



Bell Farm Primary School

Allergy Policy

We believe passionately in the power of education to change lives. So, we teach an ambitious curriculum for everyone, and we help our children to learn important values to live by. We do this with integrity and kindness to inspire Bell Farm children to grow up into amazing people who can go far in their lives - and change the world for the better!

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Allergy Policy from September 2026

1. Introduction

As an inclusive, rights-respecting school, we are dedicated to ensuring that children with medical conditions, including allergies, face no unnecessary barriers to their education or well-being. We are fully committed to providing a safe, secure, and happy learning environment where these pupils are protected from harm and are guaranteed the same opportunities as their peers to safely access our ambitious curriculum, participate in school activities and achieve their full potential.

This policy is written in compliance with Section 34 of the Children's Wellbeing and Schools Act 2026, which requires that LA-maintained schools, academies and PRUs maintain a dedicated allergy safety policy.

At Bell Farm Primary School, we ensure that this policy is readily accessible to parents, carers, and staff. It is published on our official school website (<https://bell-farm.co.uk/>).

This policy should be read alongside:

- Supporting Pupils with Medical Conditions
- Child Protection and Safeguarding Policy
- First Aid Policy
- Educational Visits Policy
- Behaviour and Discipline Policy
- Equality, Diversity and Inclusion Policy

2. Culture

Awareness training

Bell Farm Primary School ensures that all staff receive allergy awareness and emergency response training at least annually. This training is designed to build a vigilant, supportive, and safe environment that reflects our core values of integrity, kindness and inclusivity.

- **Who will receive training:** All staff present during times when pupils are scheduled to be on site will receive this training. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and extended care staff who oversee children during breakfast club and Treetops after-school club. It excludes external contractors with no pupil-facing roles, such as builders or ad-hoc maintenance personnel.
- **Induction Arrangements:** All new staff members will receive allergy safety and emergency response overview training as part of their initial safeguarding and health induction. Phase leaders (or the Assistant headteacher for inclusion in their absence) will ensure that temporary cover and supply staff are fully briefed on children with known severe allergies in their designated classrooms upon arrival.

Our comprehensive allergy awareness training ensures that all staff:

- Have a clear **awareness** of allergy, the risks it poses, how allergic reactions occur and how to manage them;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever and others) which can co-exist;

- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know exactly where to find information on **allergy triggers** (in healthcare plans, kept in the purple folder on teachers desks and on Curriculum Shared- Inclusion- Children with Medical Conditions- 2026-27);
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can immediately recognise **anaphylaxis**;
- Know how to respond in an **emergency** (outlined in *Appendix 4*), including:
 - calling emergency services (999) and informing parents/carers.
 - know how to locate and safely administer emergency medication and devices, including prescribed and school “spare” adrenaline devices and asthma reliever inhalers.
- Understand the **impact** allergy can have on a child's wellbeing;
- Understand Bell Farm Primary School's **allergy safety policy**;
- Know how to check whether a pupil is on the official school record of those with a known allergy and how to use an Allergy or Asthma Action Plan using Arbor and Medical Tracker.
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a “near miss”).

Please Note: Training under this guidance constitutes allergy awareness and emergency response training. It does not replace arrangements required when a child requires complex individual healthcare support beyond standard school-level allergy safety arrangements.

3. Wellbeing

Living with the persistent risk of an allergic reaction or anaphylaxis can be a significant cause of stress for children and their families. In line with our vision to foster self-confidence and individual wellbeing, Bell Farm actively promotes the emotional health of pupils with allergies. We cultivate an open, supportive classroom environment where children feel secure, respected and listened to, ensuring they never feel unnecessarily singled out or isolated due to their medical/ dietary requirements.

Bullying, teasing, or intentional exposure of a pupil to their known allergen is treated with the utmost severity. In alignment with the **Bell Farm Anti-Bullying Policy**, any such actions are classified as discriminatory bullying, which targets a child's physical abilities or health vulnerabilities.

- All reported incidents will involve a member of the Senior Leadership Team (SLT) and will be dealt with quickly using our restorative justice framework.
- Pupils who engage in exclusionary or mocking behaviour regarding allergies will be held to account and parents will be informed.
- Victims of allergy-related bullying will be offered targeted pastoral support from our Inclusion Team to rebuild confidence and resilience.

4. Minimising risk

Bell Farm Primary School implements a multi-layered risk minimisation strategy to prevent children, staff and visitors from coming into contact with known allergens.

