



**ST JOHN FISHER
HARROGATE**

Allergens Policy

Designated Teacher: Headteacher

Adopted: October 2026

Review Period: 1 year

Review Date: October 2027

1. Policy Statement

St John Fisher Catholic High School is committed to providing a safe, inclusive and supportive environment for children and young people with allergies.

Allergy is a medical condition in which the immune system has an abnormal reaction to a normally harmless substance. Allergies may be caused by food, medicines, insect stings, contact allergens, airborne allergens and other substances.

Some allergic reactions can be life-threatening. Anaphylaxis is a severe, potentially fatal allergic reaction requiring urgent treatment with adrenaline and emergency medical assistance.

The School recognises that it is not possible to guarantee an entirely allergen-free environment. Our approach is therefore to:

- identify individuals with allergies and understand their individual needs;
- minimise, so far as reasonably practicable, the risk of exposure to known allergens;
- ensure pupils with allergies are able to participate fully in school life;
- provide appropriate Individual Healthcare Plans (IHPs) and Allergy Action Plans where required;
- ensure prescribed adrenaline auto-injectors (AAIs) are immediately accessible;
- maintain an appropriate supply of spare adrenaline auto-injectors;
- ensure staff can recognise allergic reactions and anaphylaxis and respond promptly and appropriately;
- work constructively with pupils, parents/carers, healthcare professionals, caterers and other relevant organisations;
- support the wellbeing of pupils with allergies and prevent allergy-related bullying or discrimination; and
- record, investigate and learn from allergic reactions, serious incidents and near misses.

The School will have regard to the Department for Education's statutory guidance **Allergy safety in schools** and related statutory guidance concerning pupils with medical conditions.

2. Scope

This policy applies to:

- all pupils;
- all teaching and support staff;
- supply and agency staff;
- volunteers;
- governors/trustees where relevant;
- contractors and catering staff;
- visitors and parents/carers where relevant; and
- all school activities, including lessons, breaks, lunchtime, clubs, extracurricular activities, residential trips, educational visits and activities undertaken away from the school site.

The School will also consider the needs of staff and visitors with allergies where appropriate.

3. Legal and Guidance Framework

This policy should be read alongside current legislation and statutory guidance, including:

- Children and Families Act 2014, as amended;
- Children's Wellbeing and Schools Act 2026;
- Department for Education statutory guidance **Allergy safety in schools**;
- Department for Education guidance **Supporting pupils with medical conditions at school**;
- Human Medicines Regulations 2012, as amended;
- Food Information Regulations 2014;
- relevant Food Standards Agency guidance on food allergens and allergen management;
- relevant health and safety legislation; and
- the School's safeguarding, medicines, first aid and educational visits procedures.

The Department for Education's 2026 allergy safety guidance requires schools to have an allergy safety policy and sets expectations concerning staff training, identification of pupils with allergies, IHPs, risk reduction, emergency medication, trips and incident reporting.

4. Definitions

Allergy

A medical condition in which the immune system has an abnormal reaction to a normally harmless substance.

Allergen

A substance capable of triggering an allergic reaction in a person who is sensitised to it.

Anaphylaxis

A severe, potentially life-threatening allergic reaction involving the airway, breathing and/or circulation. Anaphylaxis requires immediate treatment with adrenaline and emergency medical assistance.

Adrenaline Auto-Injector (AAI)

A prescribed or school-held device containing adrenaline for emergency treatment of anaphylaxis. Examples include EpiPen and Jext. The School will not rely on any particular brand and staff will be trained to use the devices available to them.

Allergy Action Plan

A written plan, normally completed or authorised by an appropriate healthcare professional, setting out how to recognise and manage an individual's allergic reaction. Examples include BSACI/Allergy UK/Anaphylaxis UK paediatric allergy action plans.

Individual Healthcare Plan (IHP)

A personalised document describing the additional or different arrangements required to support a pupil with a medical condition, including allergy, in school.

Not every pupil with an allergy will require an IHP. An IHP should be developed where the allergy has a functional impact in school, presents a risk of harm and requires arrangements additional to or different from those generally provided.

Known allergen

An allergen identified as capable of causing an allergic reaction in a particular individual.

