East Sheen Primary School:
Food Allergies Policy and Guidance

Kingston and Sutton Health and Safety Teams

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East Sheen Primary School: Food Allergies Policy and Guidance

1. Introduction:

This Guidance and Policy Template has been developed by the Action HR Health and Safety Team to help those responsible for the wellbeing of staff, pupils/students and others in schools to reduce the risk from allergic reactions that may cause anaphylaxis.

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.

Anaphylaxis UK states that 20% of fatal food-anaphylaxis cases in children occur in school.

2. 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.

Allergy Safety in Schools Statutory Guidance (DfE, 2026) ("Benedict's Law")
The school will comply with the Department for Education's statutory guidance *Allergy Safety in Schools* and any subsequent updates. The school will maintain a published allergy safety policy, provide appropriate staff training, hold emergency adrenaline auto-injectors in accordance with statutory requirements, maintain Individual Healthcare Plans for pupils with allergies where required, and ensure effective recording, reporting and review of allergy incidents.

3. Aims and Objectives

It is the policy of East Sheen Primary School (ESPS) 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 ESPS 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 school of known risk of anaphylaxis to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- 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 programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g. the use of adrenaline auto-injectors such as epipens and similar devices). Click here for the Anaphylaxis UK Whole School Awareness information and resources: https://www.anaphylaxis.org.uk/education/safer-%20schools-programme/

3. Responsible Person

Harry Page has been appointed as the Responsible Person for the school and has 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/students' families/guardians etc.), the school's welfare officer, 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 caterers, 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.

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

Guidance:

Who is the Responsible Person?

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

5. Information from Parents and Staff

Staff are asked to make the school aware of any food allergies they have.

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.

Parents/carers must complete the Student Food Allergy Plan (Appendix A) and return it to the school's Welfare Officer. This information is included on the pupil's Individual Health Plan (IHP) and Risk Assessment (Appendix B) if necessary.

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

6. Training for Staff

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

Harry Page Headteacher
Polly Jones Deputy Headteacher

All staff are required to complete Anaphylaxis and Allergy Awareness 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 your local School Health Team: ● **Kingston schools** - click here to request training - Link to Your Healthcare. ● **Richmond schools** - the Richmond School Nurses team organises this each year for schools. CLCHT.RichmondSchoolNursing@nhs.net ● **Sutton schools** - Please contact Sutton's School Nurse Team for training ● **Other school** - Please contact your local area's School Nurse Team for training
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. Supply, storage and care of medication

For younger children (i.e. primary-school age), or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

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

8. 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. 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.

The school has reviewed the risk from nuts to our staff and pupils/students and at this time, the school has a full ban of nuts in place. This ban is publicised to the parent community every term.

10. Communicating Information about Allergies

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 newsletters to parents.

11. Reporting Allergies

The school requests that parents and staff report any food allergies that affect staff/pupils/students 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 Individual Health Plan (IHP) which will also be available on the school's website.

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

12. Data Protection (GDPR)

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

- Welfare Officer
- First Aiders
- School caterers
- Breakfast/After School Clubs
- SENCO (for pupils/students)
- Documents pertaining to educational visits

13. School Catering and Cooking Activities in class:

The school will work with its caterers 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);

Cooking activities in class:

Review all classes for pupils/students with allergies attending the session. 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/students.
- 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 pupils/students/staff with allergies

PTA events:

The school does not prohibit food sales at PTA-organised events such as fairs, fetes and cake sales. These activities are organised and managed by the Parent Teacher Association rather than the school, and therefore fall outside the school's catering provision. However, the PTA is encouraged to provide clear allergen information where possible and to promote safe practices for all attendees.

The school will suggest parents bring food *replacements* for events, such as fetes/fairs, cake sales, so the child with allergies can feel more involved.

The school will not use food as a treat or reward, nor will the school give out treats provided from a child's home, e.g. birthday sweets.

