



Allergy Safety and Anaphylaxis Policy

Last Reviewed	September 2026
Next Review Date	September 2027
Review Calendar	Annually

Norbury Manor Primary School

This policy explains how Norbury Manor Primary School identifies and supports people with allergies, reduces avoidable exposure to known allergens, provides safe and inclusive access to school life, and responds without delay to allergic reactions and anaphylaxis. It applies whenever pupils are in the care of the school, including Nursery and Reception provision, breakfast and after-school clubs, educational visits, residential visits, sporting events and off-site activities.

The school cannot guarantee an allergen-free environment. It will, however, take reasonable and proportionate steps to minimise risk, maintain rapid access to emergency medication, train staff and learn from incidents and near misses.

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1 Purpose and principles

The governing body recognises its responsibility to ensure that pupils with medical conditions and allergies are properly supported so that they can participate fully and safely in education and wider school life. The school will listen to pupils and parents, take account of healthcare advice and make reasonable adjustments where allergy amounts to a disability.

- Anaphylaxis is a medical emergency. Adrenaline must be given promptly when Airway, Breathing or Circulation symptoms are present or when there is doubt whether a reaction is anaphylaxis.
- Help and medication must be brought to the person. A person experiencing anaphylaxis must never be made to stand or walk.
- No pupil will be excluded from learning, lunch, clubs, trips or other opportunities simply because they have an allergy. Risks will be assessed and reasonable arrangements put in place.
- Allergy safety is a whole-school responsibility and is not delegated solely to catering, first-aid or SEND staff.
- The dignity, privacy, views and developing independence of pupils with allergies will be respected.

2 Legal and statutory framework

This policy has been prepared with regard to the following legislation and guidance, as amended or replaced from time to time:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026
- Department for Education, Allergy safety in schools: statutory guidance, June 2026
- Department for Education, Supporting pupils with medical conditions at school: statutory guidance
- Human Medicines Regulations 2012 and Human Medicines (Amendment) Regulations 2017
- Department of Health and Social Care, Guidance on the use of adrenaline auto-injectors in schools
- Equality Act 2010
- Children Act 1989, section 3
- Education Act 2002, section 175 and Keeping Children Safe in Education
- Health and Safety at Work etc. Act 1974
- Food Safety Act 1990 and Food Information Regulations 2014, including the requirements for prepacked for direct sale food commonly known as Natasha's Law
- Regulation (EC) No 178/2002 as assimilated into UK law
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Statutory Framework for the Early Years Foundation Stage
- Special educational needs and disability code of practice: 0 to 25 years

This policy should be read with the school's Medical Conditions Policy, Administration of Medicines Policy, First Aid Policy, Health and Safety Policy, Safeguarding and Child Protection Policy, Behaviour Policy, Anti-Bullying Policy, Educational Visits Policy, Attendance Policy, Chickens in School Policy and relevant catering food-safety procedures.

3 Definitions and recognition

Allergy is an immune-system response to a substance that is normally harmless. An allergen is a substance capable of triggering an allergic reaction. Allergies may include food allergy, insect

venom allergy, drug allergy, allergic asthma, eczema, hay fever and reactions to contact or airborne allergens.

Food intolerance does not involve the immune system and cannot cause anaphylaxis. Coeliac disease is an autoimmune condition caused by gluten; it is not an allergy or intolerance and cannot itself cause anaphylaxis. Both still require safe dietary and cross-contamination arrangements under the school's wider medical and catering procedures.

3.1 Mild or moderate allergic reaction

Symptoms may include:

- swollen lips, face or eyes
- itchy or tingling mouth
- mild throat tightness without Airway, Breathing or Circulation compromise
- hives or an itchy skin rash
- abdominal pain or vomiting
- a sudden change in behaviour

Mild reactions can progress to anaphylaxis. A person experiencing any allergic reaction must therefore be supervised continuously and monitored for at least 60 minutes.

3.2 Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction involving one or more Airway, Breathing or Circulation symptoms. Skin symptoms may be absent.

Area	Emergency signs
Airway	Swelling of the throat, tongue or upper airway; throat tightening; hoarse voice; difficulty swallowing.
Breathing	Sudden wheeze; breathing difficulty; persistent cough; noisy breathing.
Circulation	Dizziness; feeling faint; sudden sleepiness or confusion; pale or clammy skin; collapse or loss of consciousness.