5. Responsibilities

5.1 Governing Body / Academy Trust

The Governing Body/Trust will:

- ensure that the School has an allergy safety policy;
- ensure the policy is reviewed at least annually;
- ensure the policy is published and communicated appropriately;
- ensure sufficient resources are available for effective implementation;
- monitor compliance with this policy; and
- ensure that lessons from serious incidents and near misses are considered and acted upon.

5.2 Headteacher

The Headteacher has overall responsibility for implementation of this policy and will:

- appoint a named **Allergy Lead**;
- ensure appropriate staff training is provided;
- ensure suitable arrangements are in place for identifying pupils and staff with allergies;
- ensure IHPs and Allergy Action Plans are developed where required;
- ensure prescribed and spare adrenaline devices are available, accessible and appropriately managed;
- ensure suitable arrangements exist for educational visits and extracurricular activities;
- ensure incidents and near misses are recorded, investigated and acted upon; and
- ensure parents/carers and relevant staff are appropriately informed.

5.3 Allergy Lead

The Allergy Lead will coordinate the School's allergy arrangements and will:

- maintain the School's allergy register;
- coordinate the development and review of IHPs;
- ensure Allergy Action Plans are available to relevant staff;
- coordinate staff allergy awareness and emergency-response training;
- oversee arrangements for prescribed and spare AAls;
- monitor expiry dates and replacement arrangements;
- coordinate allergy risk assessments;
- liaise with parents/carers, healthcare professionals and catering staff;
- oversee allergy arrangements for trips and extracurricular activities;
- monitor incidents and near misses;
- ensure lessons are learned and improvements implemented; and
- review this policy annually or sooner where required.

5.4 All Staff

All staff must:

- familiarise themselves with this policy;
- know how to access information about pupils with allergies;
- know where prescribed and spare adrenaline devices are located;
- complete required allergy awareness and emergency-response training;
- understand the signs and symptoms of allergic reactions and anaphylaxis;
- follow individual IHPs and Allergy Action Plans;
- take reasonable steps to minimise exposure to known allergens;
- consider allergy risks when planning activities;
- never knowingly expose a pupil to a known allergen;
- respond immediately to suspected anaphylaxis in accordance with this policy; and
- report allergic reactions and near misses promptly.

Staff must not assume that a child or young person is safe because they have previously experienced only mild reactions.

6. Identification and Medical Information

The School will establish arrangements to identify pupils with allergies as early as possible.

Information may be obtained through:

- admissions and registration information;
- information from previous schools/settings;
- parents/carers;
- pupils themselves;
- healthcare professionals;
- Allergy Action Plans;
- IHPs; and
- other relevant medical information.

Parents/carers must inform the School promptly of any newly diagnosed allergy or significant change to an existing allergy.

Where appropriate, the School will seek relevant medical information and work with parents/carers and healthcare professionals to establish appropriate arrangements.

Arrangements for pupils starting at the School should be in place before the start of the relevant term wherever reasonably practicable. For pupils joining during the school year, the School will make arrangements as soon as reasonably practicable and normally within two weeks where appropriate.

The School will maintain a confidential record of individuals with known allergies. Appropriate information, including photographs and known allergens where necessary, may be made available to staff in areas where

food or relevant materials are handled. Such information will be handled in accordance with the School's data protection arrangements.

7. Individual Healthcare Plans and Allergy Action Plans

An IHP will be developed where a pupil requires individual arrangements beyond the School's general allergy safety arrangements.

The IHP should be developed collaboratively with the pupil, parents/carers and relevant healthcare professionals where appropriate.

It should, where relevant, include:

- the diagnosed allergy or suspected allergy;
- known allergens/triggers;
- typical symptoms and signs;
- previous reactions where relevant;
- emergency treatment;
- details of prescribed AAIs;
- where medication will be kept/carried;
- who may administer medication;
- arrangements for self-administration;
- arrangements for food, lessons, activities and trips;
- reasonable measures to reduce exposure;
- arrangements for communication and information sharing;
- emergency contact details;
- arrangements for review; and
- any other individual support required.

IHPs and Allergy Action Plans will be reviewed at least annually and sooner if:

- the pupil's circumstances change;
- the allergy or treatment changes;
- a serious incident occurs;
- a near miss identifies a weakness in arrangements; or
- the pupil, parent/carer or healthcare professional requests a review.

