White Hall
Academy & Nursery

Allergy and Anaphylaxis Policy

(to be read in conjunction with the Nut Awareness Policy)

Approved by Head Teacher	
Approved by Governors	
Policy to be reviewed	June 2027

White Hall
Academy & Nursery

Index

1. Statement of Intent

White Hall Academy strives to ensure the safety and wellbeing of all members of the school community. This policy is to be adhered to by all staff members, parents/carers and pupils, with the intention of minimising the risk of any pupil suffering an allergic reaction whilst at school or attending any school-related activity.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to:

- minimise the risk of exposure to allergens
- encourage self-responsibility
- ensure effective prevention and emergency response procedures

Parents are responsible for working in partnership with the school to identify allergens and risks and to ensure the health and safety of their children.

2. Legal Framework

This policy has due regard to all relevant legislation, including but not limited to, the following:-

- Human Medicines (Amendment) Regulations 2017 – Guidance on the use of adrenaline auto-injectors in schools
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Food Information Regulations 2014
- Requirements for School Food Regulations 2014
- DfE: Supporting Pupils with Medical Conditions
- Department of Health guidance on AAIs
- Benedict's Law (from September 2026)

This policy operates in conjunction with the following school policies and documents:-

- Nut awareness Policy
- Health and Safety Policy
- Managing Medicines Policy (needs reviewing and up-dating)
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy
- First Aid Policy

3. Introduction and Definitions

3.1 **Allergy**: is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

3.2 **Allergen**: a normally harmless substance that triggers an allergic reaction for a susceptible person

3.3 **Allergic reaction** is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:-

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Breathing difficulty
- Feeling of weakness

3.4 **Anaphylaxis**: a sudden, severe, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. This kind of reaction may include the following symptoms: -

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue
- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

3.5 Causes can include foods, insect stings, and drugs.

3.6 It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

3.7 Common UK Allergens include (but are not limited to):-

- Peanut
- Tree Nuts
- Sesame
- Milk
- Egg
- Fish
- Latex
- Insect venom
- Pollen and Animal Dander

3.8 This policy sets out how White Hall Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school.

4. Roles and Responsibilities

4.1 The Governing Body is responsible for:

- Ensuring that all staff receive allergy and anaphylaxis training at least annually.
- Ensuring all catering staff receive health and safety and Food hygiene training on an annual basis.
- Monitoring the effectiveness of this policy and reviewing it annually and after any incident where a pupil experiences an allergic reaction.
- Ensuring that all members of staff are aware of this policy and understand the emergency procedures within it.

4.2 The Headteacher is responsible for:

The development, implementation and monitoring of this policy including:

- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that all staff members are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis on a yearly basis and on an ad-hoc basis for any new members of staff.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

4.3 The School Welfare Officer is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and shared with all relevant staff members, including supply and temporary staff regarding pupil's allergies.

- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Keeping a register of pupils who have been prescribed an adrenaline auto-injector (AAI).

- Ensuring that the up-to-date **Allergy Action Plan** is kept with the pupil's medication.
- Requesting parents to provide an NHS up-to-date Allergy Action Plan. If parents do not currently have an Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional, e.g. the school nurse, GP or allergy specialist.
- Maintaining the Allergy Pupil Log and ensuring staff know where it can be located.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock and ensuring that this information is passed onto staff members.

- It is the parent's responsibility to ensure all medication is in date. However, the School Welfare Officer will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Keeping a record of use of any AAI(s) and emergency treatment given and the date of the treatment was administered.
- Ensuring that parents are informed of any reaction or near misses and that these are recorded and reported internally or in accordance with RIDDOR.

4.4 Staff covering classes are responsible for:-

- Making themselves aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes.
- Any food related activities must be supervised with due caution. If a staff member is covering a class, a regular staff member must inform the cover staff of any children with allergies and the requirements should an allergic reaction occur.

4.5 Staff leading school trips are responsible for:-

- Ensuring they carry all relevant emergency supplies. Trip leaders will ensure that medication is taken for all pupils with medical conditions, including allergies. Pupils unable to produce their required medication will not be able to attend the excursion.

4.6 All members of staff are responsible for:-

- Ensuring that they do not bring any products containing nuts into the school.
- Acting in accordance with the school's policies and procedures at all times.
- All staff will complete anaphylaxis training on an annual basis and on an ad-hoc basis for any new staff members.
- Being familiar with and implementing pupils' individual healthcare/allergy plans as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- Ensuring that pupils do not share food and drink.
- Supervising all food activities carefully.
- Ensuring that any necessary medication is out of the reach of pupils but still easily accessible to staff members.
- Liaising with the school welfare officer and parents to ensure the necessary control measures are in place.

