Nurse Service for their area to ascertain if further specialist training, relating to a pupil's specific condition would be required and for the expected regularity of refresher training.

7.0 Supply, Storage and Care of Medication

For pupils at Chase Bridge there should be an anaphylaxis kit which is kept within 5 minutes of them and located in the Welfare room, unlocked and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two adrenaline auto-injectors e.g. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Welfare Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

Adrenaline auto-injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

8.0 Common Food Allergens

Guidance:

Common Food Allergens:

Food Standards reports (<https://allergytraining.food.gov.uk/english/rules-and-legislation/>) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food. They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

<https://allergytraining.food.gov.uk/english/rules-and-legislation/#allergen-rules>

The above list does not cover all the food groups that may be an issue (for example kiwi fruit), and only notes those that must be noted on labels.

9.0 What About Banning Nuts

Guidance:

Banning Nuts:

Nut allergies are the most common, high risk allergy and it is believed that 1 in 55 pupils/students have a nut allergy.

Generally, Anaphylaxis UK does not necessarily support 'peanut bans' in all schools provided there are suitable controls in place on the management of allergies and allergens. However, this is dependent on the level of risk towards staff/pupils/students.

Chase Bridge on review of the guidance has a full ban on nuts and aims to be a nut free school to protect staff, pupils and visitors.

10.0 Communicating About Allergens

Information about allergies is on the school's website and parents are informed when their children join the school and staff are informed when they join the school and when required.

All staff, including agency and supply staff, are made aware of the school's allergy policy during the Induction and any updates or new risks are included at staff meetings and news items to parents.

11.0 Reporting Allergies

The school requests that parents and staff report any food allergies that affect staff/pupils/stu when the student or staff member first joins the school (or if they joined prior to this policy being used, they will be asked when this policy is activated).

Parents/Staff are encouraged to report allergies when they are aware of the condition.

Parents will be required to complete the information in the admissions form, which will also be available on the school's website. An individual health plan will also be required.

Staff should complete a staff care plan. See Appendix B.

A copy of the documents will be kept securely on file.

12.0 Data Protection (GDPR)

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff/Depts and third parties., including a photo of the student (where required). This will include the following:

- First Aid Lead
- Catering contractor/School caterers
- Breakfast/After School Clubs
- Senco (for pupils/students)
- Documents pertaining to educational visits
- Brentford coaches
- Residential staff where appropriate

13.0 School Catering and Food Technology

The school will work with its caterers and Food Technology team each year when reviewing the student lunch menus and source of ingredients. Information gathered using this policy will be used to reduce the risk to people within the school.

The **caterers** will review their procedures as required. For example they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies ;(this may include photos);

Statement provided by Caterlink (caterers)

"All staff are trained annually on our allergen procedures.

Ingredients and menus are reviewed monthly by our Head of Special Diets in collaboration with our suppliers.

Caterlink can offer a menu that states allergens on if required, however this would only be correct at the time of publishing and so we advise all children with allergies or intolerances to be on a special diet menu.

Every site has a 'Please Ask about Allergens' poster as per legal requirements. Schools require a safe and effective process for identifying students at the counter, i.e. a member of staff bringing the child up or alternatively an allergen lanyard.

Caterlink understands that with the new online form do not come directly to the school, so we will share the school's complete allergy list “

The **Food related activities** will:

Review all classes for pupils with allergies participating. The teachers will be aware of any pupil with a relevant allergy and will take suitable action, including:

- carefully plan cooking activities including lesson planning and risk assessments;
- maintaining high standards of cleaning;
- minimise contamination during cleaning procedures;
- opening windows to maintain good general ventilation where appropriate;
- consider the provision of disposable masks (FFP3) for those pupils with allergies (FFP = Filtering Facepiece); and
- have an approach of the parent, carers, pupil/student and teachers working together.

Important Guidance:

Minimising contamination

It is good practice to:

- Provide clean equipment and clothing and a work space not used by other pupils.
- Keep a basic plastic box with a set of equipment in it that is not used for cooking with allergens.
- Aprons washed thoroughly and only used by pupil/staff with allergies

14.0 Symptoms and Treatment

14.1 Symptoms

We follow the advice provided by [Anaphylaxis UK](#):

What to look for:

- Symptoms usually come on quickly, within minutes of exposure to the allergen.
- Mild to moderate allergic reaction symptoms may include:
 - a red raised rash (known as hives or urticaria) anywhere on the body
 - a tingling or itchy feeling in the mouth
 - swelling of lips, face or eyes
 - stomach pain or vomiting.

