# West Hill Primary School

# Supporting Students with Medical Conditions and the administration of Medicine Policy

## Let's shine together

Our vision is a school where everyone shines

What we do and encourage as a school family;

**Achievement** – excellence in teaching and learning which excites and inspires our children to be the best they can be.

**Happiness** – smiling, engaged and articulate children who are listened to, encouraged and given every support to maximise their own individual potential.

**Friendship** – children who are kind and caring towards each other, building lasting friendships.

**Respect** – a respect for people, each others' beliefs, our environment and all living things.

**Responsibility** – independent, creative thinkers who have the confidence to be responsible for themselves, their behaviour and for others.

**Co-operation** – working together, listening and valuing others' opinions within the school family and the wider community.

This policy was adopted by West Hill Primary School on:

31st March 2025

| Date of Review | Body responsible for review | Date of next review |
|---|---|---|
| **31st March 2025** | **Headteacher and IEB** | **September 2025** |

1. The staff of West Hill Primary School wish to ensure that students with medical needs receive proper care and support. Our intention is to ensure that students with medical conditions should have full access to education including trips and PE. The Governing Board will ensure that staff are supported and trained and competent before they take on the responsibility of supporting students with medical conditions. The views of parents/carers and pupils will be given due consideration in the review of this policy.

2. The school's insurance will cover liability relating to the administration of medication.

3. The Headteacher will be responsible for ensuring the following:

   - Procedures to be followed when notification is received that a student will be attending who has a medical condition (including transitional arrangements between schools, re-integration or when students' needs change; arrangements for staff training or support) will be implemented.
   - Procedures to be followed when a student moves to the school mid-term or when a student has a new diagnosis.

4. The above procedures will be monitored and reviewed by the Headteacher.

5. Where identified as being necessary, Individual Health Care Plans (IHCP) will be developed between the school and parents, and if necessary, with healthcare professionals so that the steps needed to help a student manage their condition and overcome any potential barriers to getting the most from their education are identified. The IHCP will include:

   a) The student's medical condition, its triggers, symptoms, medication needs and the level of support needed in an emergency. It must also include any treatments, time, facilities, equipment, testing and access to food or drink (where it is used to manage their condition), dietary requirements and environmental issues such as level access to rooms
   b) Specific support for the student's education, social and emotional needs, such as how will absences be managed, requirements for extra time to complete exams, use of rest periods or counselling sessions
   c) Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional
   d) Cover arrangements and who in the school needs to be aware of the student's condition and the support required including supply staff
   e) Arrangements for written permission from parents for medication
   f) Arrangements or procedures for school trips or other school activities outside the normal timetable; completion of risk assessments for visits and school activities outside the normal timetable
   g) The designated individuals to be entrusted with the above information
   h) Procedures in the event of the student refusing to take medicine or carry out a necessary procedure

6. The Headteacher will have the final decision on whether an Individual Health Care Plan is required.

**Students with asthma**

7. The Headteacher will be responsible for ensuring the following:
   - Training for all staff on the symptoms of an asthma attack

- Instructing all staff on the existence of this policy
- Informing staff of who has children with asthma in their class
- Staff know where to access children's inhalers
- Making all staff aware of their responsibilities

8. The Headteacher will be responsible for ensuring that staff receive training on:
   - Recognising the signs of an asthma attack and when emergency action is necessary
   - Know how to administer inhalers through a spacer
   - Making appropriate records of attacks

9. The class teacher will be responsible for the storage, and care of asthma medication.

10. Class teachers and TAs will be responsible for the supervision/administration of medication and for maintaining the 'Log of Medicines Administered'.

**Students with anaphylaxis** (please see **Appendix 1** for West Hill Primary School Anaphylaxis Policy )

11. The Headteacher will be responsible for ensuring the following:
    - Training for all staff on the symptoms of an anaphylaxis attack
    - Instructing all staff on the existence of this policy
    - Informing all staff on which children have an auto-injector
    - Informing all staff on how to access a child's auto-injector
    - Making all staff aware of their responsibilities to anaphylaxis

12. The Headteacher will be responsible for ensuring that all staff:
    - Recognise the signs of an anaphylaxis attack and when emergency action is necessary
    - Know how to administer the auto-injectors
    - Make appropriate records of attacks

13. Class teachers will be responsible for the storage and care of the adrenaline auto-injector.

14. Class teachers and TAs will be responsible for the supervision/administration of auto-injector and maintaining the 'Log of Medicines Administered'. All incidents relating to allergies will also be recorded in the school's Allergy Incident Log – See appendix 4.

