Riverside Primary School

Where everyone matters and every day counts

Allergy Policy

Agreed: September 2026

Review: September 2027

1. Introduction and Core Principles

In line with Benedict's Law, Riverside Primary School is committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema, and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen (i.e., eating a trigger food), though can occur several hours later (i.e., allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases, there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20–30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response.**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- **Foods:** (e.g., peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish, and sesame
- **Insect stings:** (e.g., bee, wasp)
- **Medication:** (e.g., antibiotics, pain medicines such as ibuprofen)
- **Latex:** (e.g., rubber gloves, balloons, swimming caps

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

Riverside Primary School has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions, and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma, and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff, and an individual's asthma care plan needs to be included with their individual healthcare plan. These conditions are not included in this allergy safety policy.

Riverside Primary School understands that severe allergies are included in the Equality Act 2010. The Act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

2. Emergency Treatment and Management of Anaphylaxis

Symptoms

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
- Stomach pain or
- Mild throat
- Sudden change in behaviour

These symptoms are treated with antihistamines.

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, persistent cough.
- **CIRCULATION:** Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious 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.

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

Action Protocol

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

> **CRITICAL WARNING:** Whilst you are waiting for the ambulance, keep the individual 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.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered, as a reaction can recur after treatment.

3. Minimising Risk and Exposure to Allergens

Minimising risk and exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual, and Riverside Primary School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary (for example, the cooking room for the duration of the lesson when the student with allergy is cooking). Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

Riverside Primary School is allergy aware, ensuring that staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure, and have robust emergency response plans in place.

Riverside Primary School completes a school-wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will:

- Identify food used within the curriculum and make adaptations to remove allergens that pose a risk for the whole group, not just the student who has the allergy.
- Conduct specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips

- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school.
- Put in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identify non-food allergens within the environment and make adaptations to remove/reduce allergens that pose a risk (for example, therapy or school dogs would require enhanced cleaning, limiting to specific areas, and hygiene measures after students have worked with the therapy dog).
- Maintain clean air practices through adequate ventilation and environmental risk management.

Riverside Primary School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Riverside Primary School will ensure that the risk of exposure is minimised by:

- Providing all relevant school staff with allergy training every year.
- Educating students through awareness assemblies and within PSHE.
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management.
- Communicating with all visitors, temporary staff, and cover staff that they will be teaching a student with an allergy. Ensuring that the member of staff has access to another staff member who has been trained in allergy and anaphylaxis emergency response.
- Working closely with parents/carers and health professionals to understand the student's allergy.
- Monitoring this policy to ensure that agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, students, and visitors

4. Food Provision and Catering

Riverside Primary School directly manages and provides all catering on-site. The school will manage the risk of food allergies and provide clear, accurate information on allergens in all food prepared and served across the school day.

In-House Menu & Allergen Management

- **Regulatory Compliance:** Riverside Primary School ensures its internal catering operation fully complies with Food Standards Agency (FSA) allergen management regulations and School Food Standards.
- **Allergen & Special Diets Folder:** As recommended best practice, the Catering Manager maintains a live Allergen Records Folder. This folder contains current menus, recipe sheets, approved supplier ingredient specifications, and a register of pupils with photos and their specific dietary needs.

- **Supplier Ingredient Verification:** All dishes produced in-house use ingredients from approved suppliers. Any ingredient or supplier changes affecting allergen content will be documented immediately by kitchen staff, and all due diligence paperwork updated.
- **Precautionary Allergen Labelling (PAL):** Precautionary warnings from ingredient suppliers (e.g. "may contain") will be passed on to parents/carers and pupils. Decisions regarding whether a pupil can consume foods with PAL warnings will be agreed with parents/carers, recorded in their Individual Healthcare Plan (IHP), and shared with kitchen and lunchtime staff.

Accommodating Special Diets & Non-Anaphylactic Conditions

Riverside Primary School accommodates pupils requiring special diets for medical, coeliac, religious, or cultural reasons.

- **Coeliac Disease & Intolerances:** While Coeliac disease (an autoimmune reaction to gluten) and food intolerances do not carry a risk of anaphylaxis and are excluded from emergency medical protocols, they require strict dietary avoidance.
- **Special Diets Management:** The school catering team works directly with parents/carers to ensure suitable, safe meal options are provided for all pupils with medical dietary needs.

