



Model Policy Allergy & Anaphylactic Shock Policy

This policy is designed to be incorporated into the school's wider medical conditions policy as required by the Supporting Pupils in schools with medical conditions statutory guidance.

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Amended	
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The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -Steve Kernan/
V McGuire/D Gardiner/S Price/S Bates/ E Andrew

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.

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links

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 Cambridge Park Academy 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 declare on the Admission meeting/forms any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- 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. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Key named staff will complete anaphylaxis training. Training is provided for key staff on a yearly basis and on an ad-hoc basis for any new members of staff. Training is provided through an IHASCO module - **Anaphylaxis & Allergy Training for Schools & Carers**. First aiders also cover Anaphylaxis and allergy as part of their first aid training.
- 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. Any food-related activities must be supervised with due caution.
- 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.
- Class Teachers 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 however Class Teacher will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. The Class Teacher and E Andrew will record on medical tracker any pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

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.

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.
- **Template action plans are sat out at appendix 1.** This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.
- In accordance with supporting pupils at school with medical conditions statutory guidance, plans are drawn up in partnership between Cambridge Park Academy, parents and healthcare professionals. Overall implementation responsibility relies with CPA.

4. Emergency Treatment and Management of Anaphylaxis, Anaphylaxis – Diagnosed Individual Protocol

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:

AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is **anaphylaxis**. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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. AAI's 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.

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

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**.

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

- Two AAI's 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).

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

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

Storage

AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAI's are single use only and must be disposed of as sharps. Used AAI's can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by. The sharps bin is kept at the reception.

6. 'Spare' adrenaline auto-injectors in school

Anaphylaxis – Diagnosed Individual Protocol

Cambridge Park Academy has purchased spare AAI's for emergency use in 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).

These are stored in a Green Box in the staff room, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Cambridge Park Academy School holds 4 spare pens (2 Junior & 2 Adult) which are kept in the

following location: Staff Room.

The Admin Office is responsible for checking the spare medication is in date monthly and to replace as needed.

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

Anaphylaxis undiagnosed Individual Protocol

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.

A **template letter** for purchase of spare AAIs is attached as **appendix 2**.

7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: - Senior Leadership Team, All Class Teachers if they have a pupil with an allergy and all First Aiders.

Training includes:

- 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.
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Cambridge Park Academy 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.

9. 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 in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website.

The admin office is responsible for school meals and will inform the Catering Manager/Cook/Chef

of pupils with food allergies.

Cambridge Park Academy ensures catering staff can identify pupils with allergies through a regularly updated list with photographs.

Parents/carers are encouraged to meet with the School Admin/Cook/Chef to discuss their child's needs.

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

- 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.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught where possible to check with catering staff, before purchasing food or selecting their lunch choice.
- 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 consult with the Catering Manager.
- Food should not be given to pupils 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 considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils where appropriate with medical conditions, including allergies, carry their medication. If the relevant emergency medication is not available for a pupil, they will not be able to attend the trip.

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.

11. Allergy awareness and nut bans

Cambridge Park Academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools, however we are unable to state we are nut free. 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.

A template letter for informing the school community about children with allergies is attached as Appendix 3

12. Risk Assessment

Cambridge Park Academy will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Template for Risk assessment is attached as Appendix 4

13. Useful Links

Safety Posters

Attached as appendixes 5 and 6 are useful safety posters.

Appendix 5 Be Allergy Aware and save a Life.

Appendix 6 Bee and Wasp stings allergies.

Websites

- Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>
- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>

- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>
- Allergy UK - <https://www.allergyuk.org>
- Resources for managing allergies at school - <https://www.allergyuk.org/living-with-an-allergy/at-school/>
- BSACI Allergy Action Plans- <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- Spare Pens in Schools - <http://www.sparepensinschools.uk>
- 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>

CONTENTS

SECTION NUMBER		PAGE
1	What is an Allergy?	11
2	Avoidance and Prevention	11
3	Medication	11
4	Record Keeping	11
5	Parental Responsibility	12
6	School Trips/Residential Visits	12
7	Problems	12
8	Education, Training, Review	12
9	Staff, adult visitors	13
10	Emergency Procedures	13/14
	Useful Contacts	15

1. **What is an Allergy?**

Allergy is an inappropriate or exaggerated reaction of the immune system to substances that cause no symptoms in most people.

