FIRST AID GARAGE

ALLERGY SAFETY

Staff emergency action card

Schools and nurseries in England • September 2026

ANY AIRWAY, BREATHING OR CIRCULATION SIGN = GIVE ADRENALINE AND CALL 999

MILD TO MODERATE

- Swollen lips, face or eyes
- Itchy/tingling mouth or hives
- Abdominal pain or vomiting
- Sudden change in behaviour

Follow the individual plan. Do not leave them alone. Observe in a safe place for at least 60 minutes; reactions can worsen.

ANAPHYLAXIS = ABC

A **AIRWAY** - throat/tongue swelling, hoarse voice, difficulty swallowing

B **BREATHING** - sudden wheeze, persistent cough, noisy or difficult breathing

C **CIRCULATION** - dizzy, pale, floppy, confused, sleepy or unconscious

A rash may be absent. If in doubt, treat for anaphylaxis.

IMMEDIATE ACTION

Bring help and medicine to the person - never make them stand or walk.

1	LIE FLAT	**Raise the legs. If breathing is difficult, allow sitting with legs extended - but never standing or walking.**
2	GIVE ADRENALINE NOW	**Use their prescribed device immediately. If unavailable or it misfires, use the school spare where permitted. Follow the device instructions.**
3	DIAL 999	**Ask for an ambulance and say: 'ANAPHYLAXIS'. Put the phone on speaker. Send someone to meet the ambulance and bring the AED.**
4	STAY, MONITOR, REPEAT	Keep them in position and do not leave them. No improvement after 5 minutes: give a second adrenaline dose. Contact the parent/emergency contact.
5	CPR IF NEEDED	If unresponsive and not breathing normally: call 999/start CPR. Trained staff give 5 initial rescue breaths, then 30 compressions to 2 breaths at 100-120/min. Use the AED and follow its prompts.

Never use a reliever inhaler instead of adrenaline for anaphylaxis. Always follow the child or young person's current Allergy Action Plan.

Sources: DfE, Allergy safety in schools (July 2026), pp. 15-19 and 41-42; NHS, Anaphylaxis; NHS, How to resuscitate a child. Awareness aid - not a substitute for training, clinical advice or the individual plan.

FIRST AID GARAGE

PREPARE • PERSONALISE • REVIEW

Before and after an allergic reaction

1 BEFORE AN EMERGENCY

IDENTIFY & PLAN

- Keep a staff-only allergy record with a current photograph, known allergens and triggers.
- Create an Individual Healthcare Plan (IHP) where the allergy has functional impact, creates risk of harm and needs additional/different arrangements.
- Attach the current clinician-issued Allergy Action Plan and Asthma Action Plan where relevant.
- Co-produce the IHP with the child/young person and parent or carer; review at least annually and whenever needs or clinical advice change.

2 MEDICINES & ACCESS

- Record each device type, dose, expiry date and exact location. Keep the plan with the medication.
- Prescribed adrenaline must be rapidly accessible everywhere; aim to get it to the person within 5 minutes.
- Store at room temperature, out of direct sunlight and never locked away. Encourage self-carry where appropriate.
- Schools: plan paired spare AAIs, checks and replacement. Early-years settings must use the lawful arrangements that apply to their setting.

3 CHILD / YOUNG PERSON PLAN

THE PLAN MUST ANSWER:

- What are the allergens, triggers and usual early signs?
- Which symptoms mean adrenaline and 999?
- Which device(s), dose and instructions apply?
- Where are both prescribed devices and any permitted spares?
- Can the pupil carry or self-administer, and what supervision is needed?
- What changes for meals, lessons, sport, transport, clubs and trips?
- Who must be told, who are the contacts, and when is review due?

4 TRAIN & TEST

- Brief permanent, temporary, supply, catering, club and trip staff. First-aid training alone is not enough.
- Practise recognition, bringing medication, the 999 call, access across the site and handover to ambulance staff.
- Risk assess trips and transitions. Medication, plan, trained staff and emergency contacts travel with the pupil.
- Support age-appropriate independence without transferring the setting's responsibility to the child or adolescent.

5 RECOVERY, REPORTING & LEARNING

RECOVERY

Keep monitoring. A mild reaction is observed for at least 60 minutes. Anaphylaxis always requires an ambulance and hospital assessment.

RECORD PROMPTLY

Who was affected; what happened, when, where and why; staff actions; medicines and times; whether 999 attended; and the outcome.

REPORT & REVIEW

Under 16: notify parents/carers promptly.
Over 16: confirm the young person agrees.
Share with the allergy lead; review the policy, IHP, Action Plan, access and training.

SETTING CHECK

SCHOOLS: from 1 September 2026, maintained schools, academies and PRUs must have, publish, publicise and review a dedicated allergy safety policy and have particular regard to the DfE guidance.

MAINTAINED NURSERY SCHOOLS: excluded from the new section 34 policy duty. EYFS food, allergy, medicines and paediatric first-aid duties continue; use the DfE allergy guidance as good practice.

Sources: DfE, Allergy safety in schools (July 2026), pp. 20-45 and 59-66; EYFS statutory framework for group and school-based providers (from 1 Sept 2026).