8. Minimising the Risk of Allergen Exposure

The School recognises that complete elimination of allergen exposure cannot normally be guaranteed. The School will nevertheless take reasonable and proportionate steps to minimise risk, including:

- identifying known allergens;
- communicating relevant information to staff;

- maintaining appropriate hygiene and cleaning arrangements;
- encouraging effective handwashing before and after eating;
- preventing pupils from sharing food;
- managing food brought into School;
- ensuring food prepared or provided by the School is appropriately managed;
- considering allergen exposure in lesson and activity planning;
- undertaking specific risk assessments where appropriate;
- ensuring emergency medication is accessible;
- providing appropriate staff supervision; and
- reviewing arrangements following incidents or near misses.

The School will consider allergen risks arising from:

- food and drink;
- cooking and food technology;
- science experiments;
- art and craft materials;
- animals;
- plants;
- medicines;
- cosmetics and toiletries;
- insect stings;
- latex and other contact allergens; and
- airborne allergens.

Risk controls will be proportionate to the individual circumstances. The School will not assume that all pupils with the same allergy require identical arrangements.

9. Nut-Free Arrangements

The School does not claim to be an entirely allergen-free environment.

The School recognises that nuts are only one of many allergens capable of causing severe reactions and that a blanket ban cannot eliminate the risk of accidental exposure.

The School will therefore focus on:

- awareness of all relevant allergens;
- prevention of deliberate exposure;
- reasonable measures to reduce exposure to known allergens;
- appropriate food hygiene and cleaning;
- clear communication;

- staff training; and
- effective emergency preparedness.

Where an individual pupil's IHP identifies a specific need for additional measures concerning nuts or another allergen, the School will implement those measures.

10. Food Brought into School

Pupils must not share food.

Parents/carers should provide the School with relevant information about food allergies and should follow any reasonable arrangements identified in an IHP.

The School will communicate appropriate expectations concerning food brought onto the premises.

The School cannot guarantee that food brought onto the premises by others is completely free from allergen contamination. However, reasonable steps will be taken to reduce risk and prevent deliberate exposure.

Where a particular activity involves food, staff must consider the known allergies of participating pupils before the activity takes place.

The School will not routinely exclude a pupil from normal activities solely because another pupil has an allergy.

11. Catering and Food Allergen Management

The School's catering provision will comply with applicable food safety and allergen legislation.

Food businesses are required to provide information about the 14 regulated allergens where they are present as ingredients and must manage food allergens effectively.

The 14 regulated allergens are:

- celery;
- cereals containing gluten;
- crustaceans;
- eggs;
- fish;
- lupin;
- milk;
- molluscs;
- mustard;
- peanuts;
- sesame;
- soya;
- sulphur dioxide and sulphites above the relevant legal threshold; and
- tree nuts.

The School/catering provider will:

- maintain appropriate allergen management procedures;
- ensure catering staff receive appropriate allergen training;
- obtain reliable ingredient and allergen information from suppliers;
- maintain appropriate records;

- communicate allergen information clearly;
- ensure menus and other food information are kept current;
- manage cross-contamination risks;
- ensure relevant staff know which pupils have specific dietary requirements; and
- liaise with parents/carers and, where appropriate, healthcare professionals concerning individual dietary requirements.

Where food is **prepacked for direct sale (PPDS)**, applicable legal labelling requirements will be followed, including the requirement for the product name and a full ingredients list with regulated allergens emphasised. Where a food cannot safely be provided to a pupil because of their allergy, the School will work with the pupil, family and caterer to identify a safe and suitable alternative wherever reasonably practicable.

12. Prescribed Adrenaline Auto-Injectors

Where a pupil has been prescribed an AAI, parents/carers should provide the School with the prescribed devices and any accompanying medication required under the pupil's IHP or Allergy Action Plan.

Where two AAI's have been prescribed, both should be available to the pupil at all times while at School.

Prescribed AAI's must:

- be in date;
- be clearly labelled;
- be stored in accordance with the manufacturer's instructions;
- be accessible without unnecessary delay;
- not be locked away; and
- be available whenever and wherever the pupil participates in School activities.

Where developmentally appropriate, pupils should be supported to carry their own AAI's. Responsibility should be increased progressively according to the pupil's age, maturity, competence and IHP.

