WINDHILL21

Allergy & Anaphylaxis Emergency Response Procedure

In Accordance with Benedict's Law and Trust Policy (Approved July 2026)

1. Immediate Action & Positioning

• **One member if staff to stay with the Pupil:** Under no circumstances must the pupil be left unattended or allowed to stand or walk, even if they report feeling better. Any movement can trigger sudden cardiac arrest.

• **Positioning:** Place the pupil flat on the floor with their legs raised. If they are experiencing severe breathing difficulties, they may sit on the floor with their legs outstretched.

• **Shout for Help:** If a walkie-talkie is available, immediately radio for emergency assistance. If alone, shout loudly and clearly: **"HELP! HELP! Anaphylaxis!"** to alert nearby staff.

2. Retrieving & Administering Adrenaline Auto-Injectors (AAIs)

• **The 5-Minute Window:** Adrenaline is time-critical and must be administered within 5 minutes of suspecting anaphylaxis. A second member of staff must immediately run to retrieve the centrally held generic spare pens.

• **Storage Locations:** Generic spare pens are kept in two designated locations:
1. KS1 Corridor
2. KS2 First Aid Cupboard

• **Dosage Guidelines:** Each location holds two different doses (2 of each dose per location):
- Children aged 6 years and under: Lower 1.5 pen (0.15mg)
- Children over the age of 6: Larger dose pen (0.3mg)

• **Administration:** Bring the medication to the pupil; do not move the pupil. Inject firmly into the upper outer thigh muscle, avoiding thick seams, zips, or pocket items. Note the exact time of administration.

3. Emergency Services & Follow-Up

• **Call 999:** Dial 999 immediately (or instruct a colleague to do so). State clearly to the operator: "This is an anaphylaxis emergency. Adrenaline has been administered."

• **Second Dose:** If the pupil's condition does not improve or worsens after 5 minutes, administer a second adrenaline pen in the opposite outer thigh using a new device. Call 999 again to update the ambulance service.

• **Emergency Contacts:** Contact the pupil's parents/guardians immediately after emergency services have been called.

• **Hospitalization:** The pupil must go to the hospital via ambulance for monitoring, even if they appear to have fully recovered. A member of staff must accompany them and hand over all used AAI devices to the paramedics.

4. Off-Site Visits ('Trip Kits')

A designated **"Trip Kit"** containing spare generic adrenaline pens must be signed out and taken on all off-site educational trips, visits, and sporting fixtures. No pupil prescribed their own AAI may leave the school site without two of their own personal, in-date pens alongside the Trip Kit.

5. Staff Training & Readiness

• **Annual Training:** All school staff must complete compulsory annual Allergy Awareness and Anaphylaxis training to recognize symptoms and understand emergency management.

• **Practical Drills:** The school will conduct a practical anaphylaxis drill at least once a year. This includes a simulated emergency scenario allowing staff to practice deployment and physical administration using training devices.