4.7 Parents are responsible for:-

It is the parent's responsibility to:-

- inform the school office and welfare staff of any allergies.
- Inform the school of any history of anaphylaxis
- Provide details of all prescribed medication in relation to the allergy and supplying a copy of the child's Allergy Action Plan as soon as possible. If they do not currently have an Allergy Action Plan, this should be developed as soon as possible in collaboration with a healthcare professional, e.g. the school nurse, GP or allergy specialist.
- Providing the school with any other written medical documentation, including instructions for administering medication as directed by their child's doctor.
- Providing the school with any necessary medication, in date and replaced as necessary in line with the procedures outlined in the Supporting Pupils with Medical Conditions Policy.
- Working alongside the school to develop an IHP to accommodate their child's needs, as well as undertaking the necessary risk assessments.
- Communicating specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information and reporting any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Signing their child's IHP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.

- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the Headteacher or Deputy Headteacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.
- Ensuring they do not bring birthday celebration treats for their child/their child's class into school. These will not be accepted and distributed and must not be brought into school.

4.8 Pupils are responsible for:-

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately if they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their nut allergy.

5. Allergy Action Plans / Individual Healthcare Plans

All pupils must have an up-to-date Care Plan (allergy specific) which is designed to function as an individual healthcare plan for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector. This should be provided by the school nurse/GP or a medical professional and should not be created by the school. If parents do not have this, they should be requested to provide the AAP/IHC as a matter of urgency. The Care Plan should include:

- symptoms
- treatment
- medication instructions
- consent for emergency use (including spare AAIs)

6. Allergy Awareness and Food Management

6.1 The school is committed to ensuring our pupils with allergies are not at risk of any allergic reaction. This Policy should be read in conjunction with our Nut Awareness Policy which sets out the Academy's expectations in respect of nut awareness, including:-

6.2 All food products containing nuts are prohibited. The school expects parents to check food products when preparing pupils' lunches and snacks.

6.3 Parents, pupils and staff will be mindful that the following food products are prohibited:

- Cereal bars
- Peanut butter sandwiches
- Packs of nuts
- Chocolate bars containing nuts

6.4 In addition to the list above, food packaging that states a product contains nuts, or is unsuitable for people with nut allergies, means that the product will be considered prohibited.

- The school will not use nuts in any school-prepared meals.
- Staff will not bring products containing nuts into the school.
- Any prohibited items will be removed, and a nut-free alternative will be provided.

6.5 **Nut allergies –** Reference should also be made to our Nut Awareness Policy for further guidance

Parents will inform the school that their child is allergic to nuts, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all pupils' nut allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed onto the school's catering service.

The school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible, including foods which are labelled 'may contain traces of nuts'.

The catering team will ensure that general good practice hygiene standards are maintained, in accordance with the school's Health and Safety Policy and this Policy.

There is a set of kitchen utensils that will be used to prepare the food and drink of the pupils at risk.

Food items containing nuts will not be served at, or be brought onto, the school premises.

Learning activities that involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known nut allergies of the pupils involved.

In accordance with the Health and Safety Policy and the Nut Awareness Policy, the school will ensure the safety of staff with allergies to nuts.

7. Staff Training

7.1 All staff members will receive anaphylaxis training to assist pupils with managing their allergies.

7.2 The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are the Head Teacher, Mrs Ellie Eames and the School Welfare Officer, Miss Demi Laytham. Training will be conducted via the Kitt Medical Portal.

7.3 These staff members will be "admins" on the Kitt portal account where online training is available and can be sent out via a variety of distribution methods to all staff members. New staff will complete anaphylaxis training as part of the induction process. Demi Laytham/Julie Hawkins will arrange this training.

7.4 These staff members will also ensure that the details of the adrenaline devices is promptly confirmed on the portal and check-ups on the Anaphylaxis Kitts, prompted by the portal at frequent intervals, are carried out.

7.5 It is recommended that the training be completed at least once a year (at a minimum) by all staff members.

7.6 Additional ad-hoc training sessions will be provided for anyone requiring refresher training. New staff will complete training as part of the induction process.

7.7 Additional training will be delivered to classroom staff who teach a child with known allergies.

7.8 A trainer AAI pen will be held by Demi Laytham which can be used for practical training alongside the online training.

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Understanding how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms
- Understanding how to access AAIs
- Knowing how and when to administer the medication/device
- Administering emergency treatment (including AAIs) in the event of anaphylaxis
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Understanding what it is like for those individuals living with allergies

7.9 White Hall Academy ensures that staff undertake a practical session using trainer devices. A Jext trainer device is included with the Kitt Medical service. Additional trainer devices can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

7.10 Staff are also made aware that the school also promotes a **whole-school approach to allergy awareness** which recognises:-

- multiple allergens (not just nuts)
- Promotes education and safe practices
- Ensures food is:
- checked carefully
- not shared between pupils
- prepared safely

8. Emergency Treatment and Response

8.1 What to look for:-

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

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

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

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

8.4 Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly.

8.5 Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

8.7 Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

8.8 Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

8.9 All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

9. Staff with allergies

9.1 If staff have allergies, they will inform the headteacher and appropriate safety precautions will be established.

9.2 Staff will ensure they have their medication on their person at all times.

9.3 If a staff member believes they are having an allergic reaction, they will seek the assistance of the school welfare officer who will attend the member of staff and provide assistance.