For younger pupils or pupils who cannot safely carry their own medication, AAI's must accompany them as they move around the School and during activities and trips.

The School will not require a pupil to rely solely on self-administration.

13. Spare Adrenaline Auto-Injectors

The School will maintain spare adrenaline auto-injectors in accordance with current statutory requirements and guidance.

Spare AAI's are a back-up and do not replace pupils' prescribed AAI's.

Spare AAI's will:

- be stocked in appropriate pairs;
- include the correct dose(s) for the pupil population;
- be stored at room temperature in accordance with manufacturer instructions;
- not be refrigerated or exposed to extremes of heat or direct sunlight;
- not be locked away;
- be stored in a safe but readily accessible central location;
- be accessible within five minutes of where they may be required;

- be checked regularly for expiry and condition; and
- be replaced promptly when used or expired.

The School will maintain a written record of spare AAIs, including type, dose, batch number, expiry date and checks undertaken.

Spare AAIs should not be treated as a substitute for prescribed medication. Pupils at risk of anaphylaxis should continue to have access to their own prescribed AAIs.

The School will follow current Department of Health and Social Care and Department for Education requirements concerning the purchase, storage and use of spare AAIs.

14. Emergency Use of Adrenaline

Anaphylaxis is a time-critical medical emergency.

If anaphylaxis is suspected, adrenaline must be administered without delay. Do not wait for symptoms to become severe and do not wait for an ambulance to arrive.

The emergency response is:

1. **Recognise the possibility of anaphylaxis.**
2. **Bring the pupil's prescribed AAI immediately**, where available.
3. **Administer adrenaline without delay**, preferably within five minutes of the onset of suspected anaphylaxis.
4. **Call 999 immediately** and state that the person is experiencing anaphylaxis.
5. If the pupil has not improved after approximately five minutes, or deteriorates after an initial improvement, **administer a second AAI** if available.
6. Keep the pupil under continuous supervision.
7. Keep the pupil lying flat with legs raised where possible. If they are having difficulty breathing, they may sit up, but they should not stand or walk.
8. If the pupil becomes unconscious and is not breathing normally, commence CPR and follow emergency-service instructions.
9. Give the ambulance crew details of the AAIs administered and the time they were administered.
10. Notify parents/carers as soon as practicable without delaying emergency treatment.

The pupil must not be sent alone to the medical room, reception or another location. **In an allergic emergency, the medication and assistance must be brought to the pupil.**

Current government guidance emphasises administration of adrenaline as soon as possible, calling 999 immediately and using a second device if there is no improvement after five minutes.

Use of a Spare AAI

A spare AAI may be used where:

- the pupil's prescribed AAI is unavailable;
- the pupil's prescribed AAI has misfired or cannot be administered;
- the pupil does not have a prescribed AAI but is experiencing anaphylaxis; or
- another person experiences unexpected anaphylaxis in circumstances where use of the spare AAI is appropriate to save life.

Prior parental consent is good practice and should normally be sought where practicable. However, **the absence of prior consent must not delay emergency treatment where reasonable action is required to save life.**

Staff should follow their training and the device manufacturer's instructions.

15. Recognition of Allergic Reactions

Symptoms may include:

- itching or tingling;
- hives or rash;
- swelling of the lips, face or eyes;
- abdominal pain;
- vomiting or diarrhoea;
- coughing;
- wheezing;
- difficulty breathing;
- noisy breathing;
- hoarse voice;
- difficulty swallowing;
- swelling of the tongue or throat;
- dizziness or collapse;
- pale, clammy skin;
- confusion; or
- loss of consciousness.

Anaphylaxis may occur without obvious skin symptoms.

Where an individual is known to be at risk of anaphylaxis, staff should follow their Allergy Action Plan.

If in doubt about whether a reaction is anaphylaxis, staff should act promptly and seek emergency medical assistance rather than waiting for symptoms to progress.

16. Other Allergy Medication

Other medication, such as antihistamines or asthma reliever inhalers, may be included in an individual's IHP or Allergy Action Plan.

Such medication must **not be used as a substitute for adrenaline where anaphylaxis is suspected**.

Staff should administer or assist with medication only in accordance with the pupil's IHP, Allergy Action Plan, the School's medicines procedures and their training.