Kitchen Storage & Cross-Contamination Controls

The school kitchen team adheres to strict food safety protocols to prevent cross-contamination:

- **Storage:** Opened allergenic and allergen-free ingredients will be tightly sealed, covered, and stored separately in the kitchen to reduce contamination risks. Decanted items must retain full allergen tracking information.
- **Preparation:** Foods prepared for special diets or pupils with allergies will be made in sanitised, designated preparation areas.
- **Equipment:** Separate, colour-coded chopping boards, utensils, and cookware will be used exclusively for special diet meal preparation. Prepared special diet meals will be covered, labelled, and stored separately prior to service.

Service Protocols & Pupil Identification

- **Dual-Check Identification:** Pupils with allergies or special dietary needs will be clearly identifiable at the point of service using a dual-check system. This involves the child being given a coloured card and coloured tray for their food. Two people will check the correct meal delivery i.e., two members of the catering team or - a catering team member with a MDA. There are photo cards on the servery wall. The system does not rely on a single individual.
- **Service Utensils:** Dedicated, separate serving utensils must be used for each menu item to prevent cross-contamination during service.
- **Pre-Service Briefings:** The Catering Manager/School Cook will conduct a brief pre-service meeting with kitchen and lunchtime supervisory staff to review the daily menu allergens and identify pupils with specific dietary requirements.

- **No Food Sharing:** Pupils will be explicitly taught not to share or trade food, drinks, containers, or utensils, and will be educated on the reasons why.

When staff provide food for students (such as for a DT lesson), they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during handling, preparation, and serving.

Where food is not directly provided by the school (for example, brought in as treats or to celebrate birthdays), either parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies or the treats will not be provided until the end of the school day to allow parents/carers oversight.

These procedures apply to school-led breakfast and after-school provision.

As best practice, PTA events follow FSA legislation for food labelling, creating allergen matrices as necessary, and ensuring PTA members serving food have a basic awareness of allergen management.

Students eligible for benefit-based Free School Meals are entitled to their free school meal entitlement. The school will work with parents/carers to determine the best way of ensuring that students receive their meal safely.

5. Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. This includes the journey to and from:

- School - this is the responsibility of the parents
- The classroom - available in the green class medical boxes, unless otherwise specified on a child's Individual Health Plan (IHP)
- Lunch area - available in the green class medical boxes, unless otherwise specified on a child's Individual Health Plan (IHP)
- Playground - available in the green class medical boxes, unless otherwise specified on a child's Individual Health Plan (IHP)
- Sports field - available in the green class medical boxes, unless otherwise specified on a child's Individual Health Plan (IHP)
- Visits or trips - carried by a responsible adult on behalf of the child who has responsibility for the child

Serious anaphylaxis is a time-critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes, so if the adrenaline device cannot be with them in the classroom, it should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap-around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Riverside Primary School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Riverside Primary School Holds:

- **Under 6 years (150 micrograms):** One pair of "spare" devices — Epipen 150mg x 2
- **Over 6 years (300 micrograms):** One pair of "spare" devices — Epipen 300mg x 2

Storage Location & Protocol:

- These are located in: Blue Building Medical Room and Red Building Hall (by the kitchen door)
- Stored in clear colour containers and labelled **'Emergency Anaphylaxis Kit'**.

- The School Business Manager is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. Replacements will be secured one month before expiry.

- Used adrenaline devices will be disposed of in a sharps box kept in the Blue Building Medical Room or given to the paramedic. Out-of-date or degraded devices will be taken to a pharmacy for disposal. Riverside Primary School registers with the Local Authority for sharps box collection.

In the Event of an Anaphylactic Reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait to contact emergency services before administering adrenaline**
- The individual should **not** be moved. Adrenaline devices should be brought to them.
- If prescribed adrenaline devices are available, use them first.
- If prescribed devices are unavailable or misfire, "spare" adrenaline devices can be used.
- If an individual has a serious allergy and asthma and there is doubt whether they are presenting with anaphylaxis or an asthma attack, **always administer adrenaline first**.