9.4 If required, the school welfare officer will call an ambulance.

9.5 Following an allergic reaction, the staff member will be permitted to go home, and appropriate cover will be arranged.

10. Supply, storage and care of medication

10.1 The Class Teacher/LSA of children with known anaphylaxis will ensure **two** AAIs are carried with them when outside of the classroom with the child at all times in a bright orange drawstring bag.

10.2There is also an anaphylaxis kit located in the school office corridor, which is within 5 minutes of all school areas which is **accessible to all staff.**

10.3 Whilst in class, medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:-

- Two AAIs i.e. EpiPen® or Jext®
- An up-to-date allergy action plan (NHS to provide via parent)
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

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

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

10.6 AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

10.7 AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin, located in the Medical Room.

11. Spare adrenaline auto-injectors in school

11.1 White Hall Academy has purchased a **Kitt Medical Anaphylaxis Kitt with spare AAIs for emergency use.** Emergency use may include: children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date, or they may need multiple doses of adrenaline before the emergency services arrive); or they may need to be used on someone experiencing anaphylaxis for the first time.

11.2 These are stored in the school's Anaphylaxis Kitt(s) which are clearly labelled 'Emergency Allergy Medication'. These are kept safely, not locked away and are **accessible and known to all staff.** The school holds several keys with which they can access the medication. The school will also hold a spare key in an 'Emergency Break Glass' box in case immediate access in an emergency is required. All accessories are provided by Kitt Medical.

11.3 White Hall Academy holds 4 spare pens which are kept in the Anaphylaxis Kitt in the following location:-

Corridor outside of the main school office, clearly labelled 'Anaphylaxis Kitt'.

11.4 The School Welfare Officer is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Reminder prompts are scheduled on the Kitt Medical portal.

11.5 The School Welfare Officer is responsible for communicating to all staff members where the Anaphylaxis Kitt is located.

11.6 All pupils at risk of anaphylaxis should have an Allergy Action Plan provided by the NHS via parent/Allergy Care Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay.

11.7 Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan/care plan. Allergy Care Plan to be signed by parent/carer.

11.8 You should never use a child's prescribed AAI on another person, as this leaves the child vulnerable.

12. Catering

12.1 White Hall Academy follows the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products and a poster is displayed of the Top 14 allergens in our catering kitchen.

12.2 The school's dinner menu is a three week rotational menu, which is available for parents to view in advance with all ingredients listed and allergens highlighted on the White Hall Academy website at https://www.whitehallacademy.co.uk.

12.3 The Academy will ensure that all children who are admitted to the school with allergies are immediately notified to the School Welfare Officer by the Admissions Officer and notes will be made on the school database as to precise allergy. Parents will be required to provide relevant health care paperwork, including details of the allergy and any Allergy Action Plan/Care Plan, together with any prescribed medication, including AAIs, antihistamines or asthma inhalers to be kept at school. The School Welfare Officer will also require parents/carers to complete and sign the school's Allergy Care Plan giving permission for emergency treatment to be administered should this be required.

12.4 The School Welfare Officer will *ensure catering staff are provided with a laminated instruction card for any child with severe allergies which displays a photograph of the child together with specific allergies requirements. This information will be reviewed yearly or sooner, if required.*

12.5 Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs if they have concerns.

12.6 The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If school dinners are purchased from the school canteen, parents should check the appropriateness of foods by checking the school menu or speaking directly to the catering manager if they have further concerns or queries.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission and Parents' permission will be sought before any food tasting participation as part of school educational workshops.

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

13. School trips

13.1 Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

13.2 All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

13.3 Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

14. Sporting Excursions

14.1 Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy in advance of the fixture if refreshments are being provided. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

14.2 Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

15. Allergy awareness, including Nut Awareness

15.1 This policy operates in conjunction with our Nut Awareness Policy, advocating a culture of allergy awareness and education *and implementing a* whole school awareness of allergies and ensuring that all teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

16. Monitoring and Review

16.1 The headteacher is responsible for reviewing this policy every two years.

16.2 The next scheduled review date is January 2028.

16.3 The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

16.4 Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

Appendix 'A'

Allergy and Anaphylaxis Pupil Log

Following the return of the Allergy Action Plan/Allergy Care Plan, schools should fill out the below table and ensure that all staff are aware that the below pupils have allergies.

Name of pupil	Allergy Action Plan completed, including consent for use of spare AAI if required	**Does the pupil have packed lunches or school dinners?**	**Details of any medication**	**Where is the medication located?**	Medication Expiry Date	**School Welfare Officer's signature**

17. Useful Links

- Kitt Medical – https://www.kittmedical.com/
- Anaphylaxis UK - https://www.anaphylaxis.org.uk/
- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer- schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1
- Allergy UK - https://www.allergyuk.org
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- andmanagement
- BSACI Allergy Action Plans - https://www.bsaci.org/professional- resources/resources/paediatric-allergy-action-plans/
- Spare Pens in Schools - http://www.sparepensinschools.uk
- Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf
- Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834