Where a pupil has both food allergy and asthma and suddenly develops breathing difficulty, staff will consider anaphylaxis and give adrenaline first. A reliever inhaler must never be used instead of adrenaline to treat anaphylaxis. But may be used in addition as a secondary action if specified in the allergy action plan.

4 Governance roles and responsibilities

4.1 Governing body

- ensure that the school has, publishes and implements a dedicated allergy safety policy
- have regard to statutory guidance and ensure arrangements fulfil the school's legal duties
- ensure allergy risks are recorded on the school risk register and actively monitored
- ensure sufficient resources, suitable emergency medication, training and staffing arrangements are available
- receive assurance about implementation, training, incidents, near misses and resulting actions
- review and approve the policy at least annually and after a serious incident or near miss where necessary

4.2 Headteacher and designated Allergy Safety Lead

- lead implementation of this policy and ensure it is communicated to staff, pupils, parents, caterers, clubs and other relevant partners
- ensure that an appropriate register of known allergies and action plans is maintained and accessible to staff who need it
- ensure all relevant staff receive induction and annual allergy awareness and emergency-response training
- ensure prescribed and spare adrenaline devices are accessible, in date, correctly stored and capable of reaching any pupil within five minutes
- ensure suitable cover arrangements exist during staff absence or turnover and that supply staff are briefed
- ensure allergy is considered in risk assessments, curriculum planning, educational visits, emergency evacuation and extended provision
- oversee investigation of incidents and near misses, notify appropriate bodies and report learning and actions to governors
- seek advice from healthcare professionals where arrangements cannot be safely determined

4.3 SENCO and Administration Team

- seek and record relevant information on admission and when notified of a new or changing allergy
- coordinate meetings with the pupil, parents, relevant staff and healthcare professionals
- support the preparation, circulation and review of IHPs and ensure healthcare-issued Allergy Action Plans are attached
- maintain emergency contacts, consent information, medication records and the register of prescribed and spare adrenaline devices
- check emergency kits at least monthly and arrange timely replacement of devices approaching expiry
- ensure changes are promptly shared with relevant staff, including supply and club staff

4.4 All staff and volunteers

- complete required training and know how to obtain help, emergency medication and relevant plans
- consider allergy risks when planning lessons, food activities, celebrations, trips and clubs
- follow the pupil's IHP and healthcare-issued Allergy Action Plan
- respond immediately to an allergic reaction, stay with the person and bring help and medication to them
- take reasonable life-saving action in an emergency, including administering adrenaline when anaphylaxis is suspected
- promote handwashing, prevent food sharing and report concerns, incidents and near misses promptly
- challenge allergy-related teasing, bullying, exclusion or unsafe behaviour

4.5 Catering provider and catering staff

- comply with food law and provide clear, accurate and accessible allergen information
- maintain effective ingredient, substitution and cross-contamination controls
- ensure staff are trained and understand the school's pupil identification and meal-checking arrangements
- meet parents where necessary to plan safe and inclusive meal provision

- inform the school immediately of ingredient changes, substitutions, mistakes, food-safety concerns or near misses

4.6 Parents and carers

- tell the school promptly about known or suspected allergies, triggers, symptoms, treatment and changes
- provide current healthcare documentation, emergency contact details and prescribed medication in the original labelled container
- ensure prescribed devices are in date and replace them before expiry
- work with the school and healthcare professionals to develop and review an IHP
- ensure food brought from home meets agreed arrangements and is clearly labelled where required
- raise concerns promptly and support their child to develop age-appropriate self-management

4.7 Pupils

Taking account of age, maturity, communication needs and understanding, pupils will be supported to:

- recognise and avoid their known allergens
- not share food, drink, utensils or medication
- tell an adult immediately if they feel unwell or think they have been exposed
- know where their medication is and carry it themselves where this has been agreed
- report allergy-related bullying, threats or deliberate exposure
- take increasing responsibility for their own safety without losing access to appropriate adult support

5 Identifying allergy and sharing information

The school will actively seek information about allergy on admission, during transition, through annual data checking and whenever a condition is suspected, diagnosed or changes. Information will be sought from the pupil, parents, previous setting and relevant healthcare professionals.

The school will maintain a secure record of pupils with known allergies, their allergens, medication, action-plan status and required arrangements. Information will be shared proportionately with staff who need it to keep the pupil safe. This includes class staff, additional educators, office and first-aid staff, catering staff, club staff, supply staff and trip leaders. Confidentiality will be respected, but necessary safety information will not be withheld from those responsible for the pupil.