2. **Avoidance and Prevention**

Avoidance of a known allergen is the key to good management for a child with allergy. All staff, including catering staff and lunchtime supervisors, will be made aware of the allergen for an individual child and where possible, every effort will be made to prevent that child having contact with the allergen.

All staff will be given the opportunity to receive training from the School Health Team/Specialist Nurse where appropriate. Updates for training will be available at regular intervals, and this school will ensure attendance by relevant staff as appropriate.

Cambridge Park Academy's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure.

Nuts are used knowingly as part of the post 16 animal care area of the curriculum. Children with nut allergies will be unable to access this aspect of the curriculum.

3. **Medication**

Allergic reactions can vary in severity. Children (or adults) may carry three types of medication, and their use should be detailed in a Health Care Plan.

Antihistamines – These are useful for mild allergy symptoms and most children suffering from an allergy will have them prescribed. They are helpful in treating mild symptoms and are effective in preventing later symptoms. They should be given as soon as an allergic reaction is recognised. They come in either tablet or syrup form.

Salbutamol

Salbutamol inhalers are sometimes prescribed as part of the plan to relieve respiratory symptoms.

Injectable Adrenaline

This is prescribed for the treatment of anaphylaxis. This is a severe generalised reaction often associated with wheezing and in severe cases collapse. Injectable adrenaline can come under 3 brand names- EPIPEN, JEXT or EMERADE. It is vital that this is kept with the pupil at all times. Two Adrenaline injectors are always required in school.

Recommendations for access are as follows: -

Treatment will be kept by the teacher in a designated place-known to all.

4. **Record Keeping**

The most important document for a child with a known allergy is a **Healthcare Plan**. This plan should be made for an individual child in conjunction with the parent/carer, school staff and healthcare professionals.

The Healthcare Plan will clearly identify specific signs and symptoms of allergic reactions, and the treatment required for that individual child.
This plan should be updated annually with the parent/carer and in-between if treatment changes are made.

5. Parental Responsibility

Parents/ guardians must notify the school of their child's allergies.
Parents/ guardians should provide written documentation, instructions and medications as directed by a doctor.

Parents/ guardians must ensure that:

- All medication is clearly labelled with the child's name.
- They check the medication at regular intervals and replace it immediately should the expiry date pass.
- Immediately replace any single use item which has been used.

School will discuss this policy and its implementation with parents/ guardians of pupils at risk of allergy/anaphylaxis and ask for their feedback in relation to their child.

The school seeks to gain support of parents in requesting they refrain from including nuts in snacks/ pack ups.

6. School trips/Residential visits

No child will be denied the opportunity to take part in school trips/residential visits because of allergy, unless advised by their GP.

Treatments will be readily available throughout the trip, being carried either by the child themselves or by the supervising adult.

Group leaders and appropriate staff will have undertaken relevant training in the recognition and management of allergic reaction.

Relevant emergency contact numbers will be carried by supervising staff.

Relevant risk assessments will be conducted prior to school visit.

The school will liaise with residential provider to ensure they can meet the child's requirements.

7. Problems

If a member of staff has concerns about a child's progress or issues around the management of the condition, they will be encouraged to discuss this with the parent/carer and/or School Nurse.

8. Education, training and review

Parent/carers/other children may require information, support and training about a specific condition. This will be available to them on an individual basis via sign posting to training and support.

Staff should provide feedback to management following their participation in any allergy/ anaphylaxis management training.

Senior leaders should review the adequacy of the school's response if a pupil, staff member or visitor has an allergic / anaphylactic reaction and consider the need for additional training or any other corrective measure.

School staff should aim to raise the awareness of allergies and anaphylaxis amongst the school community.

9. Staff, adult visitors

School staff or adult visitors may also have allergic reactions.

If staff have a known allergy, they should ensure that this is communicated to the school's leadership team, school nurse, and their class team. They should have their epi-pen with them at all times.

Their colleagues should be trained in how to administer adrenalin, if the adult is unable to administer their own- then staff should follow emergency procedures as for a child detailed below. An ambulance should always be called.

10. Emergency Procedures

Staff must make themselves aware of individual Health Care Plans and the location of the treatments for the child.