More serious symptoms are often referred to as the **ABC symptoms** and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways

- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

14.2 Treatment and Action

Action:

Keep the child where they are, call for help and do not leave them unattended.

1. **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
2. **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Adrenaline Auto-injectors should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
3. **CALL 999** and state **ANAPHYLAXIS (ana-fil-axis)**.
4. If no improvement after 5 minutes, administer a second adrenaline auto-injector.
5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.
7. Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better.** This could lower their blood pressure drastically, causing their heart to stop.
8. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Guidance:

Spare Injector:

The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription. Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

For more information on this, go to:

<https://www.anaphylaxis.org.uk/campaigning/spare-pens-in-schools-campaign/>

Please note:

Excerpt from the current “Guidance on the use of adrenaline auto-injectors in schools”

“Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. This

guidance does not supersede this advice from the MHRA, I and any spare auto-injector(s) held by a school should be in addition to those already prescribed to a pupil.”

Spare Auto-injectors are available in both the May and Chase Hall. They are kept in date and Welfare order replacements as needed. All staff are aware of where the auto-injectors are, this is in their annual training.

Parents are asked to provide two auto-injectors for pupils, these are kept in the Welfare room with any other medication prescribed to that child.

15.0 Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils prior to the trip and make plans accordingly taking into account the activities planned.

Where reasonable, school trips will avoid areas that may affect a pupil's allergy. Where such trips are being planned, the school will get advice from the Senior leadership team/Welfare and work with the parents and the Senior leadership team/Welfare to work out what is possible.

Where reasonable, school trips will avoid areas that may affect a student's allergy.

If pupils are going offsite, staff will check to ensure each pupils two adrenaline auto-injectors (or other suitable medication) is being carried, before setting off. (Please note that pupils and students who need adrenaline auto-injectors need to have two of them with them - current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injectors should carry two of the devices at all times.)

The need for an injector will be noted on all relevant educational visit documents during the planning stage.

16.0 Disposal of Used Adrenaline Auto-Injectors

Adrenaline auto-injectors are single use and must be disposed of as sharps when they have been used. They can be given to ambulance paramedics on arrival or can be disposed of in a sharps bin. The sharps bin is kept in the Welfare room.

The school provides sharps boxes for use in school and on trips.

17.0 Cross Contamination

Cross contamination can occur between food and objects if arrangements are not in place to avoid this.

Staff and pupils are encouraged to wash their hands after eating and the school has good hygiene procedures in place to reduce the risk

See also Section 13 - Food Catering and Food Technology which discusses this.

18.0 Allergy Bullying

The school will monitor for allergy bullying and where required will teach all pupils about the risk from allergies.

The school also has an anti-bullying policy in place.

19.0 Intolerance To Food

Guidance:

Food Intolerance:

Although not life threatening, food intolerances are more common than allergies and can cause people to feel unwell. The symptoms of food intolerances tend to come on slower, even several hours after consumption. For example, people can be intolerant to gluten. This is called coeliac disease.

Typical symptoms include bloating and stomach cramps.

This Policy focuses on allergies rather than food intolerance.

Guidance:

Useful Links

Department for Education: Supporting pupils with medical conditions at school

Link: <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

Anaphylaxis Campaign

Link: <https://www.anaphylaxis.org.uk/>

Appendix A - Individual Healthcare Plan - Severe Allergy

Chase Bridge
Primary School

EXECUTIVE HEADTEACHER
Mr Daniel Bishop, B.Sc (Hons)

HEAD OF SCHOOL
Mr Brian Ostro, BA



Individual Healthcare Plan

Severe Allergy

Name of Pupil

Date of Birth

Name and Contact Details of Parent/Guardian:

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian

Date

Print Name

Health Care Plan Review Date:

Pupil's Name

DIAGNOSIS:

What Triggers My Allergy?

What Are My Usual Symptoms?

Health Care Needs In School

If symptoms are mild to moderate:

Administer oral antihistamine medication	Yes	No
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If symptoms are severe, refer to emergency procedures.