17. Asthma and Allergy

The School recognises the important relationship between asthma and allergy.

Pupils with allergies and asthma may be at increased risk of serious outcomes from an allergic reaction.

Staff training will therefore include awareness of the interaction between allergy and asthma and the importance of following both the pupil's Allergy Action Plan and Asthma Action Plan where applicable.

18. Trips, Visits and Extracurricular Activities

Pupils with allergies must be supported to participate fully in educational visits, residential, clubs and extracurricular activities.

They will not normally be required to stay at home or have a parent/carer accompany them solely because of their allergy.

A specific risk assessment will be undertaken where a pupil at risk of anaphylaxis is participating in an external visit or activity.

The arrangements will consider:

- location and accessibility of prescribed AAIs;
 - availability of trained staff;
 - access to emergency services;
 - food and catering arrangements;
 - potential allergens;
 - transport;
 - accommodation;
 - activities involving animals, food or other potential triggers;
 - emergency contacts; and
 - arrangements for a second AAI where prescribed or otherwise required.

Pupils at risk of anaphylaxis must have their prescribed adrenaline devices with them during external visits.

Where appropriate, the School may take spare AAIs on a trip, provided this does not compromise the availability of the School's spare devices on site.

19. Staff Training

All School staff will receive allergy awareness and emergency-response training appropriate to their role.

Training will cover:

- common allergens and allergy triggers;
- the difference between allergy, intolerance and other food hypersensitivities;
- signs and symptoms of allergic reactions;
- recognition of anaphylaxis;
- emergency response;
- how and when to administer adrenaline;
- how to locate prescribed and spare AAIs;
- use of the types of AAI available in School;
- the location and use of Allergy Action Plans and IHPs;
- reducing exposure to known allergens;
- the wellbeing and inclusion of pupils with allergies;
- allergy-related bullying;
- staff responsibilities under this policy;
- emergency contacts;
- incident and near-miss reporting; and
- the School's allergy safety arrangements.

Training will form part of induction for new staff and arrangements will be made to ensure supply, agency and cover staff receive appropriate information and training.

The School will maintain appropriate training records.

The 2026 DfE guidance specifically identifies allergy awareness and emergency-response training as covering recognition of symptoms, emergency services, locating and administering adrenaline, individual plans, risk reduction and incident reporting.

20. Pupil Education and Self-Management

The School will support pupils to understand and manage their allergies in an age- and developmentally appropriate way.

Where appropriate, pupils will be encouraged to:

- understand their allergy and known triggers;
- recognise symptoms of an allergic reaction;
- tell an adult immediately if they feel unwell;
- avoid sharing food;
- check food information where appropriate;
- know where their medication is kept;
- carry their own AAIs where assessed as safe and appropriate;
- understand how to use their AAI;
- ask for help when uncertain; and
- participate in developing and reviewing their support arrangements.

The School recognises that responsibility for allergy management should increase gradually according to age, maturity, competence and individual circumstances.

21. Wellbeing, Inclusion and Bullying

The School recognises that living with a potentially life-threatening allergy can cause anxiety and may affect a pupil's wellbeing.

The School will:

- provide reassurance about the safety measures in place;
- encourage pupils to discuss concerns;
- ensure pupils are not unnecessarily isolated or excluded;
- support participation in normal School activities;
- monitor for anxiety or distress;
- respond appropriately to allergy-related bullying; and
- apply the School's anti-bullying and safeguarding procedures where necessary.

Deliberately exposing, threatening to expose, or attempting to force a pupil to consume a known allergen will be treated as serious behaviour and managed under the School's behaviour and safeguarding procedures.

The DfE guidance specifically identifies allergy-related bullying, including deliberate exposure or threats of exposure, as an issue schools should address.

22. Attendance and Inclusion

The School will not routinely exclude pupils from lessons, meals, trips, extracurricular activities or other aspects of School life because of an allergy.

The School will not require parents/carers to attend School routinely to administer medication or provide support that the School is responsible for providing.

Allergy-related medical appointments or absences will be managed in accordance with the School's attendance policy and applicable statutory guidance.

The DfE identifies exclusion from normal activities, requiring parents to attend to administer medication, and penalising allergy-related absence as unacceptable practice.

23. Incident and Near-Miss Reporting

All allergic reactions occurring in School or during School activities will be recorded.