The school will also consider reasonable arrangements for staff and visitors with allergies. Visitors who are likely to be served food or participate in relevant activities may be asked whether the school needs to be aware of an allergy.

Where allergy is suspected but a diagnosis or clinical advice is not yet available, the school will not dismiss the information. It will agree proportionate interim arrangements with the family, assess likely risks and seek healthcare advice.

6 Individual Healthcare Plans and Allergy Action Plans

An Individual Healthcare Plan will be considered where an allergy has a functional impact, creates a risk of harm, or requires arrangements additional to or different from those normally available. Not every allergy requires an IHP; the decision will be made with the pupil and parents and, where appropriate, relevant healthcare professionals.

An allergy IHP will normally include:

- the pupil's name, date of birth, class, current photograph and emergency contacts
- the known or suspected allergens, usual symptoms and risk factors
- preventive arrangements and reasonable adjustments across lessons, meals, play, clubs, trips and transport
- prescribed medication, dosage, storage location, access arrangements and expiry-check responsibility
- the emergency response, including when to give antihistamine, adrenaline or other prescribed treatment
- the extent of the pupil's self-management and support required
- who needs the information and how temporary or supply staff will be briefed
- arrangements for absence, transition, emergency evacuation and educational visits
- the date, contributors, review date and signatures or recorded agreement

A current Allergy Action Plan issued by an appropriate healthcare professional will be sought for a pupil with a known food or insect-sting allergy and attached to the IHP. The school will not change clinical instructions. Whenever an updated action plan or medical instruction is received, the IHP will be reviewed.

IHPs will be reviewed at least annually and sooner following a serious incident, near miss, change in circumstances, change in medication or revised healthcare advice. The pupil and parents will be involved in the review.

7 Reducing exposure to allergens

The school will use individual risk assessment and proportionate whole-school controls. Blanket restrictions will not replace effective identification, hygiene, supervision, food controls and emergency preparedness.

- Staff will promote handwashing with soap and water before and after eating. Alcohol hand gel alone is not relied upon to remove food allergens.
- Tables and food-contact surfaces will be cleaned before and after use using suitable products and methods.
- Pupils will be reminded not to share food, drinks, bottles, utensils or lip products.
- Food, drinks and lunchboxes intended for pupils with allergies will be clearly identifiable and handled in accordance with agreed arrangements.
- Staff will check materials used in cooking, craft, science, music, sensory and outdoor activities for relevant allergens.
- Where an activity presents a known risk, a safe alternative will be found for the group wherever reasonably possible so the pupil is not singled out or excluded.
- Contact and airborne allergens, including latex, pollen, animal material and ingredients in craft products, will be considered in individual risk assessments.
- Known insect nests on school grounds will be reported to the Premises Manager and managed by a competent person. Grass cutting will be planned to reduce avoidable exposure where pupils have significant pollen allergy.

The school asks families and staff not to bring nuts or products containing nuts onto the premises where this forms part of the school's risk controls. Because ingredients and "may contain" warnings can change and accidental introduction cannot be eliminated, the school does not describe itself as allergen-free or guarantee the absence of nuts or any other allergen.

8 Food allergy and catering arrangements

When the school supplies food it is treated as a food business and will comply with applicable food-information and food-safety requirements. Parents and pupils will be able to obtain clear, accurate and accessible information about relevant allergens and, where required, ingredients.

- Prepacked for direct sale food will be labelled with the name of the food, a full ingredients list and each of the 14 regulated allergens emphasised within that list.
- For non-prepacked food, information about the presence of the 14 regulated allergens will be accurate, clear and easily accessible.
- Menus, recipes, packaging and ingredient information will be checked. Any substitution or last-minute change will be communicated and rechecked before service.
- Cross-contamination risks will be controlled through appropriate storage, preparation, cleaning, utensils, hand hygiene and service procedures. Separate equipment will be used where required by the caterer's risk assessment.
- At each meal and snack time, including in the EYFS, responsibility for checking that the correct food is provided to each child will be explicit.
- Pupils with allergies will not routinely be segregated at mealtimes. Safe provision and supervision will support them to eat with their peers.
- Breakfast clubs, after-school clubs, celebrations, fundraising, packed lunches and food brought in by parents or staff are included in the school's controls.
- Catering errors, undeclared allergens, incorrect meals and credible near misses will be reported immediately to the Allergy Safety Lead and dealt with under section 16.

