



Marlborough House Vinehall

A REPTON SCHOOL

Author/s	Izzie Jendrulek
Review Frequency	Annual
Date approved by governors	May 2026
Date of next review	Jan 2027
Purpose	A whole school approach to allergy safety in compliance with Benedicts Law. To minimize the risks of anyone suffering a serious allergic reaction. To ensure all staff are properly prepared to recognize and manage serious allergic reactions should they arise.
Links with other policies	Medical Policy First Aid Policy

ALLERGY POLICY

MHV school complies fully with [Benedict Blythe Foundation](#) statutory requirements, maintaining a whole-school approach to allergy safety that includes mandatory staff training, individual healthcare plans for at-risk pupils, and accessible emergency adrenaline auto-injectors.

MHV School is committed to reducing the risk to pupils, staff and visitors regarding the provision of food and the consumption of allergens in food which could lead to an allergic reaction. MHV cannot guarantee a completely allergen free environment, rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

Objectives of this policy

To promote awareness of the nature of food allergens and bring these to the attention of pupils, parents and all staff.



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To provide clear guidance to all staff (including catering), on their responsibilities for the provision of food to members of the school community and visitors with a confirmed food allergy.

To ensure that appropriate education/training is available and implemented for any staff involved in providing food to those with food allergies. To ensure appropriate information and support is available for all staff and that they are trained in the correct procedure for administration of allergy medications in the case of a severe allergic reaction.

1. Introduction

An allergy is a reaction to the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing, or rashes. Allergic reactions have different levels (mild, moderate or severe).

Somebody who has a severe allergy is at high risk of a severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later.

Signs can include itching or strange metallic taste in the mouth; swelling of the throat and tongue; difficulty in swallowing or speaking; abdominal cramps, nausea and vomiting; skin hives (nettle rash) anywhere on the body; and in most extreme cases difficulties in breathing and a severe fall in blood pressure (anaphylactic shock). In extreme cases this can prove fatal.

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 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.

The nature of the symptom depends on how someone encountered the allergen. The allergen could enter the body by ingesting, inhaling, absorbing through the skin or from an injection like a bee sting.

This policy sets out how **MHV 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

- Parents will be asked to complete a comprehensive medical record form when their child enrolls at MHV.
- It is also the parent's responsibility to update the School Nurse with information such as previous serious allergic reactions, history of anaphylaxis, and details of all prescribed medications.
- 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 that 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 updated accordingly.
- We ask that parents inform the school of any updates and/or changes to any of their child's medical history/conditions. If their child has allergies, they must inform the school nurse of what these are, the treatment required and details of medications prescribed as advised by their GP.



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- Parents will be requested to replenish emergency medicines when they are used or expired, when directed by the School Nurse.
- Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should always receive two of the devices. Any AAI's held by school should be considered a spare/back-up device and an addition to those already prescribed, not a replacement for a pupil's own.
- Parents are asked to speak directly with the School Nurse and the Catering Manager regarding the appropriateness of certain foods for their child and notify school of any allergies.

Staff Responsibilities

- **All staff at MHV** will complete anaphylaxis training. Training is provided on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff (regular or cover classes) must be aware of the pupils in their care 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.
- School Nurse *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 on date however the School Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Nurse keeps a register of pupils who have been prescribed as an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- School Nurse ensures that any reaction or near misses is recorded and reported internally or in accordance with RIDDOR.



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- The School Nurse will arrange for the safe and accessible storage and for the safe disposal of the pupil's auto injectors and the spare auto injectors kept on school site.
- The School Nurse will arrange for the supply of spare AAls.
- The School Nurse will ensure written parental consent has been obtained by the pupil's parent for use of the spare AAI(s).

Pupil Responsibilities

A more senior pupil will be asked to be responsible and proactive in the management of his/her food allergy. They must not exchange food with others. With food not prepared on site, they must eat only food that is labelled with ingredients and to read the label before eating. They will be advised to be aware of other people eating around them and to wash their hands before eating in case of contamination.

- 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.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.



4. Management of mild to moderate allergic reactions

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.

Mild and moderate allergic reactions in which only urticarial (itchy rash) or mouth/lip tingling is present, and no other symptoms can be treated with oral antihistamines such as Chlorphenamine (Pirton) or Cetirizine. The school obtains over the counter antihistamines at chemists. Antihistamines are stocked in the dispensary and in Pre Prep, but a consent (medical form) needs to be in place prior to administration.

Antihistamines are taken as stock by MHV staff on residential school trips. Antihistamines can also be given to treat hay fever symptoms as well as bites and stings.

If after a sting where there is redness and swelling which has not responded to first aid (measures of removing the sting, applying local antihistamine such as antihisan and ice pack), give Pirton or Cetirizine as directed.