- **School-Provided Food Lunch Time:** Olive Dining maintains strict allergen tracking and cross-contamination guardrails within the kitchen. In compliance with the *Bell Farm Lunch Hall Charter*, children are supported in choosing safe, nutritious foods and staff supervising the lunch hall ensure the dining hall is kept clean. Olive dining are made aware of all children with allergies so they can serve them food that is safe. Children wear lanyards that list their allergies to ensure they are served the correct food.
- **School-Provided Food Breakfast Club and Treetops.** Breakfast club and Treetops maintain a list of children who have allergies which is cross checked with school records. *Appendix 1* outlines our process for ensuring allergy risk is minimised during the club.
- **Food Brought in By Others:** Bell Farm operates as a strictly "**Nut-Free School**" due to the prevalence of severe, airborne and contact-based nut allergies across multiple year groups. Parents must ensure that reusable lunch boxes and snacks do not contain whole nuts, peanut butter, nut-based spreads (such as Nutella), or products containing explicit warnings of nut ingredients. In accordance with our safety rules, children are taught that there is a strict policy of **no sharing of food** during playtimes, lunchtimes, or extended care clubs.
- **Airborne and Contact Allergens:** Where children have clinically documented severe reactions to airborne or contact allergens (such as animal dander, specific pollens, or latex), the school applies reasonable adjustments. This includes selecting non-latex classroom materials, maintaining strict cleaning protocols and modifying environmental conditions where necessary.
- **Activity Planning:** Staff planning any curriculum activity must proactively evaluate the risk of allergen exposure. This applies directly to craft projects (e.g. using food packaging, egg cartons, or dairy-based glues), science experiments, musical activities, cooking lessons, forest school sessions or any educational experiences involving live animals. Alternative materials or adjusted ingredients will always be provided to ensure full inclusivity.
- **External Visits and Field Trips:** A specific risk assessment must be completed by the trip leader prior to any off-site visit or residential stay. This assessment ensures that external venues can safely accommodate the allergen profiles of attending pupils, that transit arrangements are secure and that emergency medications are accounted for. *Appendix 2* outlines our process for ensuring allergy risk is minimised during the residential trips.

5. Food allergy

The school handles the operational management of food allergies by ensuring clear, transparent information is maintained. School caterers provide information on food allergens to parent/carers and have this available for the child to be able to check independently. Catering staff are available to meet with parents/carers to discuss provision of allergen safe meals.

6. Individual children and young people

Identification

Bell Farm Primary School employs a rigorous process for identifying and recording individuals with allergies, including pupils, staff members and regular visitors.

- **Information Gathering:** Allergen information including medication carried is proactively collected from parents/carers during the formal school admissions process managed by our Attendance and Admissions Officer. For early years children entering our Nursery or

Reception, or for pupils transferring in-year, data is gathered via direct consultation with parents and records requested from their previous educational setting. New staff and agency staff should let their phase leader know. If they do not have a phase leader, or their phase leader is absent, they should tell the assistant headteacher for inclusion.

- **Record Keeping:** A master digital record of all known pupil allergies, dietary restrictions and emergency medication requirements is securely maintained on **Arbor** and updated live. Staff members with a need-to-know are systematically alerted by the Attendance and Admissions Officer and Assistant headteacher for Inclusion. A live list of children with allergens is available on Arbor (including photos). Staff will be made aware of how to view this report and the Assistant headteacher for Inclusion will download this monthly or when a change has been made, save it onto the system and alert staff.

7. Minimising risk

Individual Healthcare Plans

Children will have an Individual Healthcare Plan (IHP) if:

1. their allergy has a functional impact on them at Bell Farm;
2. they are at risk of significant harm as a result of their allergy;
3. they require arrangements which are additional to or different from those made generally.

The Assistant Headteacher for Inclusion and the child's parents, will document these arrangements using the school Allergy IHP template (*Appendix 3*) which sets out the additional and/or different arrangements put in place in the school. The healthcare plan will be stored in the purple folder on their teacher's desk; on Medical Tracker and on the school system (Curriculum- Inclusion- Children with Medical Conditions- 2026-27).

Where a child has an **Allergy Action Plan** (such as a BSACI plan) and/or an **Asthma Action Plan** issued by a healthcare professional, the IHP will attach it. Whenever an updated Action Plan becomes available, the IHP will be reviewed to incorporate it.

8. Prescribed adrenaline

For children who have been prescribed adrenaline autoinjector (AAI) devices, Bell Farm guarantees rapid, unhindered access to their medication at all times. In an event of anaphylaxis, adrenaline must be administered within **five minutes** of the onset of severe symptoms.