9 Animals chickens and curriculum activities

The Chickens in School Policy and individual allergy risk assessments will be followed. Staff will consider risks from feathers, dander, bedding, dust, eggs, cleaning materials and animal feed. Bird and chicken feed may contain nuts, sesame or other allergens and must be checked, stored and handled accordingly.

Pupils with relevant allergies will not have direct exposure unless this is supported by an individual assessment and agreed controls. Staff will provide inclusive alternatives and ensure effective handwashing after contact with animals, equipment, feed, bedding or eggs.

Before using food packaging, play dough, glue, seeds, grains, flour, balloons, natural materials or food in art, science, DT, sensory play or celebrations, staff will check for relevant food, latex, contact and airborne allergens. Planning records will identify any necessary adaptation.

10 Prescribed and spare adrenaline devices

10.1 Prescribed devices

Pupils at risk of anaphylaxis should normally have access to two prescribed adrenaline devices at all times because a second dose may be needed. Devices may be AAls or prescribed non-injectable nasal adrenaline. The pupil's own prescribed device will be used first where it is immediately available and suitable.

Where appropriate, including in primary school, pupils will be encouraged to keep their devices with them in their school bag so they also have access while travelling. Where age, understanding or another safeguarding consideration makes this unsuitable, the devices will be kept in an unlocked, clearly identified, rapidly accessible location. They must be capable of reaching the pupil within five minutes wherever the pupil may be on site.

Individual arrangements will cover classrooms, dining areas, playgrounds, sports fields, emergency evacuation, clubs, visits and travel. A copy of the current Allergy Action Plan should be kept with the pupil's medication.

10.2 Spare AAls

The school will purchase spare AAls from a pharmaceutical supplier using a request signed by the headteacher. Spare AAls supplement and do not replace pupils' own prescribed devices. Current law permits schools to purchase AAls as spare devices; it does not currently permit schools to purchase nasal adrenaline as spare stock.

As a primary school, NMP will normally hold at least:

- one pair of 150 microgram spare AAls suitable for children under six
- one pair of 300 microgram spare AAls suitable for pupils aged six and over

The Allergy Safety Lead will increase the number or locations where necessary to ensure that an appropriate pair can be brought to any person who needs them within five minutes, including when activities take place on different parts of the site.

10.3 Storage checks and disposal

- All prescribed and spare adrenaline devices will be stored at room temperature, protected from direct sunlight and extremes of heat, and never refrigerated.
- Spare AAls will be stored in pairs, clearly labelled and readily accessible. They will not be locked away. Where necessary, they will be out of children's reach without delaying adult access.
- Each emergency kit will contain the devices, manufacturer's instructions, storage instructions, a monthly check record, replacement arrangements and an administration record.
- The Administration Team will check at least monthly that devices are present, undamaged and in date and will arrange replacement before expiry or promptly after use.
- Used AAls will be given to ambulance clinicians, returned to a pharmacy or placed in an approved sharps container for authorised collection. Expired devices will be disposed of safely in the same manner.

10.4 Emergency use and consent

Advance parental consent for use of a spare AAI will be sought and recorded wherever possible. However, in a life-threatening emergency anyone may take reasonable action to save a life. Staff must not delay adrenaline while checking consent, diagnosis or whether a pupil appears on a register. A suitable spare AAI may be used when anaphylaxis is suspected, including where it is the person's first known reaction.

11 Staff training and awareness

All staff present when pupils are scheduled to be on site will receive allergy awareness and emergency-response training at induction and at least annually. This includes teaching and support staff, senior leaders, administration and premises staff with pupil contact, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff and staff supervising breakfast or after-school clubs. First-aid training alone is not sufficient.

Training will enable staff to:

- understand allergy, food intolerance and coeliac disease and the ways conditions may coexist
- recognise mild and moderate reactions and Airway, Breathing and Circulation signs of anaphylaxis
- understand that anaphylaxis may occur without skin symptoms or a previous diagnosis
- locate and follow IHPs, Allergy Action Plans and Asthma Action Plans

- locate and administer prescribed and spare adrenaline devices, including practice with trainer devices
- call 999, position the person safely, give a second dose after five minutes where required and begin CPR if necessary
- understand the link between food allergy and asthma and that a reliever inhaler does not replace adrenaline
- reduce exposure to known allergens and support safe, inclusive participation
- recognise the emotional impact of allergy and prevent allergy-related bullying
- record and report reactions, serious incidents and near misses

Training attendance and content will be recorded. New, supply and cover staff will be briefed before taking responsibility for pupils. Staff supporting a particular pupil will also receive any individual instruction or competency assessment required by healthcare professionals.

