Coastal Learning PARTNERSHIP

Allergy and Anaphylaxis Policy

This policy has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty

Committee:	Resources Committee
Policy Ratified:	July 2026
Review Date:	July 2029

Additional School Procedure - N/A	
Committee:	
Procedure Adopted:	
Review Date:	

This policy is written using the template model school policy provided by Anaphylaxis UK and using elements of the Allergy School template. It has been adapted to suit Coastal Learning Partnership's organisation.

Previously part of the First Aid, Supporting Pupils with Medical Conditions and Managing Medication, a distinct Allergy Policy is required in line with expected DfE requirements from September 2026.

Contents

Section One: Introduction, Roles and Responsibilities

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 Coastal Learning Partnership schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Legislation and Guidance:

- Section 100 of the Children and Families Act 2014 which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions;
- The Equality Act 2010;
- Supporting Pupils at School with Medical Conditions released in December 2015;
- Health and Safety at Work etc Act 1974 (HSWA);
- The Early Years Foundation Stage (EYFS) Statutory Framework;
- The Management of Health and Safety at Work Regulations 1992, which require employers to make an assessment of the risks to the health and safety of their employees;
- The Management of Health and Safety at Work Regulations 1999, which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training;
- DfE Allergy guidance for schools
- New statutory guidance is expected from September 2026.

3. Linked policies and documents:

- CLP First Aid and Medical Conditions & Managing Medication Policy
- CLP Safeguarding and Child Protection Policy and Procedures;
- CLP Health and Safety Policy;
- School SEND Policy and Information Report;
- School Accessibility Plan.
- CLP School Catering and Nutrition Policy
- Food safety management plan (FSMP)

4. Inclusion and safeguarding

Coastal Learning Partnership 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.

5. Review

- This Trust Board will review this policy every three years or earlier if necessary.
- The Head of Operations will review this policy every three years or earlier if necessary and amend as required.
- Headteachers will review local implementation and arrangements annually or more frequently if required.

6. Role and responsibilities

6.1 Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of known allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. The initial declaration is made using the CLP New Starter form and will be followed by the appropriate person in the school.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. 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. School nurse/GP/allergy specialist.
- 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 and to provide copies of updated Allergy Action Plans.
- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

6.2 Staff Responsibilities

All Staff

- All staff **must** read this policy.
- All pupil facing staff (SLT, teaching staff, TA / support staff, lunchtime staff, first aiders) and all staff who may interact with pupils (office / operations, site and central team) **must** receive allergy awareness training covering recognition of symptoms, emergency response and the use of adrenaline devices. From September 2026 this is a statutory requirement and **Headteachers / Senior Central Leaders** must ensure this requirement is met.
- Training should include:
  - Knowing the common allergens and triggers of allergy
  - Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
  - Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
  - Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
  - Managing allergy action plans and ensuring these are up to date
- All staff will ensure that **all** food served in school, not just lunches, is served in line with Trust and Statutory policy and procedures.

Head of Operations

- The **Head of Operations** will prepare, review and monitor implementation of this policy in schools together with the **Estates and Compliance Manager** and also ensure contract review and monitoring arrangements are in place to ensure the appointed school caterer adheres to legislation and guidance, including with regard to the control and management of allergens.

Chief Financial Officer

- The Chief Financial Officer must ensure that sufficient budget is available to facilitate required training.

Central Estates and Compliance Manager

The central Estates and Compliance Manager will:

- Ensure the H&S training matrix is updated to reflect the training requirement.
- Undertake regular monitoring as part of wider H&S monitoring with a particular focus on food safety and allergen management.

Headteachers

Headteachers will:

- Appoint an Allergy Lead. This person could be the Designated Lead First Aider.
- Ensure staff are 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. Any food-related activities must be supervised with due caution.
- Ensure all staff providing food to children follow Trust and Statutory policy and procedures to ensure the provision of food adheres to legislation and guidance, including with regard to the control and management of allergens, eg, Breakfast Club and After School Club.
- Ensure all staff receive the required allergy awareness training as set out on the CLP Training schedule.
- Ensure that individual healthcare plans include specific arrangements for individuals with allergies – the allergy management plan. (The process is led by the central Inclusion Lead – see the First Aid and Medical Conditions & Managing Medication Policy).