Serious incidents and near misses will be reported to the Headteacher and Allergy Lead.

The School will consider:

- what happened;
- the allergen or suspected allergen;
- how exposure occurred;
- symptoms and treatment;
- whether adrenaline was administered and when;
- whether emergency services were called;
- whether the pupil's IHP and Allergy Action Plan were followed;
- whether staff training was adequate;
- whether medication was accessible;
- whether risk controls were effective;
- whether catering arrangements contributed;
- whether communication was effective; and
- what changes are required.

Parents/carers and healthcare professionals may also provide information about reactions that became apparent after the pupil had left School.

Serious incidents and near misses will be used to identify learning and improve the School's policy, risk assessments, training and individual arrangements.

24. Disposal of Used or Expired AAI

AAIs are single-use devices.

Used or expired AAI must not be placed in general waste.

Following an emergency, used AAI should normally be handed to ambulance personnel.

Where this is not possible, disposal will follow the manufacturer's instructions and applicable arrangements for medicines/sharps disposal, including use of an appropriate sharps disposal service or pharmacy where applicable.

25. Communication and Information Sharing

Information about pupils' allergies will be shared on a need-to-know basis but sufficiently widely to ensure safe support.

Relevant information will be shared with:

- teaching staff;
- support staff;
- catering staff;
- trip leaders;
- extracurricular activity leaders;
- first aiders and other relevant staff;
- supply/agency staff where necessary; and
- external providers where required for safe participation.

The School will comply with applicable data protection requirements.

Confidentiality must not prevent staff from receiving information necessary to protect a pupil from harm.

26. Parents and Carers

Parents/carers are expected to:

- provide accurate and up-to-date information about their child's allergy;
- provide relevant Allergy Action Plans and medical information;
- provide prescribed medication where required;
- replace medication before it expires;
- inform the School of changes in medication or allergy management;
- provide emergency contact information;
- participate in the development and review of the child's IHP where appropriate; and
- communicate relevant changes promptly.

The School will work collaboratively with parents/carers but will not transfer its responsibility for implementing appropriate school-based allergy safety arrangements to parents/carers.

27. Monitoring and Review

The Headteacher and Allergy Lead will monitor implementation of this policy throughout the year.

The policy will be reviewed **at least annually** and sooner if:

- legislation or statutory guidance changes;
- there is a serious incident or significant near miss;
- a pupil's circumstances identify a need for change;
- healthcare advice changes;
- there are significant changes to School activities or catering arrangements; or
- monitoring identifies weaknesses.

The policy will be published on the School website and made available to staff, pupils and parents/carers as appropriate.

28. Key Emergency Procedure – Quick Reference

Suspected anaphylaxis

1. GIVE ADRENALINE — DO NOT DELAY.

Use the pupil's prescribed AAI where available. If unavailable or unsuitable, use a spare AAI where appropriate.

2. CALL 999 immediately.

State: "Anaphylaxis."

3. KEEP THE PUPIL WITH YOU.

Do not send them to the medical room or office.

4. POSITION THE PUPIL APPROPRIATELY.

Keep them lying flat with legs raised where possible. If breathing is difficult, they may sit up, but they must not stand or walk.

5. GIVE A SECOND AAI after about 5 minutes if there is no improvement or if the pupil deteriorates.

6. CONTINUOUSLY MONITOR THE PUPIL.

If they become unconscious and are not breathing normally, commence CPR and follow the emergency operator's instructions.

7. INFORM PARENTS/CARERS.

8. RECORD AND REPORT THE INCIDENT.

Remember: adrenaline first. Do not delay treatment while seeking consent, contacting parents or waiting for an ambulance.

29. Related Documents and Resources

The School will maintain appropriate links to current authoritative resources, including:

- Department for Education: **Allergy safety in schools**;
- Department for Education: **Supporting pupils with medical conditions at school**;
- Department of Health and Social Care: guidance on emergency adrenaline auto-injectors in schools;
- Food Standards Agency allergen guidance;
- British Society for Allergy & Clinical Immunology (BSACI);
- Allergy UK; and
- Anaphylaxis UK.