- **Location and Accessibility:** Prescribed AAIs are never locked away. They are housed in the child's classroom in a red bag on a peg by the door, or in a bag on the child (parental preference) so they are kept safe and available whether the child is in their classroom, the lunch hall, the playground, the sports fields, or out on an educational trip.
- **Logistics and Maintenance:** Parents are responsible for ensuring that two individually prescribed, in-date AAIs are present in school at the start of each term. Prescribed devices are returned to parents at the end of the school year for routine expiration checking. A tracking log is maintained by the school office on Medical Tracker to track expiration dates, device batch numbers and parental consent records. During healthcare plan meetings, discussions will take place about how to keep the child safe on their journey to and from school, including the arrangements the family will use to ensure the child has immediate access to their AAI when needed.

9. School-wide policies

"Spare" adrenaline devices

Bell Farm Primary School holds "spare" adrenaline devices on site to act as a critical emergency safety net. We hold one pair of "spare" AAIs with 150 micrograms for children under the age of 6

and one pair of “spare” AAls with 300 micrograms for individuals over 6 years of age. These spare devices are managed under strict protocols in accordance with Department for Education guidance:

- **Usage Criteria:** Spare AAls should be used where their own prescribed device has failed, is out of date, or is otherwise unavailable during an emergency. Anaphylaxis reactions are unpredictable. In addition, up to 20% of anaphylaxis reactions in schools happen in children without a pre-existing diagnosis of allergy. If an individual is showing signs of anaphylaxis (difficulties with their Airway, Breathing, or Circulation), adrenaline should be administered immediately

Emergency asthma inhalers may only be used in the circumstances set out in the relevant guidance, i.e. for a child or young person who has been prescribed a reliever inhaler, but where their own prescribed inhaler is not available. Importantly, emergency asthma inhalers can only be used where written consent has been obtained.

- **Storage and Stacking:** Spare adrenaline devices are kept and maintained strictly in **pairs** within our clearly marked **Emergency Anaphylaxis Kits**. Storing them in pairs ensures that if a second dose is clinically required after 5–10 minutes, it is instantly available without delay. Emergency kits also contain instructions for use, an emergency asthma reliever inhaler and spacers.
- **Location Strategy:** To strictly enforce the rule that no child or staff member is ever more than **five minutes** away from life-saving adrenaline, Bell Farm maintains pairs of spare AAls in the school office, in a red bag on a peg by the door.
- **Labelling and Maintenance:** All spare devices are labelled to prevent any potential confusion with a device prescribed to a specific named child. The Assistant Headteacher for Inclusion conducts monthly physical audits of all spare AAls and salbutamol inhalers to verify that they are perfectly in date, properly stored at correct temperatures and fully operational. There is a sign- up sheet on the wall to confirm that these checks have taken place.
- **Disposal:** Used or expired AAls are disposed of safely using the school’s clinical medical waste sharps bins, ensuring compliance with health and safety standards regarding needle disposal.

10. School-wide policies

Bell Farm Primary School is fully committed to the inclusion of all children in off-site educational visits, residential experiences and sporting events. We apply reasonable adjustments to ensure children with severe allergies can participate safely.

- **Risk Assessments:** Individual risk assessment are to be completed for any child or young person at risk of anaphylaxis taking part in a trip off the premises. This assessment must be drawn up by the Trip Leader in consultation with the Assistant Headteacher for Inclusion and the child’s parents/carers. The child’s IHCP and allergy action plan should be attached to the risk assessment and all staff on the trip should read it
- **Medication Portability:** Children at risk of anaphylaxis must have their own prescribed adrenaline devices (stored in a mobile emergency pack) directly accompanying them, managed by their designated group leader.
- **Staffing Requirements:** No off-site visit or trip will proceed unless it includes a minimum of one staff member who is fully trained in allergy emergency response and certified to administer an adrenaline autoinjector device.
- **Residential Trips:** *Appendix 2* outlines our process for ensuring allergy risk is minimised during the residential trips.

11. School-wide policies

Serious incidents and "near misses"

To continuously improve our safeguarding culture and maintain an attitude of "it could happen here," Bell Farm systematically records, reports and investigates all allergy-related serious incidents and "near misses".

- **Reporting Protocol:** Any allergic reaction, accidental allergen exposure, or "near miss" (e.g., an incorrect food item being handed to a child but intercepted before consumption) must be immediately recorded on **C-POMS** and reported directly to the Headteacher and the Assistant Headteacher for Inclusion.
- **Post-Incident Review:** Following any incident, the Inclusion Team will lead a formal review to analyse the cause, assess the effectiveness of the emergency response, and identify procedural vulnerabilities. Lessons learned will be integrated directly into this policy and shared with staff.
- **Delayed Reactions:** We recognise that the physical impact of an allergen exposure encountered at school may occasionally manifest later, once the child has returned home. Parents, carers and external healthcare professionals are strongly encouraged to report any post-school reactions to the school leadership team so a retroactive safety investigation can be initiated.