- The Human Medicines Regulations 2017 do not require consent to use "spare" devices. In an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given

Student Self-Management

Depending on their level of understanding and competence, students will be encouraged to take responsibility for and always carry their own two adrenaline devices in a suitable container and this will be specified on their Individual Health Plan (IHP)

Older students and teenagers should assume responsibility for their emergency kit under parental guidance. However, because symptoms can come on suddenly, staff must be prepared to administer medication if the young person cannot.

6. Staff Training and Emergency Response

All staff, including teaching, support, catering, HLTA, and wrap-around care staff will be trained in allergy awareness and emergency response annually. Supply teachers and coaches will be made aware of their nearest allergy awareness trained staff member and provided with written information about allergy awareness.

Training covers

- Allergy awareness, risks, reaction progression, and management
- Co-existing conditions (asthma, eczema, hay fever).
- Differences between food allergy, intolerance, and Coeliac disease
- Understanding that students can be allergic to any food, not just the top 14
- Symptoms and treatments for mild, moderate, and severe reactions.
- How to locate and administer adrenaline or asthma inhalers (practicing with trainer devices for all AAI brands).
- Reporting procedures for reactions (mild, severe, near miss).
- Responsibilities in risk reduction and avoiding allergen exposure.
- Impact of allergies on student wellbeing.
- How to check student allergy records, IHPs, and Allergy Action Plans.

Role-Specific Catering & Lunchtime Qualification Requirements

To ensure robust food safety, catering and mealtime staff must hold mandatory formal qualifications and training appropriate to their role prior to serving food:

- **Catering Manager / Cook in Charge:**
    - Level 3 Food Safety Qualification
    - Accredited Food Allergy Awareness Training
    - Internal School-Specific Allergen Management Training
    - Level 2 Health & Safety Qualification
- **Catering Assistants:**

    - Level 2 Food Safety Qualification
    - Accredited Food Allergy Awareness Training
    - Internal School-Specific Allergen Management Training
- **Lunchtime Service & Supervisory Staff:**
    - Accredited Food Allergy Awareness Training
    - Internal School-Specific Allergen Management Training
    - Pre-service allergen briefing attendance
- **Casual, Volunteer, and Agency Catering Staff:**
    - Must complete accredited online food allergy awareness training and receive an internal briefing on pupil dietary requirements before undertaking service.

Daily Briefings & Training Record Management

- **Pre-Service Briefings:** The Catering Manager will conduct a brief daily operational meeting with kitchen staff and lunchtime supervisors prior to meal service to review daily menu allergens, ingredient changes/substitutions, and specific pupil requirements.
- **Training Register:** Comprehensive training records, certificates, and refresher logs for all school, catering, and lunchtime staff will be centrally maintained by the Senior Leadership Team (SLT) Allergy Lead and the Catering Manager.

Emergency Preparedness

Riverside Primary School will annually hold a practice response to anaphylaxis, review the outcome, and update procedures accordingly.

Throughout the year, staff will receive reminders regarding checking allergy registers, spare AAI storage, trainer AAI practice, and risk reduction leading up to trips, festivals, and end-of-term events. During fire drills and lockdown practices, staff must ensure a student's adrenaline device is brought with them.

7. Roles and Responsibilities

Governing Body and Senior Leadership

- **The Governing Body** ensures the policy sets out risk-reduction arrangements and emergency response plans, keeping allergy safety as a standing agenda item.
- **Designated Allergy Governor:** Donna Thresher, who works closely with the Allergy Lead.
- **SLT Allergy Lead:**Claire Smith (headteacher) supported by Julie Cousins (SBM), responsible for driving policy implementation and contributing to reviews.

- Allergy risks are formally included on the school's overall Risk Register.

The Allergy Lead is Responsible For:

- Collecting allergy info upon enrolment and updating catering/staff (within 2 weeks for mid-year joiners).
- Maintaining the register of students/staff with allergies, AAIs, and action plans.
- Ensuring mealtime student identification systems are robust.
- Communicating policy details, allergy registers, and near-miss reporting.
- Liaising with Governors, Health & Safety leads, Safeguarding leads, Catering teams, and external agencies (e.g., HSE under RIDDOR when required).
- Overseeing spare AAI checks, expiry dates, and IHP creation
- Coordinating annual staff training and trainer device practice

All Staff are Responsible For:

- Understanding their role in implementing this policy and acting swiftly in emergencies.
- Supporting, implementing, and reviewing student IHPs
- Creating an inclusive curriculum with adapted activities to minimise risk
- Completing risk assessments for trips, sporting events, and classroom food activities
- Building proactive relationships with parents/carers and reporting near misses

Parents / Carers are Responsible For:

- Adhering to this policy and providing required medical information to create IHPs
- Updating the school immediately if reactions occur outside school or if management needs change
- Ensuring the student always has in-date prescribed medication at school

8. Identification of Individuals with Allergies

- **Admissions Data Collection:** Collected prior to admission via (insert process, e.g., medical intake form / SIMS parent app
- **Information Sharing:** Health data is shared securely under UK GDPR with relevant staff and catering teams via MIS.
- **Transition:** Allergy info is requested from previous settings; new IHPs are co-created with parents/carers prior to formal entry
- **Staff:** Pre-employment medical questionnaires capture staff allergies, leading to targeted workplace action plans via induction.
- **Visitors & Volunteers:** Asked about severe allergies prior to visits, notifying the Allergy Lead to ensure a safe environment via the online signing in system.

9. Student IHPs and Allergy Action Plans

IHPs are live documents and will be reviewed at least annually, or immediately following any serious incident, near miss, or change in medical advice

IHPs take the following form:

- **Clinical Allergy Action Plans:** Created by GPs/clinicians detailing medical treatments. Must include parental consent signatures and an annually updated pupil photograph. Issued for IgE food/venom allergies (not non-IgE allergies, which do not carry anaphylaxis risks
- **Individual Healthcare Plans (IHPs):** School-owned documents co-created by school, parents, and students, incorporating clinical advice. Reviewed annually, when staff change, or immediately following any near miss/incident.

Riverside Primary School will ensure IHPs are in place for all students with Allergy Action Plans/Asthma Plans, those needing active management, and those awaiting formal diagnosis.

10. School Trips and External Visits

Pupils with allergies will be fully included in all trips, sports events, and extracurricular activities. Risk assessments will evaluate exposure risks, transport, medication storage, and proximity to emergency medical care.

Trip leaders must check that students have their required medication (including AAIs) before departure. **Students unable to produce their required medication will not be permitted to attend.**

Additional spare AAIs will be taken on trips if deemed necessary by risk assessment, ensuring sufficient spare AAIs remain at school for remaining pupils. Host schools will be notified of allergic pupils ahead of sporting fixtures.

11. Serious Incidents and "Near Misses"

Riverside Primary School operates a **"no blame" culture** to learn lessons from incidents and near misses.

- Food residues or fluid samples may be seized and retained as evidence following an incident.
- Incidents and near misses (e.g., mislabelled food, accidental exposure without reaction) are recorded immediately using My Concern.
- Reports will be reviewed with parents/carers and pupils, with outcomes updating the pupil's IHP.
- If unsafe food was supplied by the school food service, it will be formally reported to the local authority Environmental Health team

12. Student Wellbeing and Safeguarding

Wellbeing & Inclusivity Support

To reduce anxiety and eliminate social isolation, Riverside Primary School will:

- Regularly communicate allergy safety expectations across the school community.
- Include allergy awareness in PSHE lessons
- Plan all school celebrations, rewards, and communal events inclusively from the outset
- Actively prevent, monitor, and address any allergy-related bullying or stigmatisation

Safeguarding

A safeguarding referral will be made if an incident or lack of parental cooperation (e.g., repeatedly failing to supply essential life-saving medication or critical health details) indicates a student is at increased risk of medical neglect or harm.

Unacceptable Practice

Staff must never engage in unacceptable practices, including:

- Preventing easy access to prescribed AAIs or inhalers.
- Assuming all children with the same condition require identical support
- Assuming older pupils do not require support
- Ignoring medical evidence or parent/pupil views
- Sending an unwell student to the office/medical room unescorted (help must come to them
- Penalising attendance records for medical appointments or health management
- Forcing parents to attend school to administer routine medication or accompany trips.
- Creating unnecessary barriers to full participation in school life.

13. Policy Review and Publication

This policy is published openly on the Riverside Primary School website and is reviewed annually, or more frequently in response to local incident trends or updated statutory guidance.