The school will consider an annual simulated allergy emergency drill. Any drill will protect the wellbeing of pupils with allergy and its outcome will be recorded and used to improve practice.

12 Responding to mild or moderate allergic reactions

Where symptoms do not involve Airway, Breathing or Circulation:

1. stay with the pupil and call for trained assistance and the pupil's plan and medication
2. follow the healthcare-issued Allergy Action Plan and IHP
3. give prescribed oral antihistamine where the plan instructs this and staff are authorised to do so
4. inform the parent or emergency contact
5. observe the pupil continuously in a safe place for at least 60 minutes because symptoms can progress
6. do not routinely send the pupil home or leave them unattended
7. if any Airway, Breathing or Circulation symptoms develop, or there is doubt whether the reaction is anaphylaxis, follow section 13 immediately

Antihistamine must not be used as a substitute for adrenaline and must not delay treatment where anaphylaxis is suspected.

13 Responding to anaphylaxis

Anaphylaxis always requires an immediate emergency response. Any member of staff or person present may administer adrenaline to save a life. Treatment must not wait for a designated first aider, the headteacher, parental consent or telephone advice.

1. Stay with the person. Call loudly for help and send someone to bring the person's medication, the nearest suitable pair of spare AAls and their Allergy Action Plan. Help and medication must come to the person.
2. Position the person safely. Keep them lying flat with legs raised. If breathing is difficult, they may sit up with legs extended. Do not let them stand or walk. Place an unconscious person who is breathing in the recovery position.
3. Administer the person's prescribed adrenaline device immediately. If it is not immediately available, is unsuitable, misfires or cannot be used, administer a suitable spare AAI. If in doubt whether the reaction is anaphylaxis, give adrenaline. Aim to give it within five minutes of symptoms beginning.
4. Call 999 immediately after adrenaline is given. State "anaphylaxis", give the school location and access instructions, and request an ambulance. Do not delay adrenaline in order to make the call.

5. Note the exact time and site of administration. Follow device instructions and the Allergy Action Plan.
6. If there is no improvement after five minutes, give a second dose using a second device.
7. If the person stops breathing or shows no signs of life, begin CPR and use an automated external defibrillator if available, following emergency training and 999 instructions.
8. A reliever inhaler may be given after adrenaline if the Allergy or Asthma Action Plan directs and the person remains wheezy, but never instead of adrenaline.
9. Continue supervision and monitoring until the ambulance arrives. Keep the person appropriately positioned and calm. Do not give food or drink.
10. Inform the headteacher and the pupil's parents as soon as possible without delaying treatment.
11. Give used devices and relevant plans to ambulance clinicians. A member of staff will accompany the pupil if a parent is not present. A pupil treated for anaphylaxis must be transported to hospital by ambulance and must not be taken by car.

14 Educational visits clubs and extended provision

Pupils with allergies will be enabled to participate in trips, residential visits, sport, performances, clubs and extended provision. A specific risk assessment will identify exposure risks, reasonable adjustments, trained adults, emergency communications, safe food, medication carriage and access to emergency services.

- The trip or activity leader will review the pupil's IHP and Allergy Action Plan and brief relevant staff.
- Both prescribed adrenaline devices and any other required medication will remain with the pupil or a nominated adult and be accessible without delay. Appropriate spare AAls will be taken where permitted and required.
- Food providers and venues will be contacted in advance and allergen information checked. Staff will plan for substitutions, delays and locations without immediate catering support.
- A parent will not be required to attend solely because the school has failed to make suitable arrangements.
- If medication is unexpectedly unavailable, the headteacher or Allergy Safety Lead will complete an immediate, individual risk assessment with the parent. The pupil will not be automatically excluded; safe alternatives and contingency arrangements will be considered.

15 Inclusion wellbeing and unacceptable practice

The school will promote understanding of allergy in age-appropriate ways, listen to pupils and provide reassurance that effective controls and emergency arrangements are in place. Allergy-related anxiety will be taken seriously and addressed through pastoral, medical and family support where appropriate.