14. 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 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,1 and any spare auto-injector(s) held by a school should be in addition to those already prescribed to a pupil."*

15. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils/students prior to the trip and make plans accordingly taking into account the activities planned. All pupils/students with medical needs will be placed in a group with their parent, class teacher, or first aider from school.

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

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

If pupils/students are going offsite, staff will check to ensure each pupil/student/s 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. 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 Medical Room.

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

17. Cross Contamination

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

Staff and pupils/students 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 Cooking Activities - which discusses this.

18. Allergy Bullying

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

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

19. 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

East Sheen Primary School

Student Food Allergy Action Plan

Family/Student Section

Student's Name	
Class	
Allergy to (please highlight)	• 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)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as epipens etc.) required for the student to deal with allergy? If yes, which? (If yes to this, the parent/guardian will also need to complete a medication request form)	Yes/No
Has the above allergy been confirmed by the student's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form and (where required) a photo of my child to be displayed in the school's staff room,	Yes/No

medical area, and the school's catering kitchen (near main servery)	
I am aware that the school may require more information, which may include medical information to ensure the safety of the pupil.	Yes/No
Name of parent/guardian completing form	
Signature of parent/guardian completing form	
Date of completion	

East Sheen Primary School Section (school to complete section)

Does the student's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Does the student have a separate Individual Health Care Plan	Yes/No/NA
Confirmation that the parent/guardian has completed a medication request form that has been agreed by the school?	Yes/No/NA
Confirmation that the parent/guardian has supplied the above medication?	Yes/No/NA
Has the school requested/taken a photo of the student for display?	Yes/No/NA
Has the relevant information regarding person's the allergy been	

passed on to the school's first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	

Caterers and other Food Providers

If a student or staff member has a food allergy covered by this document, the school's food provider will be informed, so they can review ingredients and menus where required and help avoid serving food to people who should not have it.

Has a copy of the completed form (and in relation to pupils/students, a photo) been passed to the caterers? Yes/No

Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate, for any children known to experience serious allergies that on exposure are likely to result in anaphylaxis. It should be shared with everyone who has contact with the child.

Child's Name:	Date of Birth:
Setting/School: East Sheen Primary School Phase: Primary	Class
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
I give permission for this to be shared with anyone who needs this information to keep the child/young person safe: **Signatures:** Headteacher: _____ Date Parents/Carers Date Child (if appropriate) _____ Date	
What is this child/young person allergic to? Allergen exposure risks to be considered Ingestion Direct contact Indirect contact	

1

Edited by East Sheen Primary School from 'Wiltshire Children Anaphylaxis Risk Assessment, V8 January 2023' in September 2025

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan?	YES	NO
Is the child prescribed adrenaline auto-injectors (AAIs)?	YES	NO
Summary of current medical evidence seen as part of the risk assessment (copies attached)		
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.		
Activities		
Crayons/painting:		
Creative activities: i.e. craft paste/glue, pasta		
Science type activity: i.e. bird feeders, planting seeds, food		
Musical instrument sharing (cross contamination issue):		
Cooking (food prep area and ingredients):		
Meal time: kitchen prepared food (is allergy information available): packed lunches:		
Snacks (is allergy information available):		
Drinks:		
Celebrations: e.g. Birthday, Easter:		
Hand washing (secondary school how accessible is this for the child):		
Indoor play/PE (AAIs to be with the child):		
Outdoor play/PE (AAIs to be with the child):		
School field (AAIs to be with the child):		
Forest school (AAIs to be with the child):		

Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes No If Yes state when and how this can be adjusted: n/a
If the child is trained and confident can the medication be carried by them throughout the day? Yes No If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need (note that all staff in the school receive annual allergy and AAI training)?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES NO** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES NO**

Edited by East Sheen Primary School from 'Wiltshire Children Anaphylaxis Risk Assessment, V8 January 2023' in September 2025

Appendix C

Anaphylaxis UK - Save a Life - Symptoms and Actions

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

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)