15. The admin staff will be responsible for ensuring parents are informed when the auto-injector has been used.

**THE ADMINISTRATION OF MEDICINE**

16. The Headteacher will accept responsibility in principle for members of school staff giving or supervising a student taking prescribed medication during the day, where those members of staff have volunteered to do so.

17. A copy of this policy will be available on the school website.

18. West Hill Primary school will generally only administer prescribed medication, non-prescription medication will only be administered at Headteacher's discretion

19. Prior written parental consent is required before any medication can be administered.

20. No more than one week's supply of medication will be accepted (other than anaphylaxis or asthma medication)

21. Each item of medication should be in its original container and handed directly to the school office. For non-prescribed medication authorisation will be required from the Headteacher.

22. Each item of medication should be clearly labelled with the following information:
    - Student's name
    - Name of medication
    - Dosage
    - Frequency of dosage
    - Date of dispensing
    - Storage requirements (if important)
    - Expiry date (if available)

23. The school will not accept items of medication which are in unlabeled containers or not in their original container.

24. Asthma, anaphylaxis & ambient temperature mediation will be stored in the child's classroom, medication requiring refrigeration will be stored in the fridge in the staff room.

25. Staff administering medicines will record and sign each time a medicine is administered. Written records of all medication administered will be uploaded to the pupil's school information management system (SIMS) and may be made available to parents on request.

26. If a pupil refuses their medication, staff will record this, report to parents as soon as possible and follow the protocol laid down in the IHCP.

27. It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication.

28. Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the school's Nurse Service.

29. The school will make every effort to continue the administration of medication to a student whilst on activities away from the premises.

30. All medication held in school will be returned to parents at the end of the school year. It is the parents' responsibility to ensure that it is returned in September along with updated IHCP's, asthma cards or any other relevant medical information.

Appendix 1- West Hill Primary School Anaphylaxis Policy

**Purpose**

- To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.
- To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Cheryl Boulton-Headteacher
Lara Dart-Senior Administrator

**Contents**



## 1. Introduction

An 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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

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.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how West Hill Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

## 2. Role and responsibilities

### Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school office of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. It should also include the triggers and the TYPE of exposure likely to cause a reaction.
- Parents are to supply a copy of their child's Allergy Action Plan to school. This is the authority to hold the allergy medication. 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., GP/allergy specialist.
- Parents are to complete the school Individual Health Care Plan before any medication is accepted. This should be co-created by parents, school and medical personal where possible and when not possible using the clinic letters and allergy action plan.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### Staff Responsibilities

- Staff are responsible for AAIs being in the correct place at the correct time.
- All staff will complete anaphylaxis training. Training is provided for all staff annually.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes.
- 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.
- The school administrator will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date (see section above).
- The school administrator keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given (see appendix 4 - incident log).

### Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

## 3. Allergy action plans

Allergy action plans are designed to function as individual healthcare plans 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.

It is the parent/carer's responsibility to provide the school with a copy of the allergy action plan issued by the allergy clinic or GP and signed by the medical professional.

## 4. Emergency Treatment and Management of Anaphylaxis

### 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:
- **A**IRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **B**REATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- **C**IRCULATION - 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.

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.

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

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

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.

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

## 5. Supply, storage and care of medication

Children's anaphylaxis kit is kept safely, not locked away and **accessible to all staff.**

Medication is 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
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan and not needed regularly).

It is the responsibility of the child's parents to ensure that all medication is in school.

**Storage**
AAIs are stored at room temperature, protected from direct sunlight and temperature extremes.

**Disposal**
AAIs are single use only and must be disposed of as sharps. Used AAIs will be given to ambulance paramedics on arrival.

## 6. Inclusion and safeguarding

West Hill Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## 7. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view bi-annually. An allergen list is emailed to parents of children with allergies prior to the menu changing.

The School Administrator will inform the Catering Manager of pupils with food allergies and these are noted on the daily number sheet.

Parents can speak with the Catering Manager to discuss their child's needs.

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

- Lunch boxes and drinks provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- 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 (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be risk assessed and may need to be restricted depending on the allergies of particular children and their age.