12. Information sharing

A child's medical and allergy profile constitutes **special category data** under UK GDPR and the Data Protection Act. This health information is highly sensitive and carries additional stringent legal protections.

Bell Farm Primary School processes this information under a clear lawful basis: it is strictly necessary to safeguard the child's life, fulfil our statutory duty of care and protect their physical well-being. However, information sharing is conducted in a tightly controlled, respectful and discrete manner- broad disclosure methods that could cause embarrassment, reduce a child's confidence, or cause them to feel uncomfortably singled out among their peers must never be used.

13. Awareness of the allergy safety policy

To ensure that a robust safety culture underpins our whole-school approach, awareness of this policy is maintained through multiple channels:

- **Staff Awareness:** The full policy is published internally for all personnel and its core operational directives are reviewed step-by-step during our annual autumn term staff safeguarding and health induction training.
- **Community Awareness:** The policy is permanently available for parents, carers and the public on the Bell Farm Primary School website policy hub.
- **Pupil Awareness:** We integrate allergy safety education directly into our broad and balanced PSHE curriculum and Rights Respecting assemblies, framing it around care, kindness and looking out for one another. Where a pupil carries a prescribed AAI, we work closely with the child and their parents to assess whether it is appropriate to sensitively inform their immediate peer group or close friends on how to calmly and quickly alert an adult in the event of an emergency. Any peer awareness initiatives are handled with deep care and respect and explicitly **never** replace the primary emergency response responsibilities borne by trained school staff.

Appendix 1: Breakfast club and Treetops

Transition and Retrieval of Medication

- **Medication** will stay within children's classrooms (all classrooms are close enough for the medication to be brought to the child within 5 minutes).
- **Staff Awareness:** office staff send a list of children attending Treetops each day (including their allergies) to Treetops staff. All Treetops staff look at the list at the start of each session and note any children with allergies and their classroom. Treetops manager and deputy manager will highlight any new allergies to staff.

Staff preparing and serving food prepare safe food based on children's allergies. The Treetops manager reviews the live allergy and medical register (on Arbor) at the start of each term and cross checks this with their records. They ensure all staff are aware of children with medical needs and can locate any child's inhaler or AAI within the mandatory five-minute emergency window.

- **Food Service Protocols:** Breakfast Club and Treetops operate under the school's strict "Nut-Free" mandate. All cereals, breads, spreads and afternoon snacks served are vetted by the Extended Care Manager or Deputy Manager in the Manager's absence.
- **Sanitisation:** Before food is served in the morning and afternoon sessions, all multi-use tables and preparation areas are thoroughly sanitised using allergen-cleansing spray to prevent contact cross-contamination from daytime school activities.

Appendix 2: Residential Trips

Pre-Trip Planning and Individual Risk Assessments

Individual Risk Assessments (IRAs): Individual risk assessment are to be completed for any child at risk of anaphylaxis taking part in a trip off the premises. This assessment must be drawn up by the Trip Leader in consultation with the Assistant Headteacher for Inclusion and the child's parents/carers. The child's IHCP and allergy action plan should be attached to the risk assessment and all staff on the trip should read it.

Venue Vetting: The Trip Leader must review the dietary and medical emergency capabilities of the residential venue well in advance. They should find out whether the centre has spare AAls and inhalers for emergency use.

Medication Triangulation and Supply Verification: Prior to the residential trip, the trip leader will allocate a member of staff going on the trip to administer medication. Before they go on the trip, this member of staff, along with the trip leader, will ensure all medication is in its original packaging and cross-check medication provided by parents against the school's internal medical register and healthcare plans.

Communication: All staff attending a residential trip will be told about children's medical needs, allergies and medication by the trip leader. Group leaders will be given a copy of the individual risk assessments and healthcare plans of children in their group. The trip leader will hold a briefing to alert staff of the medical information on the week of the trip e.g. at 8.20am on the morning of departure.

AAls and Inhalers: For children prescribed AAls, staff must verify that two in-date devices are provided. If the venue does not have spare AAls or inhalers, the school will pack a designated mobile emergency kit containing spare universal adrenaline supplies and asthma spacers. This should not cause a lack of 'spare' adrenaline devices on school premises.

