Allergy Policy

Written by	Reviewed and Ratified by Governors	Shared with Staff	Last Updated	Review cycle	Next Review due
Polly Ross, Headteacher	October 2026	September 2026 - INSET	September 2026	Annual	September 2027

1.0 Statement of Intent

1.1 This policy aims to:

Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction

Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion

Promote and maintain allergy awareness among the school community

In accordance with Benedict's Law, this policy ensures that:

- All school staff receive appropriate allergy awareness training
- The school holds spare adrenaline auto-injectors for emergency use
- Individual allergy action plans are in place for all pupils at risk of anaphylaxis.

2.0 Legal Framework

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

- Keeping Children Safe in Education (KCSIE) 2026
- Benedict's Law requirements for allergy training and spare adrenaline auto-injectors
- Department for Education (DfE)'s guidance on allergies in schools
- Department for Education guidance on supporting pupils with medical conditions at school
- The Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

2.1 This policy operates in conjunction with the following school policies:

- Child Protection and Safeguarding Policy
- Supporting Pupils with Medical Needs Policy
- First Aid Policy
- Asthma Policy
- Behaviour Policy
- Anti-Bullying Policy
- Trips and Visits Procedures
- Health and safety Policy
- School Food Policies and Procedures

3.0 Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 The Allergy lead

The nominated allergy lead is **Victoria Joyce**. The Allergy Lead delegates the monthly checking of AAIs to Donna Pashley and Lucy Leeson.

They're responsible for:

Promoting and maintaining allergy awareness across our school community

Recording and collating allergy and special dietary information for all relevant pupils is the responsibility of the allergy lead though is delegated to the administrative team.

Sharing allergy-related information with the DSL where there are safeguarding concerns, in accordance with our Safeguarding and Child Protection Policy and Information Sharing guidance.

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy
- All pupils with allergies have an individual healthcare plan with a clear allergy action plan completed by a medical professional
- These plans include strategies to manage daily risks and ensure inclusion during mealtimes, off-site visits, and inter-school competitions
- Plans are reviewed regularly and updated when circumstances change
- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (delegated to the administrative team)
- Logging all allergy incidents, emergencies and near-misses in accordance with Central Bedfordshire Council procedures
- Reporting significant incidents to the Corporate Health and Safety Team where appropriate

3.2 The School nurse/medical officer

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required

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- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies
- Carrying children's adrenaline auto-injector / medication on their person and only using it for its intended purpose when attending trips and visit
- Ensuring cover staff and volunteers / staff on trips and visits are aware of the child's allergy needs

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose (depending on the age of the child)
- Developing a growing understanding of how and when their adrenaline auto-injector is used
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

3.7 Early Years Foundation Stage (EYFS) Requirements

For pupils in our Nursery and Reception class (EYFS), we comply with the statutory framework for the Early Years Foundation Stage, which requires that:

- Staff and volunteers must not be permitted to begin work in regulated activity in EYFS settings until we have received their enhanced DBS certificate with barred list information (KCSIE 2026).This includes any staff who may administer AAIs.
- We take all necessary steps to keep children safe and well, including managing allergies and anaphylaxis risk
- Food and drink provided is properly prepared, nutritious, and safe for children with allergies
- We have appropriate procedures for administering medicines, including AAIs, with written parental consent
- We maintain accurate information and records about children's allergies and medical needs
- Parents are informed about medicines administered, including emergency use of AAIs
- We work in partnership with parents to ensure children's allergy needs are met,

4.0 Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips

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Any other activities involving animals or food, such as animal handling experiences or baking.
A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5.0 Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating and are taught how to wash their hands effectively
- Sharing of food is not allowed
- Pupils have their own named water bottles
- Pupils are taught how to clear their food trays and how to eat within the dining hall so as to reduce cross contamination

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies.
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds
- If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Children who have been stung by a wasp or a bee are given the required first aid and are closely monitored for an allergic reaction

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals (such as the school dog)
- Dog handlers within the school are aware of the classes and year groups which contain a child with an allergy to animals

5.6 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part

- The school will plan accordingly for all events and school trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).
- AAIs must accompany pupils at risk of anaphylaxis on ALL trips
- Staff on trips must be trained in AAI administration
- AAIs must remain accessible (not locked away or left on a coach) and be within 5 minutes reach
- Both the pupil's own AAIs AND spare school AAIs should be taken
- Spare AAI should include an adult and child AAI

The following should be taken on trips:

- The pupil's own prescribed AAIs (at least 2 per pupil as prescribed)
- Spare school AAIs (as backup - both dosages if you have pupils of different ages)
- The pupil's allergy action plan
- Emergency contact details
- Mobile phone to call 999 if needed

5.6.1 Emergency Procedures During Trips:

If a pupil experiences anaphylaxis during a trip, staff must:

1. Administer the pupil's AAI immediately - do not delay
2. Call 999 and state: "We have a child having an anaphylactic reaction"
3. Follow the pupil's allergy action plan and NHS guidance (see Appendix One)
4. Administer a second AAI after 5 minutes if symptoms do not improve
5. Keep the pupil lying down (or sitting if breathing is difficult)
6. Contact school office and parents/carers immediately
7. Accompany the pupil to hospital with their allergy action plan and emergency contact details
8. Ensure adequate supervision remains for other pupils
9. Complete an incident report and inform the allergy lead

Before any trip, staff must:

- Know the location of the nearest hospital A&E department
- Have mobile phone(s) with signal or alternative communication method
- Carry the pupil's allergy action plan and emergency contact details
- Ensure AAIs are immediately accessible at all times
- Be aware of safeguarding procedures in accordance with our Safeguarding and Child Protection Policy and Home Visits Procedure.

5.7 Before any off-site visit or school trip:

- The trip leader must confirm with the allergy lead that adequate spare AAIs are available both for the trip and to remain at the school site
- A minimum of 2 spare AAIs must be taken on the trip, in addition to any pupils' own prescribed AAIs
- The allergy lead must confirm that at least 2 spare AAIs will remain at the school site

For all school trips and off-site events:

Pupil's Own AAIs:

- Every pupil at risk of anaphylaxis must have their own prescribed AAIs (at least 2) taken on the trip

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- For pupils who are able to self-administer (typically older, more mature pupils), they may carry their own AAI under staff supervision
- For pupils who cannot self-administer (typically all primary-aged pupils), a designated member of staff will carry the pupil's AAIs on their person at all times
- AAIs must NEVER be locked away or left unattended (e.g. in a coach, minibus, or bag store)

Spare School AAIs:
- In addition to pupils' own AAIs, spare school AAIs will be taken on all trips as backup (minimum of 2 - see Section 5.7)
- Spare AAIs will be carried by a designated member of staff

Residential Trips:

For overnight and residential trips, additional measures are in place to ensure the safety of pupils at risk of anaphylaxis. AAIs must be accessible 24 hours a day, including during the night, and must never be locked away in a manner that would delay access in an emergency. A designated member of staff will be responsible for the secure storage of AAIs in an accessible location within staff accommodation, and all staff on the residential trip must know where AAIs are located and how to access them at any time. The residential venue must be informed in advance of pupils' allergies, and catering arrangements must be confirmed to ensure safe meal provision. At least two members of staff trained in AAI administration should accompany residential trips where possible, and the location of the nearest hospital A&E department must be identified before departure.

6.0 Support for mental health and Welbeing

Pupils with allergies can experience bullying including prejudice-based harm related to their medical condition. They may also suffer from anxiety and depression relating to their allergy.
Staff should be alert to:
- Teasing, name-calling, or exclusion related to a pupil's allergy
- Deliberate exposure to allergens as a form of bullying or harm
- Discrimination or prejudice based on dietary or medical needs

All incidents of bullying or prejudice-based harm will be taken seriously and dealt with in accordance with our Anti-Bullying Policy and Behaviour Policy. Such experiences can impact children's wellbeing and their willingness to seek help, so staff should create a culture where pupils feel safe to report concerns.
and may also suffer from anxiety and depression relating to their allergy. Staff should be alert to warning signs that a pupil with allergies may be struggling with their mental health, including significant changes in behaviour, difficulty sleeping, or withdrawal from activities. Any concerns should be reported to the DSL in line with our Child Protection and Safeguarding Policy and KCSIE 2026 guidance.

Pupils with allergies will have additional support through:
- Pastoral care
- Regular check-ins with their class teacher and teaching assistant
- Access to the school's mental health lead where appropriate
- Access to family support

7.0 Young Carers

The school recognizes that some pupils may be young carers, including those who care for family members with allergies or who themselves have allergies while caring for others.

We will:
- Be alert to the needs of young carers and recognise that caring responsibilities can impact their attendance, attainment, behaviour and wellbeing
- Ensure early identification so young carers receive appropriate support
- Consider reasonable adjustments where a young carer's responsibilities may affect their ability to manage their own allergy (e.g. access to mobile phones to contact family members)

- Work with families to ensure young carers are not taking inappropriate responsibility for managing allergies of family members

6.0 Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI, which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made
- The register is kept in an easily accessible location / in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response
- Allowing all pupils to keep their AAIs with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately

- Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures in line with the NHS advice on treatment of anaphylaxis and Anaphylaxis UK's advice on what to do in an emergency. (Appendix One)

6.3 Use of Spare School AAIs:

In line with Central Bedfordshire Council guidance and the Human Medicines (Amendment) Regulations 2017, spare school AAIs may be used in an emergency without prior consent.