## 8. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will carry the medication of any pupils with medical conditions, including allergies.

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.

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).

### Sporting Excursions

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 when arranging the fixture. 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.

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.

## 9. Allergy awareness and nut bans

**WEST HILL PRIMARY IS A PEANUT-FREE SCHOOL DUE TO THE AIRBORNE NATURE OF THIS ALLERGY. SEE APPENDIX 5 ALLERGY POSTER FOR MORE INFORMATION.**

West Hill Primary School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. **They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools.** This is because nuts are only one of many allergens that could affect pupils, and **no school could guarantee a truly allergen free environment for a child living with food allergy**. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures 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.

When we are informed that an allergy is airborne, we will reconsider our approach after taking further advice from medical professionals.

## 10. Useful Links

Anaphylaxis UK Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-

schools-programme/

AllergyWise for Schools (including certificate) online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

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

The Schools Allergy Code
https://theallergyteam.com/schools-allergy-code/

**Appendix 2 – Schools Allergy Operations Manual 2024-2025**

**WEST HILL PRIMARY IS A PEANUT-FREE SCHOOL DUE TO THE AIRBORNE NATURE OF THIS ALLERGY.**

**At 25.3.25, West Hill Primary School is aware of pupils who have AAIs *and* are allergic to: PEANUTS, NUTS, KIWI, SESAME, EGGS. Pupils in school also have allergies to WHEAT, FRESH PINEAPPLE.**

West Hill Primary School uses the Schools Allergy Code to ensure good allergy management in the setting. It subscribes its 3 'principles of good practice': 1. Take every allergy seriously; 2. Every child matters; 3. Prioritise safety and inclusion over the 'status quo'.

The Designated Allergy Lead for the IEB is Dr Janet Lavelle.

## Readiness to respond

- All pupils will have two in-date devices accessible at all times, in their individual named box. The responsibility for ensuring the pupils' individual named box travels with the pupil lies with their class teacher and may be delegated to support staff at lunchtimes.
- **Each lunchtime**, a designated member of staff will bring one set of AAIs (2 x 0.15mg and 2 x 0.3mg) to the hall. As a result, **when pupils are eating in the hall at lunchtime, they do NOT need their AAI to accompany them.**
- When pupils are in the **classroom**, each pupil's two in-date AAIs are in their individual named box, stored and accessible **on the medical shelf in each classroom.**
- When pupils are out at break/lunch, their individual named box will be **in the large AAI box**, **under the canopy** when pupils play on the **tennis court.**
- When pupils play on the **field**, the large AAI box will be in the **'outdoor classroom'.** Note that AAIs for pupils playing in the small EYFS/KS1 playground will remain in the classroom due to the close proximity.
- Staff taking pupils to the **hall** will be responsible for ensuring the pupil's individual named box travels with the pupil. This includes but is not limited to: PE lessons; assemblies. This does **not** include lunch.
- Staff are responsible for ensuring pupils' AAI accompanies the pupil for all **off-site activities**. This must feature in all risk-assessments for off-site activities.
- All medicines for pupils who have an AAI will be in the pupil's individual named box.

## Spare AAIs (and other AAIs)

- As a fail-safe, two emergency set of AAIs (each containing 2 x 0.150mg and 2 x 0.3mg) will be kept in school at all times. They will be easily-accessed and clearly labelled with which pupils each is suitable for. Both sets will be kept in the school office on top of the metal filing cabinets. One set will be brought down to the hall every lunchtime and brought outside in the event of a fire evacuation.
- The expiry date of all AAIs will be recorded in large writing on the outside of the individual names boxes and the school will have in place systems to auto-alert when these expiries are near.

## Allergy Awareness

- A half-termly safeguarding assembly is shared with pupils, to include reminders and updates regarding allergies in school, signs and symptoms, how to react, how we keep each other safe.
- Reminders and updates regarding allergies in school will be received by parents at least half-termly.
- The Allergies Poster (appendix 5) will be displayed by the internal entrance doors to the school, in Village Hall, in the Village Hall Kitchen, in classrooms. It will form part of the new starters pack, will be shared with supply teachers, will be emailed to all school staff.
- Staff will receive regular training. (See appendix 1).
- Teachers will weave allergy awareness into classroom activities, for example lessons on nutrition and PSHE.
- Pupils are instructed to NEVER share food (e.g. from lunchboxes) unless explicitly allowed.
- Staff regularly remind and give 'best endeavour' to ensure pupils wash their hands after eating. This message is reinforced through regular messaging as per point 1.
- Tables are wiped promptly with warm soapy water following eating, especially where food spillages have occurred. This includes when eating in the classroom (bagged lunch), when doorhandles will also be wiped.
- Bagged meals- children reminded to not touch school equipment when eating and to wash hands after eating.