Logistics: All medications must be stored in clearly labelled, waterproof and temperature-regulated containers, held securely by the designated First Aider at all times, except for emergency inhalers or AAls which must remain on the person of the assigned group leader tracking that specific child.

On-Trip Meal Verification Protocols: To eliminate the risk of cross-contamination or service errors by catering staff, a contracted Bell Farm staff member must physically see and verify every single food item, snack and drink given to a child with a severe food allergy before the child consumes it. No food sharing is permitted under any circumstances.

Emergencies: Staff should respond to emergencies in the same way they would at school:

- call emergency services (999) and inform parents/carers.
- locate and administer emergency medication safely (adrenaline for anaphylaxis, asthma reliever inhalers for an asthma attack).

Appendix 3: IHCP Template

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i> <i>Ask parents to provide a special EpiPen bag that can be kept on the designated hook in the classroom.</i> <i>Ask parents about their arrangements for the journey to and from school.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	

Visits and trips: <i>Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	
Emergency response: <i>Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.</i> <i>Otherwise summarise the signs or symptoms which would indicate an emergency.</i> <i>Set out what to do in an emergency, including whom to contact.</i> <i>If relevant, note where “spare” adrenaline devices are located.</i>	
Last discussed with parents:	Date
Issued by:	Date:
Next planned review:	Date:

Appendix 4: Anaphylaxis response

Recognise the signs of anaphylaxis

A AIRWAYS • Tightening of the throat • Hoarse voice • Difficulty swallowing • Swollen tongue	B BREATHING • Sudden wheezing • Difficult or noisy breathing • Persistent cough	C CIRCULATION • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious
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If any one (or more) of these signs are present: Don't delay

① Lie flat with legs raised (if breathing is difficult, allow to sit)

② Give adrenaline device without delay
(use the school's spare device if needed)

Scan this code for instructions on how to use adrenaline devices

③ Immediately dial 999 for ambulance
and say **ANAPHYLAXIS** (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
 - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

Figure 1

Mild to moderate allergic reactions which do not involve Airway/Breathing/Circulation can be treated with oral antihistamines. For a child, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Action in an emergency

If an individual (whether a child, young person, member or staff or visitor) experiences a life-threatening medical emergency, anyone – staff, volunteers or bystanders – may take reasonable action to save their life. The law recognises that rescuers act under extreme pressure.

People who attempt to save a life in good faith are protected, even if an injury occurs while giving emergency care (for example, broken ribs during CPR are common and not a sign of wrongdoing). This includes administering adrenaline when an individual is suffering anaphylaxis. Mistakes, hesitation, or imperfect technique do not amount to serious and wilful misconduct. The expectation is simply that staff act reasonably, to the best of their ability, in an emergency.

Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

Anaphylaxis (i.e. any reactions which involve the Airway/Breathing/Circulation) must be treated promptly with emergency adrenaline (see figure 1). The individual's prescribed adrenaline device – for example an adrenaline auto-injector (AAI) or nasal adrenaline device – should be used if it is available. If not, a “spare” adrenaline device can be used (found in the school office). If in doubt whether the reaction is anaphylaxis, treat with adrenaline. Always dial 999 to request an ambulance if someone is experiencing anaphylaxis. The emergency ('999') operator can provide advice over the telephone if needed.

Always stay with someone having an allergic reaction for at least one hour.

- If in doubt, always treat for anaphylaxis
- If the child or young person has a Allergy Action Plan issued by a healthcare professional, it should be followed
- Treatment of anaphylaxis is with a dose of adrenaline (e.g. an AAI “pen” or nasal adrenaline device)

Food allergy and asthma

Many food-allergic children also have asthma. “Wheeze” is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Bell Farm keeps an emergency asthma reliever inhaler containing a salbutamol inhaler device and spacer. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.

One in five anaphylaxis deaths among school-aged children in the UK happen in school. Key learnings from these events are listed below.

- Always give adrenaline immediately to treat anaphylaxis. **If in doubt, give adrenaline.** Delays in giving adrenaline are associated with fatal outcomes.
- NEVER let a person having anaphylaxis stand or walk around: always bring help and medicines to the person, and not the other way round.
- Always dial 999.
- Give a further dose of adrenaline if there is no improvement after 5 minutes.
- If someone known to have asthma and food allergy suddenly gets difficulty in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving.
- Children and young people may be at risk of anaphylaxis while travelling to or from school, college or their early years settings. If they have been prescribed adrenaline devices, they should carry these devices with them at all times, including while travelling to or from school. Parents will bring their AAI from home for the journey to and from school. If the child is in Year 6 and walks to and from school on their own, a plan will be made with parents when creating their IHCP.