



HARROW
SCHOOL

ALLERGIES AND ANAPHYLAXIS POLICY

2026/27



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SUMMARY

This policy sets out how Harrow School keeps boys with allergies and anaphylaxis safe, included and able to take a full part in School life. It is aligned with the Department for Education statutory guidance Allergy safety in schools (Benedict's Law, published 6 July 2026) and with the standards of BSACI, Anaphylaxis UK and Allergy UK.

Its core commitments are:

- **Preparedness:** spare adrenaline auto-injectors (AAIs) are held on site and may be used on anyone experiencing anaphylaxis, and emergency procedures are practised through periodic drills.
- **Whole-staff training:** annual allergy-awareness and emergency-response training is mandatory for all staff, including visiting staff; a first-aid certificate alone is not sufficient.
- **Individual planning:** every boy at risk has a clinician-issued BSACI Allergy Action Plan that functions as an Individual Healthcare Plan and is actively shared with all staff responsible for them.
- **Risk reduction:** robust catering and food-allergen controls, two independent methods of identifying allergic boys at mealtimes, and a whole-School culture of allergy awareness.
- **Learning and oversight:** incidents and near misses are recorded and acted on, with oversight by a named senior leader and a named Governor; the policy is published and reviewed at least annually.

The School recognises that Benedict's Law places allergy safety on the same footing as other medical conditions, requiring a whole School approach, clear accountability, effective communication, regular staff training and prompt emergency treatment.

1. INTRODUCTION

An allergy is a reaction by 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 severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic allergic reaction at the extreme end of the allergic spectrum. The whole body is affected, often within minutes of exposure to the allergen, but sometimes hours later. Causes commonly include foods, insect stings and medication. It is a severe, life-threatening, generalised or systemic hypersensitivity reaction, characterised by rapidly developing airway, breathing and/or circulatory problems usually associated with skin or mucosal changes.

It is possible to be allergic to anything that contains a protein; however, most people 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 Harrow School will support boys with allergies to ensure they are safe and are not disadvantaged in any way while taking part in School life. Throughout this policy, adrenaline auto-injectors (for example EpiPen) are referred to as AAI.

The policy is aligned with the Department for Education statutory guidance Allergy safety in schools (Benedict's Law, published 6 July 2026) and the resources it endorses, including BSACI, Anaphylaxis UK and Allergy UK. As an independent boarding school, Harrow also has regard to the relevant Independent School Standards and National Minimum Standards for Boarding.

The guidance is not currently statutory for independent schools. The Department for Education has stated its intention to introduce equivalent allergy safety requirements through the Independent School Standards, and Harrow School adopts the guidance voluntarily in advance of that. The statutory guidance Supporting pupils at school with medical conditions (2015) remains in force alongside it.

2. PURPOSE AND SCOPE

The purpose of this policy is to:

- support the safe management of allergies and anaphylaxis
- minimise the likelihood of allergy-related incidents
- safeguard boys with allergies and anaphylaxis across all School environments
- ensure rapid recognition and effective emergency response
- promote independence and self-management where appropriate
- ensure all staff understand their duty of care and responsibilities
- promote inclusion, emotional wellbeing and participation for all boys

This policy applies to all pupils, employees, volunteers, contractors, visitors, clubs and educational visits.

3. ROLES AND RESPONSIBILITIES

3.1 PARENTS

- On entry to the School, it is the parent's responsibility to inform the Medical Centre of any allergies. This information should include any diagnosis of anaphylaxis and/or allergies, the type of allergic reaction (what happens), all previous serious reactions, and details of all prescribed medication.
- Parents are to supply a copy of their son's Allergy Action Plan (BSACI plans preferred) to School. If they do not currently have one, it should be developed as soon as possible in collaboration with a healthcare professional (for example school nurse/GP/allergy specialist).
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary, and are encouraged to subscribe to the manufacturer's expiry-alert service.
- Parents are asked to keep the School up to date with any changes in allergy management; the Allergy Action Plan will be updated accordingly.

3.2 BOYS

- Boys 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.
- Boys should attend the annual anaphylaxis training arranged by the Medical Centre.
- Boys prescribed an AAI must carry two in-date devices on their person at all times.
- Boys are encouraged to sign up to the expiry-alert service, which alerts them a month before their medication expires.

3.3 STAFF

- Staff (regular or cover) must be aware of the boys in their care who have known allergies, as a reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- All staff complete annual allergy-awareness and emergency-response training (see Section 11). A first-aid certificate alone does not constitute sufficient allergy training.
- Staff leading trips ensure boys carry their in-date medication and that individual care plans are accessible (see Section 15).

3.4 MEDICAL CENTRE AND HOUSE TEAMS

- The Medical Centre keeps each boy's up-to-date Allergy Action Plan on iSAMS and oversees the upkeep of this policy.
- The House team keeps a register of boys prescribed an AAI and a record of any AAI use and emergency treatment given.
- It remains the parent's responsibility to ensure medication is in date; however, the House team checks medication held at School on a termly basis and reminds parents if any is approaching expiry.