Medication:

Name of prescribed oral antihistamine medication:

Name of prescribed emergency medication:

Carries own emergency medication	Yes	No
----------------------------------	-----	----

Location of medication:

Health Care Plan Completed By:

Designation:

Date:

Treatment for Severe Allergic Reactions

REMEMBER: Never leave someone with severe allergic symptoms.

Mild to Moderate Symptoms

Swollen lips, face or eyes

Hives or itchy skin rash

Itchy or tingling mouth

Abdominal pain, vomiting

Action

- Sit child down
- Give antihistamine medication
- Reassure them

Return to class when feeling well again and notify parent.

Worsening Symptoms

Difficulty or noisy breathing

Swelling of tongue/tightness of throat

Difficulty talking/hoarse voice

Pale and floppy (young children)

Action

- Check ABC – Airway, Breathing, Circulation
- Stay with the child to reassure and comfort
- Lie the child down if feeling faint or dizzy
- If breathless, sit up to maintain comfort and aid lung expansion
- Lay or sit child on floor with knees raised (don't move them to another area)
- Give adrenaline auto-injector
- Call “999” for an ambulance Note: Tell them it is an “anaphylaxis emergency”.
- If no improvement in 5-10 minutes give a second adrenaline auto-injector.
- Contact parent
- After every use, call 999 even if symptoms are improving!

- Put used EpiPen/ Jext (AAI) pen back into container ready to give to ambulance crew
- Write down the time given and inform ambulance crew
- Keep child warm until ambulance arrives
- Monitor breathing and reassure child

Additional Treatment

May be given asthma reliever inhaler, through a spacer, to help relieve breathing difficulties.

Appendix B - Staff Healthcare Plan - Severe Allergy

Chase Bridge
Primary School

EXECUTIVE HEADTEACHER
Mr Daniel Bishop, B.Sc (Hons)
HEAD OF SCHOOL
Mr Brian Ostro, BA



Staff Healthcare Plan

Severe Allergy

Staff name:

Name and Contact Details of Next of Kin:

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my care needs in school.

Staff signature

Date

Print Name

Health Care Plan Review Date:

Staff Name:

DIAGNOSIS:

What Triggers My Allergy?

What Are My Usual Symptoms?

Health Care Needs In School

If symptoms are mild to moderate:

Administer oral antihistamine medication

Yes

No

If symptoms are severe, refer to emergency procedures.

Medication:

Name of prescribed oral antihistamine medication:

Name of prescribed emergency medication:

Location of medication:

Health Care Plan Completed By:

Designation:

Date:

Treatment for Severe Allergic Reactions

REMEMBER: Never leave someone with severe allergic symptoms.

Mild to Moderate Symptoms

Swollen lips, face or eyes

Hives or itchy skin rash

Itchy or tingling mouth

Abdominal pain, vomiting

Action

- Sit person down
- Give antihistamine medication
- Reassure them

Before returning to work seek advice from the Welfare team or SLT

Worsening Symptoms

Difficulty or noisy breathing

Swelling of tongue/tightness of throat

Difficulty talking/hoarse voice

Pale and floppy

Action

- Check ABC – Airway, Breathing, Circulation
 - Stay with the person to reassure and comfort
 - Lie the person down if feeling faint or dizzy
 - If breathless, sit up to maintain comfort and aid lung expansion
-
- Lay or sit person on floor with knees raised (don't move them to another area)
 - Give adrenaline auto-injector
 - Call “999” for an ambulance Note: Tell them it is an “anaphylaxis emergency”.
 - If no improvement in 5-10 minutes give a second adrenaline auto-injector.
 - Contact next of kin

- After every use, call 999 even if symptoms are improving!
- Put used EpiPen/ Jext (AAI) pen back into container ready to give to ambulance crew
- Write down the time given and inform ambulance crew
- Keep person warm until ambulance arrives
- Monitor breathing and reassure person

Additional Treatment

May be given an asthma reliever inhaler, through a spacer, to help relieve breathing difficulties.

Appendix C - Anaphylaxis UK - Save a Life - Symptoms and Actions

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

Charity Number: 1085527



anaphylaxis.org.uk

Appendix D - NHS advice on anaphylaxis and how to use an adrenaline auto-injector

[Link to NHS Advice on Anaphylaxis](#)

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- [EpiPen instructions \(EpiPen website\)](#)
- [Jext instructions \(Jext website\)](#)