A written record is kept with the pupil's name, the date, time, events and medication given, the dose and the route of administration and a full signature. This information must be shared with the parents and the School Nurse.

5. Emergency Treatment and Management of Anaphylaxis

What to look for:

First symptoms usually develop quickly, within minutes of exposure to the allergen.



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 severe 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 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.



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- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscles 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 there is no improvement after 5 minutes, administer the second AAI.
- If no signs of life commence CPR.
- Call parent/carer/ Next of Kin as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. **Do not move them, 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.

6. Supply, storage and care of medication

For children who have been prescribed an EpiPen, there should be an anaphylaxis kit which is kept within 5 minutes of them, 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 AAls 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 in an 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 School Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.



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

Older children and medication

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 **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls 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 a clinical waste contractor. The sharps bin is kept in the dispensary room.

7. 'Spare' adrenaline auto-injectors in school

MHV School has purchased spare AAls for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working or when they are out of date, and the parents have not replaced them in time.

These are stored in each area where a child has been prescribed an EpiPen, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

MHV School holds a junior and a Senior EpiPen (spare) which are kept in the following location/s:-

School Main Office

Pre-Prep Staff Room



The School Nurse is responsible for checking the spare medication is in date.

The school's spare AAI should primarily be used on pupils known to be at risk of anaphylaxis, for whom written parental consent for use of the spare AAI has been provided. Emergency spare pens may be used by all staff in an emergency. Staff who have recognised signs of anaphylaxis in someone else, must call 999 who will instruct them accordingly.

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

In rare circumstances, a 999 operator may instruct staff to use any spare pens (AAI's) close by even if they belong to someone else.

8. Staff Training

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

Izzie Jendrulek

Nick Jensen

All staff will complete anaphylaxis training annually at MHV school, and on an ad-hoc basis during the induction of new staff.

All Quallsafe Paediatric First Aid training has anaphylaxis training as part of their comprehensive training package.

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

MHV School ensures that staff may undertake a practical session using trainer devices.

The school nurse has also created a training slide session that all staff members can view on the Medical Share point site and provides one to one training as well. Further information:

- [MHV - Medical - Training - All Documents](#)
- [Free Allergy Training For Schools | City & Guilds Assured](#)
- [Home | FSA Food Allergy Training](#)
- [Anaphylaxis E-Training - Spare Pens in Schools](#)

9. Inclusion and safeguarding

MHV 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.

10. 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's menu is available for parents to view **weekly** in advance with all ingredients listed and allergens highlighted on the school's website/

The School Nurse/ or the Pre-Prep administrator will inform the Catering Manager of pupils with food allergies.

MHV school has a system in place to ensure catering staff can identify children with allergies: Catering receives a list of children in each class for identifying children, and it is the school nurses for keeping this up to date. This up-to-date list is also available online for SharePoint Medical.



Parents/carers are encouraged to meet with the School Nurse/ Catering Manager 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.

The pupil should be taught to also check with catering staff, before selecting their meal choice.

Where food is provided by the school, staff are made aware 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 considered and may need to be restricted/risk assessed with the catering manager/school nurse depending on the allergies of particular children and their age.

School trips

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.

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).



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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.

The trip leaders will be responsible for the catering requirements of the food-allergic child and emergency planning. For offsite sporting activities, the School Nurse will inform the visiting school that our pupil (s) have certain allergies and that our staff will be carrying their emergency medication and care plan with them. This is so the host school can prepare appropriate food for that child if they are eating on the visiting school site.

Before departing from school premises, the trip leader will check again they have the pupils' medication by means of a 'check list'. When collecting their emergency medication, a form is signed and dated at the school's office. On return to school the pupil's emergency medications are placed back in the storage cupboard and the form signed and dated again.

Events and Activities

For events and activities, staff must order the food items through the catering manager in good time.

Food will not be given by staff to food-allergic children in school e.g. treats, birthday cakes. Parents are therefore asked to provide suitable snacks for their child for such occasions.

We ask that no food items be brought into school by pupils or parents for pupils, including those that may be included in holiday cards or gifts.

At all school fetes and events where parents supply food, they are regularly reminded not to provide any dishes containing nuts and to check re. any other allergens to avoid. At such events the school ask that parents take responsibility for what their children choose to eat.



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When using food in craft, cooking classes, science experiments staff are to consider the risk of allergen exposure and may need to change the activity. When using food in arts/craft, an appropriate alternative ingredient can be substituted.

Early Years and Wrap around Care:

The Organisation adheres to Safer Eating as set out in the Early Years Safeguarding September 2025:

- Information must be shared by the Manager with all staff involved in the preparing and handling of food.
- At each mealtime and snack time the organisation's Manager must be clear about who is responsible for checking that the food being provided meets all the requirements for each child.
- Managers/organisations must ensure that all staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time, especially during the introduction of solid foods which is sometimes called complementary feeding or weaning.