Appendix 3 - **Anaphylaxis Emergency Response Plan**

From NHS:
Symptoms of anaphylaxis happen very quickly.
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.

**Children**

Alert an adult if you or someone near you feels ill. Never take yourself away to a private place if you feel ill.

**If you think you or someone near you is having an allergic reaction, shout "Epipen!" at the nearest adult and tell them what is happening.**

**ADULTS**

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

1. Shout for help from the nearest adult. **"Help! Epipen!"** Send your red card if no response.
2. The nearest adult responding should tell you **they are going to call an ambulance via the school office.**

- Keep the child where they are 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 you are on your own and have mobile phone and signal.**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

**Appendix 4 – Allergy Incident Log**

This log is to keep a record of ALL incidents relating to allergy e.g. drug box not in correct place, any type of allergic reaction, any 'near miss' event. **Note: This document will be reported to governors on a termly basis. Any anaphylactic reaction will be communicated to the Chair of Governors within 24 hours.**

| **Date of incident** | **Type of incident**<br>1 - near miss<br>2 - allergic reaction<br>3 - other | **Description**<br><br>Include details e.g. Adult reporting, location, cause of reaction (allergen and type of contact, if known, ). | **Pupil(s) affected** | **Action taken (+ date)**<br>e.g. feedback to staff, further training, entered onto CPOMs, parents informed / sent home / monitored / ambulance called | **Learning Point(s)** |
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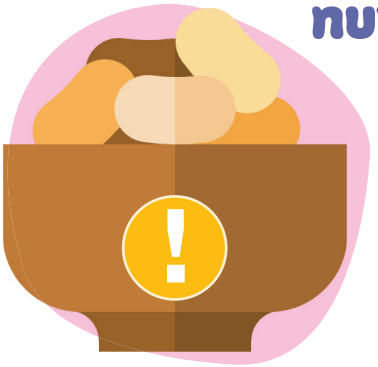
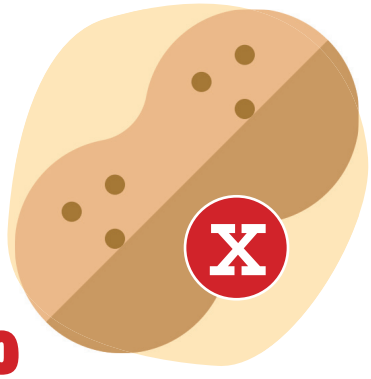
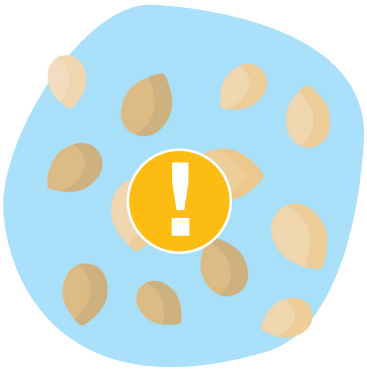
# Be allergy aware at school to help protect your friends!

Lots of different foods and other things can cause **dangerous allergic reactions.** At our school, there are children with very serious allergies to:

- ✕ Not allowed in school
- ! Allowed with caution - please be allergy aware!





**BEING ALLERGY AWARE MEANS:**

- Never share food
- Wash your hands after eating these allergens
- If you spill food or if you get allergens on your hands, face or clothes, tell a staff member quickly
- Think allergy! If you are worried about your friends with allergies, tell a staff member immediately

## NOTE FOR PARENTS AND CARERS:

Please don't forget that allergens can be hidden in lots of foods, for example cereal bars or cakes, hummus (sesame), oils, fruit smoothies. Thank you so much for your support in helping us to avoid life-threatening reactions at school. If you'd like more information, please speak to the school, or you can have a look at the following useful websites:

**www.allergyuk.org/information-and-advice**
**www.anaphylaxis.org.uk/information-training/our-factsheets**
**www.nhs.uk/conditions/anaphylaxis/treatment**