4. ALLERGY ACTION PLANS (INDIVIDUAL HEALTHCARE PLANS)

Allergy Action Plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for the school to administer medicines in the event of an allergic reaction, including consent to administer an AAI.

Harrow School recommends the British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan agreed by the BSACI, Anaphylaxis UK and Allergy UK, and should be produced by a medical professional rather than created by the School. It is the parent/carer's responsibility to complete the plan with help from a healthcare professional and provide it to the School.

Each boy diagnosed with anaphylaxis will have an Allergy Action Plan that:

- is developed in partnership with parents and healthcare professionals
- is reviewed annually or following any significant change
- is stored securely on iSAMS (Pupil Manager) and accessible to relevant staff
- accompanies boys on School trips and off-site activities
- is actively shared with every member of staff responsible for the boy – including teaching, cover, agency, visiting, catering, co-curricular or coaching staff – rather than relying on staff to locate it; storage on iSAMS is the record, not the means of communication.

5. IDENTIFICATION AND COMMUNICATION

- The School maintains an up-to-date anaphylaxis photo board of all boys with diagnosed anaphylaxis.
- At mealtimes, boys with allergies are identified by two robust, independent methods – the photo board together with a second method such as a coloured lanyard or wristband and/or a verified Shepherd Churchill Dining Hall list – so that identification does not rely on a single point of failure.
- Identification information is distributed appropriately across the School (including the Catering team) to support rapid identification.
- Confidentiality is respected while ensuring safety.

6. RISK REDUCTION AND ALLERGY AWARENESS

The School takes reasonable steps to reduce the risk of allergy-related incidents while recognising that an allergen-free environment cannot be guaranteed. Rather than promoting a 'nut-free' message, the School ensures boys and staff remain 'nut aware' in line with guidance.

A whole-School approach to allergy awareness is adopted, ensuring beaks, boys and all other staff understand what allergies are, the importance of avoiding boys' allergens, the signs and symptoms of a reaction, how to respond, and the procedures in place to minimise risk.

7. CATERING AND FOOD-ALLERGEN MANAGEMENT

Safe food provision is central to allergy management. All food businesses, including school caterers, must follow the Food Information Regulations 2014, under which allergen information for the 'Top 14' allergens must be available for all food products. The School also complies with Natasha's Law (full ingredient and allergen labelling of food pre-packed for direct sale). The Catering team maintains an up-to-date allergen matrix for all dishes served in the Shepherd Churchill Dining Hall, Hill Café and other outlets.

The Medical Centre informs the Catering Manager of pupils with food allergies and provides the Shepherd Churchill Dining Hall with an up-to-date photo board. The School adheres to the following recommendations:

- Boys are taught to check with Catering staff before buying food or choosing their lunch.
- Where food is provided by the School, staff are educated on how to read labels for allergens and on measures to prevent cross-contamination during handling, preparation and serving; for example preparing food for children with allergies first and carefully cleaning food-preparation areas and utensils with warm soapy water.
- Any meal prepared individually for an allergic boy is handled, labelled and served under a controlled process that is verified at the point of service; where food is prepared away from the point of service it is transported and handed over using a documented, checked procedure to avoid mix-ups.
- Foods containing nuts are discouraged from being brought into School, although the School is not a nut-free school.
- The use of food in crafts, cooking classes, science experiments and special events is considered and may be restricted or risk-assessed depending on the allergies and age of the pupils involved.

8. MEDICATION: SUPPLY, STORAGE, CARE AND DISPOSAL

Boys prescribed an AAI must take responsibility for, and carry, their own two adrenaline auto-injectors at all times in a suitable bag or container and are encouraged to subscribe to expiry alerts so replacement devices can be obtained in good time. Older boys should, wherever possible, assume complete responsibility for their emergency kit under the responsibility of their parents; however, because symptoms can come on very suddenly, staff must be prepared to administer medication if the boy cannot.

Where an activity makes carrying on the person impossible, including sport, swimming, examinations and overnight, a boy's devices must be immediately accessible at that location and held by a named member of staff. The only individual exception to carrying is where the Medical Centre determines on clinical or safeguarding grounds that a boy should not hold his own medication; this is recorded in his care plan and his devices are held at a named, unlocked and always accessible location.

STORAGE

AAIs are stored at room temperature (below 25°C), protected from direct sunlight and temperature extremes, and are not kept inside a first-aid bag. Spare devices are kept in clearly signed, accessible locations (ideally a consistent allergy colour) that are known to all staff.

DISPOSAL

AAIs are single-use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or placed in a sharps bin. Sharps bins are obtained from, and disposed of by, a clinical-waste contractor, and a sharps bin is kept in the Medical Centre treatment rooms.