Statutory Duties & References

- Section 34 of the Children's Wellbeing and Schools Act 2026
- Section 3 of the Children Act 1989
- Section 175 of the Education Act 2002 & Keeping Children Safe in Education
- Health and Safety at Work etc. Act 1974
- Equality Act 2010
- Human Medicines (Amendment) Regulations 2017
- Benedict's Law Guidance & DfE Statutory Guidelines

Appendix A

RIVERSIDE PRIMARY SCHOOL

VISITOR ALLERGY SAFETY & SITE ENTRY GUIDANCE

ALLERGY AWARE SITE

WELCOME TO RIVERSIDE PRIMARY SCHOOL

We operate an **Allergy Aware Community** to protect pupils and staff who live with severe, life-threatening allergies (anaphylaxis) to food (nuts, seeds, dairy, eggs, fish) and contact allergens (latex). Contact or exposure can trigger immediate medical emergencies.

VISITOR CODE OF CONDUCT & SAFEGUARDING RULES

1. Food & Allergen Restrictions

- **No Nuts or Sesame:** Never bring products containing peanuts, tree nuts, sesame, or nut oils onto the school premises.
- **Restricted Eating Areas:** Food consumption is strictly restricted to designated adult staffrooms. Do not eat snacks in corridors, classrooms, or outdoor areas.
- **No Food Sharing:** Never offer, trade, or distribute food or treats to any pupils.

2. Hygiene & Personal Items

- **Hand Hygiene:** Please thoroughly wash or sanitise your hands upon entry at Reception before entering learning spaces.
- **Personal Food / Medication:** If you carry essential medical items or personal dietary food, please notify Reception staff.
- **Classroom Crafts & Activities:** Ensure any materials brought in for visits are completely free from food allergens (e.g. wheat, seeds, nut derivatives).

EMERGENCY EXPECTATIONS

As a visitor, you are not expected to make clinical assessments. However, if you suspect a child or adult is suffering an allergic reaction, you must know how to raise the alarm immediately:

CRITICAL EMERGENCY RULE: Never leave an unwell individual unattended, and **NEVER allow or force them to stand or walk anywhere**. Standing or walking can cause a drastic drop in blood pressure leading to cardiac arrest. Send a bystander for First Aid / Reception help immediately.

Electronic Sign-In Agreement

By completing your electronic sign-in at Reception, you confirm that you have read, understood, and agree to abide by Riverside Primary School's Allergy Safety Guidelines and Visitor Code of Conduct for the duration of your visit.

BE ALLERGY AWARE & SAVE A LIFE

Anaphylaxis is a serious and life-threatening allergic reaction

Recognise the **ABC Symptoms** and act quickly — emergency adrenaline must be given without delay.

A AIRWAY

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue, or upper airway

B BREATHING

- Difficult or noisy breathing
- Sudden onset wheezing
- Shortness of breath out of proportion to effort

C CIRCULATION

- Feeling lightheaded or faint
- Pale, clammy skin
- Confusion, sudden sleepiness
- Unresponsive or unconscious

PLEASE NOTE: Severe ABC symptoms may occur alongside mild stomach or skin symptoms (hives, swelling). However, **anaphylaxis can occur without any skin rash or skin symptoms being present**.

EMERGENCY ACTION PROTOCOL

1 LIE PERSON FLAT WITH LEGS RAISED

Do NOT allow them to stand or walk anywhere.

- *If breathing is difficult:* Allow them to sit up propped up for as short a time as possible.
- *If unconscious:* Place them in the recovery position.

2 ADMINISTER ADRENALINE AUTO-INJECTOR (AAI) WITHOUT DELAY

Give into the outer thigh muscle (refer to device label). Use the pupil's prescribed device or the school's emergency "spare" AAI if necessary.

3 CALL 999 IMMEDIATELY

State clearly that the person is suffering from **ANAPHYLAXIS** (anna-fill-ax-is). Send someone to alert Reception / Lead First Aider.

4 RE-DOSE AFTER 5 MINUTES IF NO IMPROVEMENT

If there is no improvement after 5 minutes, administer a second dose of adrenaline using a second device. Stay with the person until the ambulance arrives.

Hospital observation is mandatory following any anaphylactic reaction, even if symptoms appear to resolve.