Children must always be within sight and hearing of a member of staff whilst eating. Where possible, staff will sit facing children whilst they eat so they can make sure children are prevented from food sharing and can be aware of any unexpected allergic reactions.

Food intolerances

The British Dietetic Association (BDA) distinguishes food intolerance from food allergy by confirming that intolerances do not involve the immune system.

Diagnosis First: The BDA strongly advises consulting a GP first. This ensures that your symptoms (such as bloating, diarrhoea, or abdominal pain) are properly evaluated and that underlying conditions like Coeliac disease are ruled out before making drastic dietary changes.

Avoid Alternative Testing: The BDA urges the public to avoid unscientific "alternative" allergy and intolerance tests (such as hair analysis or Vega testing), which lack clinical validity.

Nutritional Adequacy: Because removing entire food groups (like dairy or wheat) can lead to malnutrition or nutrient deficiencies, the BDA emphasizes that any restrictive diet should be supervised by a paediatrician/dietician and underpinned by evidence based medical advice.



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MHV school and catering will endeavour to accommodate the paediatrician/dietician plan but reserves the right to question unscientific 'alternative' requests.

Side effects of adrenaline and precautions

Side effects associated with adrenaline's alpha and beta receptor activity may include palpitations, tachycardia, and hypertension as well as undesirable effects on the central nervous system, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness, weakness, tremor, headache, apprehension, nervousness, and anxiety. Cardiac arrhythmias may follow administration of adrenaline.

The school nurse reports adverse events to adrenaline. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Mylan by phone [0800 121 8267](tel:08001218267) or e-mail ukpharmacovigilance@mylan.com



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How to use an adrenalin autoinjector (Epipen, Jext or Emerade)



1. Hold in your
dominant hand



2. Remove the cap
with your other
hand



3. Swing and jab the tip
of the autoinjector into
your upper, outer thigh
(with or without clothes,
but avoiding seams)



4. Hold the injection
in place **for 10
seconds**



5. Massage the
injection site for
10 seconds



6. **Phone for an
ambulance**



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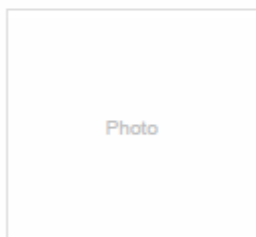
Allergy Action Plan



THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:



Photo

Emergency contact details:

1)

2)

Child's Weight: Kg

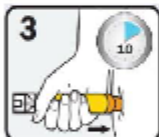
How to give EpiPen®



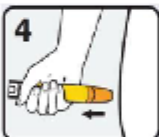
Form fist around EpiPen® and PULL OFF BLUE SAFETY CAP



SWING AND PUSH ORANGE TIP against outer thigh (with or without clothing) until a click is heard



HOLD FIRMLY in place for 10 seconds



REMOVE EpiPen®. Massage injection site for 10 seconds

Keep your EpiPen device(s) at room temperature, do not refrigerate.

For more information and to register for a free reminder alert service, go to www.epipen.co.uk

Produced in conjunction with:



The British Society for Allergy & Clinical Immunology
www.bsaci.org Approved Oct 2013

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine:
- Contact parent/carer (if vomited, can repeat dose)

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

- AIRWAY:** Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing, wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE of these signs are present:

- Lie child flat. If breathing is difficult, allow to sit
- Give EpiPen® or EpiPen® Junior
- Dial 999 for an ambulance* and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

If in doubt, give EpiPen®

After giving EpiPen:

- Stay with child, contact parent/carer
- Commence CPR if there are no signs of life
- If no improvement after 5 minutes, give a further EpiPen® or alternative adrenaline autoinjector device, if available

*You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional instructions:

This is a medical document that can only be completed by the patient's treating health professional and altered without their permission.

This plan has been prepared by:

Hospital/Clinic:

Date:



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References and Useful Links

[Stronger protections for children with allergies in school - GOV.UK](#)

[Tools and Resources - Benedict Blythe Foundation](#)

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

<https://www.anaphylaxis.org.uk/education/>

<https://www.anaphylaxis.org.uk/education/guidance-for-early-years-settings-2/>

Allergy awareness V nut bans: The nut free debate

Early Years Foundation Stage Safeguarding reforms:

https://assets.publishing.service.gov.uk/media/6705184530536cb927482dd6/Early_years_foundation_stage_safeguarding_reforms_-_response.pdf

Nutrition guidance for Early Years providers: <https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/nutrition/allergies>

Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools online training -

<https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

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](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)



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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>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

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>

BDA Food fact sheet Allergy / Food intolerance Mar 2024 [BDAFoodAllergyandIntolerance \(1\).pdf](#)