Deliberately exposing a pupil to a known allergen, threatening to do so, force-feeding, mocking avoidance needs or excluding a pupil because of allergy may constitute bullying and a safeguarding concern. It will be addressed under the Behaviour, Anti-Bullying and Safeguarding policies.

The following practices are unacceptable:

- preventing easy access to prescribed or emergency medication
- ignoring the pupil's or parent's views or relevant medical evidence
- assuming all people with allergy need identical arrangements
- assuming a pupil has no allergy because diagnosis is pending

- assuming an older or self-managing pupil needs no adult support
- sending an unwell pupil to the office or medical room without suitable supervision
- requiring a parent to attend school to administer routine medication or provide support the school has agreed to deliver
- excluding a pupil from meals, lessons, activities, clubs or visits instead of making reasonable arrangements
- routinely segregating a pupil at mealtimes
- penalising allergy-related absence, including exclusion from attendance rewards where absence results from the medical condition

16 Recording reporting and learning

All allergic reactions will be recorded. A serious incident is one in which a person is harmed or placed at immediate and significant risk of harm, including where emergency medication, urgent clinical intervention or emergency-service attendance is required. A near miss is an error, omission or system failure that did not cause harm but clearly could have done so.

As soon as practicable after a serious incident or near miss, the school will:

- record who was affected; what happened, when and where; known or likely causes; how people responded; medication administered with exact times and by whom; whether emergency services attended; and how the event concluded
- notify the parent or carer promptly and share the record, inviting their views
- share the report with the Allergy Safety Lead and relevant senior leaders
- review the response in a no-blame, learning-focused manner and identify changes to training, staffing, catering, risk controls, policy, IHPs or action plans
- involve the pupil and parents and, where relevant, the healthcare professional or catering provider
- share necessary learning and actions with relevant staff and provide assurance to governors
- make any required notification to the local authority environmental health service, Primary Authority, HSE under RIDDOR, healthcare professionals, safeguarding partners or other competent body

An allergen-related food safety matter will be referred for specialist advice where unsafe food containing an undeclared allergen may have left the school's immediate control. RIDDOR reports will be made only where the statutory reporting criteria are met, including where an incident arising from a work activity results in death or direct hospital treatment.

17 Monitoring publication and review

The Headteacher will monitor implementation through medication and expiry checks, staff-training records, IHP audits, catering assurance, risk assessments, drills where used, and analysis of incidents and near misses. The governing body will receive sufficient information to provide oversight and challenge without unnecessary disclosure of personal medical information.

This policy will be published on the school website, made readily accessible to staff and parents and available in hard copy on request. Key emergency procedures will be displayed in appropriate staff areas and included in induction and supply-staff information.

The governing body will review the policy at least annually. An earlier review will take place after a serious incident or relevant near miss, a material change to the school's provision, a significant change in individual or population need, or updated legislation, statutory guidance or clinical advice.

Approval

Approved by	Governing Body
Chair of Governors	
Headteacher	
Date	

Appendix 1 Emergency response checklist

Mild or moderate reaction

- Stay with the pupil and obtain the plan and medication.
- Follow the Allergy Action Plan and give prescribed antihistamine if directed.
- Inform the parent or emergency contact.
- Supervise and observe continuously for at least 60 minutes.
- If Airway, Breathing or Circulation symptoms appear, or if in doubt, treat as anaphylaxis immediately.

Anaphylaxis

- Stay with the person. Bring help, medication and the action plan to them.
- Lie the person flat with legs raised; if breathing is difficult, allow sitting with legs extended. Never allow standing or walking.
- Give prescribed adrenaline immediately or use a suitable spare AAI. If in doubt, give adrenaline.
- Call 999 and say “anaphylaxis”.
- Record the time. Give a second dose after five minutes if there is no improvement.
- Begin CPR if required.
- Inform parents. Transfer to hospital by ambulance.

Appendix 2 Incident and near miss record requirements

Record field	Information required
Person affected	Name, class or role, and relevant plan
Event	What happened and whether it was an incident or near miss
Time and place	Date, exact time and location
Likely cause	Known or suspected allergen and route of exposure
Symptoms	Observed signs, including Airway, Breathing and Circulation
Response	Actions taken, medication, dose, time and person administering
External response	999 call, ambulance, hospital and other notifications
Outcome	How the incident concluded and when parents were informed
Learning and action	Review findings, responsible person, deadline and completion check