Allergy Lead

This role is recommended by The School Allergy Code[1] and may typically be undertaken by the Lead First Aider. In addition to the Lead First Aider responsibilities, the Allergy Lead will be responsible for:

- Ensuring an up-to-date Allergy Action Plan is kept with the pupil's medication and that an Individual Healthcare Plan (IHP) is in place; refer to the **CLP First Aid and Medical Conditions & Managing Medication Policy** they will need to work closely with the Lead First Aider (if a different person) to implement this policy particularly in relation to allergies;
- Ensuring the school's approach to managing allergies is proactive;
- Ensuring that consideration of allergies features in all relevant risk assessments, eg, cooking lesson plans, science experiments, interactions with animals;
- Ensuring they are involved in the school's Educational Visits process and work closely with the Educational Visitors Coordinator (EVC).
- Ensuring that the school stocks "spare" adrenaline auto-injectors for use in emergency situations (see Section 24) and that these devices are in date;
- Keeping 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 using following CLP processes.
- Regularly reviewing and rehearsing the action to take in an anaphylaxis emergency, this can be a desktop review and rehearsal and should be at least annually.

[1] https://theallergyteam.com/schools-allergy-code/

- Checking medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. If not undertaking this check themselves, they may nominate a colleague but responsibility for the check will remain with them.

Many aspects of the Lead First Aider role are relevant to the management of allergies and so where these roles are fulfilled by two members of staff close working will be required.

Trip leaders

- Trip Leaders will ensure they carry all relevant emergency supplies and **must** 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.

Premises H&S Duty Holder

- Usually the site manager, they will ensure that sharps bins to disposed of clinical waste are available in relevant locations, eg, school medical rooms.

6.3 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.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Section Two: Allery management and Anaphylaxis emergency treatment including medicines

7. Allergy action plans and risk assessment

7.1 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.

7.2 Coastal Learning Partnership recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

7.3 It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

7.4 Schools will conduct an individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed.

7.5 A template Risk Assessment can be found in Appendix A.

8. Emergency Treatment and Management of Anaphylaxis

8.1 Action to take in the event of an anaphylaxis emergency should be rehearsed regularly. This might take the form of a desktop rehearsal. Outcomes and learning points should be recorded. The Lead First Aider and Allergy Lead should coordinate this exercise.

8.2 Resources for schools are provided in Appendices 2 to 5.

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

9. Supply, storage and care of adrenaline auto-injectors medication

9.1 Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

9.2 For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

9.3 Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

9.4 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however The Designated First Aid Lead will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- 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).

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

9.6 Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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

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

10. 'Spare' adrenaline auto-injectors in school

10.1 All schools **must** stock "spare" adrenaline auto-injectors for use in emergency situations.

10.2 These devices **must** be available for emergency use for children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

10.3 They **must** be stored in a pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

10.4 A log of the location **must** be kept in the school office and staff room as a minimum.

10.5 The Designated First Aid Lead is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

10.6 Written parental permission for use of the spare AAIs must be included in the pupil's allergy action plan.

10.7 If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Section Three: Catering

11. School lunches

11.1 Schools should also refer to the **CLP School Catering and Nutrition Policy**.

11.2 Coastal Learning Partnership provides hot and cold school meals in-house and by appointment of school meal caterers.

11.3 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.

11.4 Every appointed caterer or school with cook on site provision, must provide parents and carers of pupils with an allergy or other medical condition with a registration / ordering system that enables them to share details about a pupil's allergies.

11.5 Parents must indicate a pupil's allergies when registering on the relevant system and then follow the process in place with the caterer or school. It is the policy of CLP that supporting medical evidence is required for the provision of a bespoke medical meal, including an allergy meal.

11.6 Schools must check meal reports against information held on the pupil record to ensure that known allergens and medical conditions have been accounted for by the caterer or school kitchen.

11.7 All schools must have in place a **Food Safety Management Plan** (FSMP), including Medical Diet Process, as outlined in the **CLP Health and Safety Policy** and **CLP Catering and Nutrition Policy**. The FSMP will be localised to reflect local provision, be that via a caterer or in-house.

11.8 School caterers are not legally obliged to offer a meal to suit every eventuality. Sometimes parents may not be happy with the suitable alternative that the caterer is able to offer and occasionally it may not possible to provide a suitable alternative. These instances and the circumstances must be looked at one a case-by-case basis and schools may need to support the parent or carer in providing a meal themselves. This may require the involvement of medical people such as the school nurse and with funding if the child is entitled to Infant Free School Meals or Free School Meals. Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.