The DfE's 2026 guidance provides templates for both an allergy safety policy and Individual Healthcare Plans, while BSACI, Allergy UK and Anaphylaxis UK provide Allergy Action Plans and training resources.

anaphylaxis UK

Be Allergy Aware & Save a Life

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

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position



Lay the person flat and raise their legs - do NOT allow them to stand or walk.



If unconscious, place them in the recovery position



If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.



Note the time that the first dose of adrenaline is given



ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis"

(ana-fil-ax-is)

Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move



Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.



Give second dose of adrenaline

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.



www.anaphylaxis.org.uk

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Anaphylaxis UK, a charity registered in England and Wales (1088527) and in Scotland – charity number: SC051890

anaphylaxis UK

It's your life. It's our mission.

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

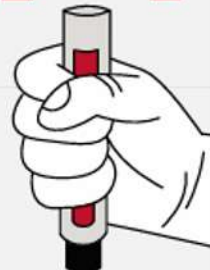
- 1. Hold the Jext AAI in the hand you write with**

Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.



- 2. Place the black injector tip against the outer thigh**

Hold the injector at a right angles (approx. 90°) to the thigh.



- 3. Push the black tip as hard as you can into the outer thigh**

Wait until you hear a 'click' confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically and hide the needle.



- 4. Massage the injection area for 10 seconds**

- 5. Once the Jext AAI has been administered call 999**

Ask for an ambulance and say "ana-fill-axis".



- 6. Lie the person down with legs raised immediately**

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



- 7. If there are no signs of improvement after 5 minutes, use a second Jext AAI**

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

- 8. Start CPR**

If there are no signs of life, start CPR immediately until help arrives.



For more information on Jext AAIs >>



Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAI is about to expire >>



ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone has an anaphylactic reaction, give the AAI without delay. It will **not** harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: **Blue to the Sky, Orange to the Thigh!**



2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say "ana-fill-axis".

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, with legs raised if possible.

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. Don't try to get up, even if you start to feel better.

7. Start CPR

If there are no signs of life, start CPR immediately until help arrives.



For more information on EpiPen AAIs >>



Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>



Appendix 3 - Allergy Serious Incident & Near Miss Recording Form

1. Incident details

- Date of incident: _____
- Time: _____
- Location: _____
- Person affected: _____
- Date of birth / ID: _____
- Staff member reporting: _____
- Job role: _____

2. Type of incident

- Serious allergic reaction / anaphylaxis
- Allergic reaction requiring treatment
- Wrong food/product provided
- Known allergen accidentally administered/exposed
- Allergy information unavailable or incorrect
- Medication/epinephrine error
- Near miss — incident identified before exposure
- Other: _____

3. Allergy/allergen involved

- Known allergy: _____
- Suspected allergen: _____
- Food/product/medication involved: _____
- Quantity/exposure (if known): _____

4. What happened?

Describe the incident or near miss, including what was expected to happen and what actually happened:

5. Signs and symptoms

- Rash / hives
- Swelling
- Difficulty breathing
- Wheezing
- Coughing
- Vomiting / abdominal symptoms
- Dizziness / collapse

- Loss of consciousness
- Other: _____

6. Immediate action taken

- Allergen exposure stopped
- Emergency medication administered
- Adrenaline/epinephrine administered
- Emergency services contacted
- First aid provided
- Person monitored
- Family/parent/carer informed
- Healthcare professional informed
- Other: _____

Details of treatment/action:

7. Outcome

- Was hospital treatment required? [] Yes [] No
- Was the person admitted to hospital? [] Yes [] No
- Current condition/outcome: _____

8. Near-miss details

If no exposure occurred, explain how the error was identified and prevented:

9. Contributing factors

- Incorrect/incomplete allergy information
- Communication failure
- Labelling error
- Food preparation error
- Medication error
- Staff training/knowledge
- Procedure not followed
- Supervision issue
- Equipment/system failure
- Other: _____

10. Corrective and preventative actions

Action required	Person responsible	Due date	Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Review

- Incident investigated by: _____
- Date reviewed: _____
- Policies/procedures reviewed: [] Yes [] No
- Staff retraining required: [] Yes [] No
- Allergy care plan updated: [] Yes [] No
- Further action required: [] Yes [] No

12. Sign-off

- Person completing form: _____
- Signature: _____
- Date: _____
- Manager/clinical lead: _____
- Signature: _____
- Date: _____