While it is good practice to obtain advance consent from parents/carers for spare AAIs to be used, in an emergency situation staff may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

A spare school AAI will be used if:

- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired, been wrongly administered, or cannot be located quickly)
- The pupil has no known allergy or prescribed AAI but is experiencing anaphylaxis (as 20-30% of severe allergic reactions occur in children with no prior history of allergies)
- A second dose is required and the pupil's own second AAI is not available

Staff should not delay administering an AAI in an emergency while seeking consent. Any delay in giving adrenaline can be fatal.

In all situations where an AAI has been used, 999 must be called immediately.

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- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents/ Carers informed

DSL Involvement:

If a clinical incident involving an allergic reaction takes place at school, the Designated Safeguarding Lead (Julia Parry) will work with the responsible healthcare professional (school nurse/medical officer) to consider whether any safeguarding duty has been triggered and what action is required. This is in line with Keeping Children Safe in Education 2026. This includes considering whether there are any concerns about fabricated or induced illness (FII), such as:

- Discrepancies between reported allergy history and observed reactions
- Unexplained or inconsistent symptoms
- Parent/carer behaviour that appears to encourage or induce allergic reactions
- Lack of medical evidence to support claimed allergies

The DSL should be notified of all serious allergic reactions or anaphylaxis incidents as soon as practicable."

7.0 Adrenaline auto-injectors (AAIs)

Following the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools, below are the school's procedures for AAIs:

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs, ensuring the appropriate quantity, dosage and brand and ensuring they are stored according to the guidance.

In line with Central Bedfordshire Council guidance, the school will maintain a minimum of 2 spare AAIs (of each dosage where appropriate) for emergency use. These spare AAIs may be used:

- For any pupil experiencing anaphylaxis, including those with no prior history of allergies (as 20-30% of severe allergic reactions occur in children with no prior allergy diagnosis)
- For staff members experiencing anaphylaxis, as part of the school's first aid needs assessment

The allergy lead will determine:

- Where the AAIs will be sourced (i.e. a local pharmacy)
- The quantity of AAIs required (minimum of 2, but more may be needed to ensure adequate stock during off-site visits - see Section 7.5)
- Which brand(s) of AAI are purchased
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)

Stock Levels for Off-Site Visits:

In line with Central Bedfordshire Council guidance, the school will maintain a minimum of 4 spare AAIs (of each dosage where appropriate) to ensure that:

- At least 2 spare AAIs remain available at the main school site at all times
- At least 2 spare AAIs can be taken on off-site visits, school trips, or inter-school competitions
- The allergy lead will monitor stock levels and ensure adequate AAIs are available before authorising any off-site visits.

7.2 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

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- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed
- Spare AAIs will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAIs)

Donna Pashley and Lucy Leeson are responsible for checking monthly that:

- The AAIs are present and in date
- Replacement AAIs are obtained when the expiry date is near

7.4 Disposal

AAIs can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions and in a sharps bin for collection by the local council.

7.5 Use of AAIs off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAIs should carry their own AAI, with them or with an adult, on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAIs have been administered

8. Training

The school is committed to providing whole-school allergy awareness and emergency response training `for all staff, in line with Central Bedfordshire Council guidance. This training will eventually become mandatory.

All staff will receive training, including:

- Teaching staff
- Support staff
- Catering staff
- Supply and cover staff
- Peripatetic staff
- Regular volunteers
- Staff who oversee children at breakfast or after-school clubs

The training will enable staff to:

- Understand allergies and related conditions, including triggers, symptoms and the differences between allergy, coeliac disease and food intolerance
- Recognise and respond appropriately to allergic reactions and anaphylaxis, including the use of emergency medication

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- Follow the school's allergy management procedures, records and individual allergy action plans
- Know how to check whether an individual is on the record of those with a known allergy
- Understand their role in reducing the risk of allergen exposure and support the wellbeing of individuals with allergies
- Understand how to report allergy incidents, emergencies and near misses in accordance with school procedures
- Where AAIs are kept on the school site, and how to access them
- How to administer AAIs
- The wellbeing and inclusion implications of allergies
- Recognise when allergy-related concerns may be safeguarding issues and how to report these to the DSL in accordance with our Safeguarding and Child Protection Policy
- Training will be carried out annually

Training will be carried out annually and records will be maintained by the allergy lead.

9.0 Monitoring and review

This policy will be reviewed annually by the allergy lead in consultation with:

- The headteacher
- The school nurse/medical officer
- Teaching and support staff
- Parents/carers of pupils with allergies
- The governing body

The policy will be approved by the governing body.

The allergy lead will monitor the effectiveness of this policy by:

- Reviewing all allergy incidents, emergencies and near-misses
- Analyzing trends in allergic reactions
- Gathering feedback from staff, pupils and parents/carers
- Ensuring all staff have received appropriate training
- Checking that all AAIs are in date and accessible
- Reviewing individual healthcare plans annually

Any changes to this policy will be communicated to all staff, parents/carers and governors. This policy is available on the school website and in hard copy on request.