11.9 Schools may offer assistance to families with the online ordering system and ordering of meals, however, they must be careful not to provide medical information to a caterer on behalf of the parents and where possible not to order on behalf of parents without their permission. It is for the caterer to manage the provision of medical meals, including for allergens. Where a school is providing assistance to a family, it would be best practice, if possible, to provide them with a paper on which they can mark their meal selection for the school to input.

12. School serveries and kitchens

12.1 The **Designated First Aid Lead** will inform the kitchen staff and all midday supervisors of pupils with food allergies.

12.2 Every school must follow the allergy processes put in place by CLP and the cater to ensure this information is capture and displayed as required to ensure anyone can identify pupils with allergies.

12.3 The **Designated First Aid Lead** is responsible for ensuring this information is kept up to date and must check at least termly.

13. Provision of Food other than School Lunch

13.1 Where food is provided by the school, staff must follow the **CLP Health and Safety Policy** and have a **FSMP** in place. Staff involved in providing food 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.

13.2 Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

13.3 Staff **must not** purchase food for pupils other than in exceptional circumstances which need to be approved first by the Headteacher or Head of Operations. It is critical that food is only provided to pupils under appropriate controls.

13.4 Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age. **Headteachers** must ensure a process is in place around these activities.

14. School trips and sporting events

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

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

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

14.4 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.

14.5 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.

Part Four: Allergy awareness and bans

Coastal Learning Partnership supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools who do 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, schools cannot guarantee no cross contamination from other utensils and surfaces because schools do not operate a sealed preparation or serving environment. Anaphylaxis UK advocate instead for schools to adopt a culture of allergy awareness and education.

Coastal Learning Partnership schools will put in place processes and education / awareness for anyone associated with school lunches and provision of food in school time and will ensure that parents and carers have access to resources to help them understand why a food or product ban is not supported. Schools will work with catering providers to support parents, this might mean supporting them with the provision of a packed lunch.

The DfE's allergy guidance for schools does not advocate banning products.

This FAQ from Allergy UK explains that it is not possible to guarantee and enforce a nut free zone.

Spare Pens in Schools explains that a ban may not be effective.

A 'whole school awareness of allergies' is recommended to ensure 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.

Appendix 1: Allergy and Anaphylaxis Risk Assessment

(Provided by Anaphylaxis UK)

This form should be completed by the school in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

<table>
<tr><td colspan="2">Child/Young Person Name:</td><td colspan="2">Date of Birth:</td></tr>
<tr><td colspan="2">Setting/School:

Phase: Primary/Secondary:</td><td colspan="2">Key Worker/Teacher/Tutor:</td></tr>
<tr><td colspan="4">Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):</td></tr>
<tr><td colspan="2">Date of Assessment:</td><td colspan="2">Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):</td></tr>
<tr><td>Name of school staff member</td><td>Position of school staff member</td><td>Signature</td><td>Date</td></tr>
<tr><td colspan="4">I give permission for this to be shared with anyone who needs this information to keep my child safe:</td></tr>
<tr><td>Name of parent / carer 1</td><td>Name of parent / carer 2</td><td>Signature(s)</td><td>Date</td></tr>
<tr><td colspan="4">What is this child/young person allergic to?</td></tr>
<tr><td colspan="4">Is this diagnosis supported by medical evidence / a letter from a GP / Hospital</td></tr>
</table>

Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐
Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: • Catering suppliers prepared food (allergy information available from the catering company): • Breakfast Club / Afterschool Club • packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):

Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required?** **YES** ☐ **NO** ☐ **Existing Allergy Action Plan/Individual Healthcare Plan to be updated?** **YES** ☐ **NO** ☐

Appendix 2: First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

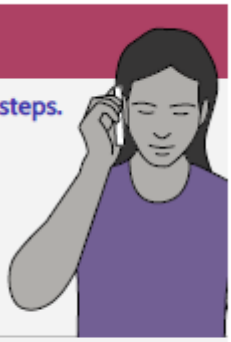
If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix 3: Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