Staff will make every effort to follow the advice contained in the Health Care Plan for an individual should an allergic reaction occur.

A copy of the Emergency Procedures below is kept with other school health policies and is available for all to read on request.

EMERGENCY PROCEDURES FOR EXTREME ALLERGIC REACTION (ANAPHYLAXIS)

NB First person to fetch adrenaline kit as quickly as possible and school nurse (or someone trained to administer it). **Adrenaline kit (epipen) can only be administered to pupils who have been prescribed this.**

1. Send the nearest adult to call 999 and give the following information:
 - **It is an emergency. The patient has collapsed with anaphylactic shock and is having difficulty breathing, (pronounced “anna-fill-ack-tick”)**
 - **The Name and Date of Birth of the casualty the address and postcode of the school (Cambridge Road DN345EB) and location within the school.**

He or she should then wait at school entrance to direct ambulance crew to patient.

2. Sit or lie patient down ensuring head and shoulders are raised.
3. Adrenaline should be administered by appropriate person.
4. Remain with patient until ambulance arrives. Ideally the child should remain lying flat. Do not allow the child to get up suddenly.
5. If patient becomes unconscious place in recovery position and monitors airway/breathing.
6. Contact parent/carer.

Useful Contacts

Asthma UK
Summit House
70 Wilson Street
London
EC2A 2DB
Tel: 0207 786 4900
Advice Line 08457 010203
www.asthma.org.uk

Anaphylaxis Campaign
PO Box 275
Farnborough
GU14 6SX
Tel: 01252 373793
Help line 01252 542029.
www.anaphylaxis.org.uk

Allergy action plans

[PAG-BSACI-FPIES-action-plan-1-OCT-24.pdf](#)

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the **ABC symptoms** and act quickly - you could save a life.

WHAT TO LOOK FOR

- A Airway**
- Persistent cough
 - Vocal changes (hoarse voice)
 - Difficulty swallowing
 - Swelling in throat, tongue or upper airway
- B Breathing**
- Difficult or noisy breathing
 - Wheezing
- C Consciousness/Circulation**
- Feeling lightheaded or faint
 - Clammy skin
 - Confusion, sudden sleepiness
 - Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

Appendix 6

WHAT TO DO

1. Lay the person flat and raise their legs - do **NOT** allow them to stand or walk anywhere.
A. If unconscious, place them in the recovery position
B. If breathing is difficult, allow them to sit up
2. Administer an adrenaline auto-injector without delay [refer to device label for instructions]
3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)
4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis



01252 542029



info@anaphylaxis.org.uk

Charity Number: 1085527



anaphylaxis.org.uk

BEE & WASP STING ALLERGIES



KNOWING HOW TO RESPOND TO A BEE OR WASP STING ALLERGY CAN BE LIFESAVING

How to avoid being stung

1

FOOD: When outside, keep food covered, look at what you're eating and drinking before you take a bite or a sip, and avoid open rubbish bins.



2

CLOTHING: Avoid bright colours, keep your arms and legs covered, and avoid walking barefoot or in sandals outdoors.



3

REACTION: If a bee or wasp is near you, don't swat it. Move away slowly and calmly. If it lands on you, don't panic. Be patient and wait for it to fly away.



4

NEST: If you find a nest of wasps/bees in your house or garden, do not attempt to move it. Call the local authority or Bee Keeping Association for advice.



What to look out for?

A

Airways: Swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

Breathing: Sudden onset wheezing, breathing difficulty, noisy breathing.

B

C

Circulation: Dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.



What to do in an emergency?

Anaphylaxis requires an urgent injection of **adrenaline**. If you are at risk of anaphylaxis you should be prescribed **two adrenaline auto-injectors (AAIs)**.

1

Stay where you are. Lie down with your legs raised.

2

Use an **adrenaline auto-injector** without delay.

3

Call **999** & ask for an ambulance. Say its an **emergency case of anaphylaxis**.

4

Use your **second AAI** after **5 mins** if you get **worse** or **do not improve**.

5

When waiting for an ambulance, **stay where you are**, do **not** stand or sit up.

Is there treatment available?

If you have a bee or wasp venom allergy, you may be eligible for **venom immunotherapy (VIT)** Ask your GP!

Scan for more info