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APPENDIX ONE

Check if it's anaphylaxis

Symptoms of anaphylaxis happen very quickly.
They usually start within minutes of coming into contact with something you're allergic to, such as a food, medicine or insect sting.

Symptoms include:

- swelling of your throat and tongue
- difficulty breathing or breathing very fast
- difficulty swallowing, tightness in your throat or a hoarse voice
- wheezing, coughing or noisy breathing
- feeling tired or confused
- feeling faint, dizzy or fainting
- skin that feels cold to the touch
- blue, grey or pale skin, lips or tongue – if you have brown or black skin, this may be easier to see on the palms of your hands or soles of your feet
- You may also have a rash that's swollen, raised or itchy.

Immediate action required: Call 999 if:

- your lips, mouth, throat or tongue suddenly become swollen
- you're breathing very fast or struggling to breathe (you may become very wheezy or feel like you're choking or gasping for air)
- your throat feels tight or you're struggling to swallow
- your skin, tongue or lips turn blue, grey or pale (if you have black or brown skin, this may be easier to see on the palms of your hands or soles of your feet)
- you suddenly become very confused, drowsy or dizzy
- someone faints and cannot be woken up
- a child is limp, floppy or not responding like they normally do (their head may fall to the side, backwards or forwards, or they may find it difficult to lift their head or focus on your face)
- You or the person who's unwell may also have a rash that's swollen, raised or itchy.

These can be signs of a serious allergic reaction and may need immediate treatment in hospital.

What to do if you have anaphylaxis
Follow these steps if you think you or someone you're with is having an anaphylactic reaction:

1. Use an adrenaline auto-injector (such as an EpiPen) if you have one – instructions are included on the side of the injector.
2. Call 999 for an ambulance and say that you think you're having an anaphylactic reaction.
3. Lie down – you can raise your legs, and if you're struggling to breathe, raise your shoulders or sit up slowly (if you're pregnant, lie on your left side).
4. If you have been stung by an insect, try to remove the sting if it's still in the skin.
5. If your symptoms have not improved after 5 minutes, use a 2nd adrenaline auto-injector.

Do not stand or walk at any time, even if you feel better.
Information:
How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

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- Emerade instructions (Emerade website)
- EpiPen instructions (EpiPen website)
- Jext for adults instructions (Jext website)
- Jext for children instructions (Jext website)

Treatment for anaphylaxis
Anaphylaxis needs to be treated in hospital immediately.
Treatments can include:

- adrenaline given by an injection or drip in your vein
- oxygen
- fluids given by a drip in your vein

You'll usually stay in hospital for around 2 to 12 hours, but you may need to stay longer.

Before you leave hospital, you'll be given 2 adrenaline auto-injectors to keep in case you have another anaphylactic reaction.
An adrenaline auto-injector is a special device for injecting adrenaline yourself. You'll be told how and when to use it.
You should be shown how to use your adrenaline auto-injector each time you're prescribed it.
You may also be referred to an allergy specialist for tests and advice.
Things you can do to help prevent anaphylaxis
There are some things you can do to help prevent anaphylaxis or prepare for if it happens.

Do

- avoid the food, medicine or thing that you're allergic to – for example, if you have a food allergy, check food labels carefully and tell staff at restaurants and cafes about your allergy
- carry 2 adrenaline auto-injectors with you at all times
- check your adrenaline auto-injector expiry dates regularly and get new ones before they expire
- practise how to use your adrenaline auto-injector by using a trainer injector (an injector that has no needle or medicine in it) – you can order one online from the company that makes your injector
- teach friends, family, colleagues or carers how and when to use your adrenaline auto-injector
- use your adrenaline auto-injector if you think you may have anaphylaxis, even if your symptoms are mild
- wear medical alert jewellery such as a bracelet with information about your allergy – this tells other people about your allergy in case of an emergency

Don’t

- do not leave your adrenaline auto-injectors anywhere too hot or cold such as in the fridge or outside in the sun

Information:

More information
There's more advice about what you can do to avoid common allergies. Find out more about:

- food allergy
- insect bites and stings
- medicine allergy (Allergy UK website)
- latex allergy (Allergy UK website)

Causes of anaphylaxis

Anaphylaxis happens when your body has a serious reaction to something you're allergic to.
Allergies that can sometimes cause anaphylaxis include:

- foods such as nuts, cows' milk, eggs, fish or sesame seeds
- medicines such as antibiotics or non-steroidal anti-inflammatory drugs (NSAIDs)
- insect stings, such as wasp and bee stings
- anaesthetics
- latex (a type of rubber found in some rubber gloves and condoms)

Sometimes it's not known what caused an anaphylactic reaction.

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