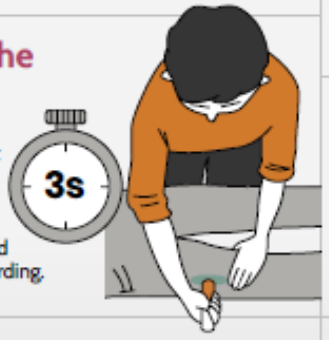
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

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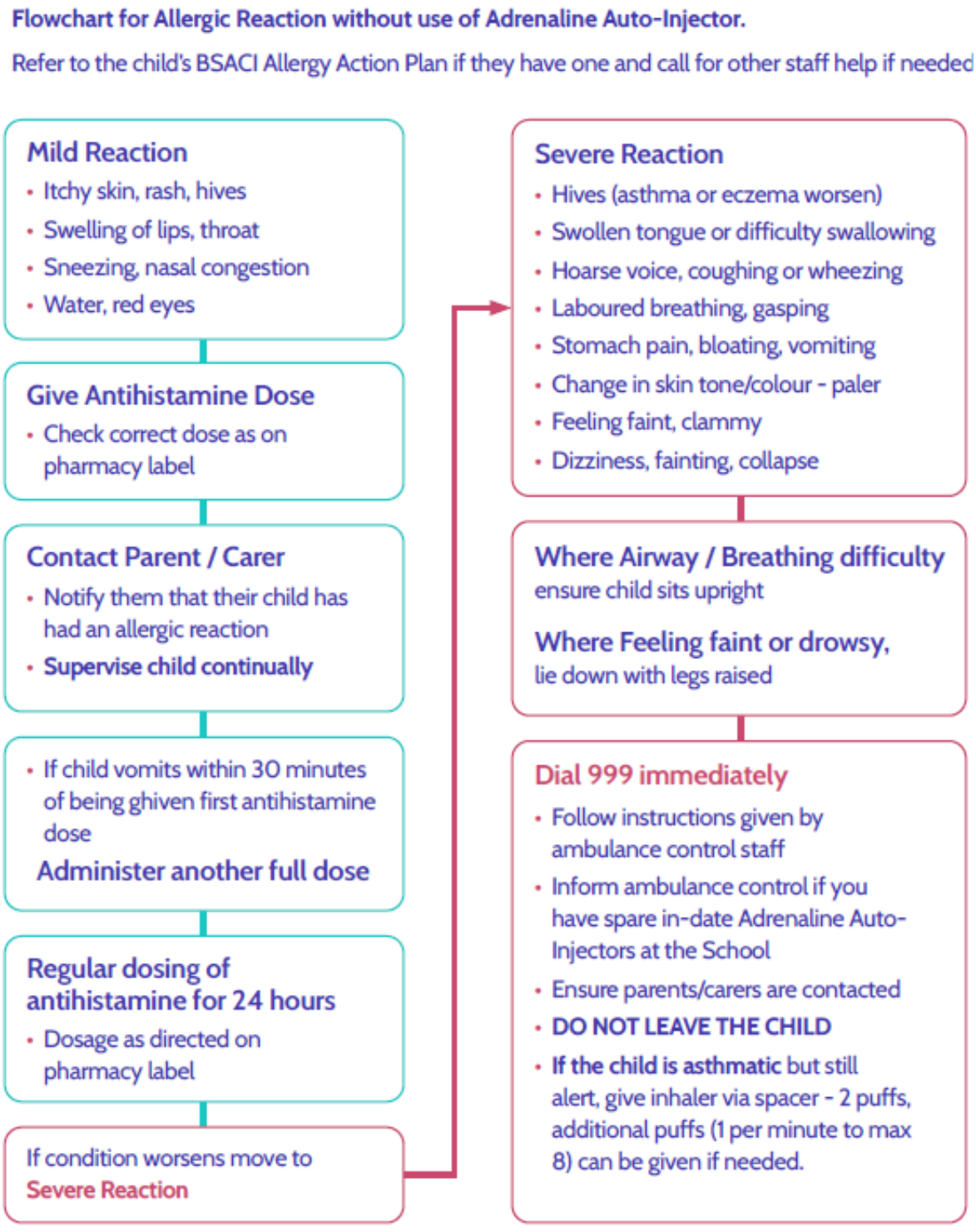
Appendix 4: Flowchart for allergic reaction without use of AAI



Appendix 5: Flowchart for allergic reaction with use of adrenaline AAI