9. SPARE ADRENALINE AUTO-INJECTORS (AAI) IN SCHOOL

Under a legal exemption (Schedule 17 and regulation 238 of the Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2017), as clarified by the MHRA, a school's 'spare' AAIs may be used to save the life of a pupil or other person, including someone not known by the school to be at risk of anaphylaxis. The School holds a stock of spare AAI devices (currently 34) for emergency use where a boy's own device is not available or not working (for example broken, out of date, misfired or not quickly accessible). Spare devices are kept in the following locations:

- Each House surgery
- Medical Centre (which also holds adrenaline ampoules)
- Shepherd Churchill Dining Hall
- Hill Café
- Sports Centre
- Ryan Theatre

Spare devices are kept safely but not locked away, are accessible and known to all staff, and are checked monthly by a nominated member of staff in each area and replaced as needed. A spare AAI may be used to treat anyone experiencing anaphylaxis for the purpose of saving life. This includes:

- people prescribed an AAI whose own device is unavailable, broken, out of date, misfired or cannot be quickly accessed

- people with allergies who have not been prescribed an AAI
- people with no known history of allergy or anaphylaxis, even without written consent – potentially saving the life of someone experiencing anaphylaxis for the first time due to an unrecognised allergy.

Where a boy is not listed on the anaphylaxis photo board but is experiencing a suspected anaphylactic reaction, staff should call 999 and administer an AAI as soon as possible. No prior authorisation, prescription, or consent is required. This route is reserved for circumstances that could not have been foreseen; it does not reduce the School's duty to identify boys at risk in advance.

10. EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

If in doubt, give adrenaline. Delay in administering adrenaline is associated with poorer outcomes, whereas prompt administration is safe and may be lifesaving.

What to look for

Symptoms usually come on quickly, within minutes of exposure to the allergen. Mild to moderate symptoms may include a red raised rash (hives or urticaria) anywhere on the body, a tingling or itchy feeling in the mouth, swelling of the lips, face or eyes, and stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms:

- **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

Anaphylaxis is very likely if all three of the following occur: sudden onset and rapid progression of symptoms; life-threatening airway, breathing and/or circulation problems; and changes to the skin (flushing, urticaria or angioedema). One can administer adrenaline without all three of these symptoms: they are not a prerequisite.

Note that skin changes on their own are not a sign of anaphylaxis and in some cases do not occur at all. If the pupil has been exposed to a known allergen, an anaphylactic reaction is more likely.

Adrenaline is the mainstay of treatment and starts to work within seconds. It opens the airways, stops swelling and raises blood pressure. It must be administered with the minimum of delay, as it is more effective at preventing a reaction from developing further than at reversing severe symptoms.

These actions happen together, not in sequence. Do not wait to contact the emergency services before administering adrenaline. If you are on your own, give adrenaline first.

Action

- Stay with the boy and call for help. Do not move the boy or leave him unattended.
- Remove the trigger if possible (for example an insect sting).
- Lie the boy flat, with or without legs elevated; a sitting position may make breathing easier if they are struggling to breathe.
- Use the AAI without delay and note the time given.

- Call 999 and state ANAPHYLAXIS (ana-fil-axis).
- Keep the boy lying down; do not stand him up or sit him in a chair, even if he feels better.
- If there is no improvement after five minutes, administer a second AAI into the other thigh and massage the injection site.
- If there are no signs of life, commence CPR.
- Inform the Medical Centre and relevant staff and phone the parent/carer as soon as possible.

How to administer the AAI

1. Grasp the AAI firmly in your dominant hand, with a 'thumbs away' grasp.
2. Remove the safety cap with your other hand.
3. Place the injector tip against the boy's outer thigh at a 90-degree angle.
4. Push firmly until you hear a click, indicating the injection has started.
5. Hold firmly in place for ten seconds, then remove.
6. The needle cover extends after use; massage the injection site for ten seconds.
7. Seek immediate medical attention.

Every boy must go to hospital for observation after anaphylaxis even if he appears to have recovered, as a reaction can recur after treatment (a biphasic reaction).

11. STAFF TRAINING

The Medical Centre is responsible for keeping this policy up to date and for arranging training. A School nurse, external first-aid trainer or other healthcare professional conducts a practical anaphylaxis training session at the start of every new academic year (and when otherwise required). All staff complete online allergy-awareness training at the start of every academic year, with ad-hoc training for new staff.

Training is mandatory and annual for all staff, including sports and activity coaches, and temporary, visiting or cover staff. A first-aid certificate alone does not constitute sufficient allergy training. Training includes:

- knowing the common allergens and triggers of allergy
- spotting the signs and symptoms of an allergic reaction and anaphylaxis, and knowing when to call emergency services
- administering emergency treatment, including AAIs – knowing how and when to administer the device, with hands-on practice using trainer devices
- measures to reduce the risk of a reaction, for example allergen avoidance, and knowing who is responsible for what
- associated conditions, for example asthma.
- managing Allergy Action Plans and ensuring these are up to date.

SIMULATED DRILLS

The School carries out periodic simulated allergy emergency drills to ensure staff understand emergency procedures and can respond effectively. The drills test recognition of allergic reactions and anaphylaxis, emergency-response procedures, access to emergency medication, and communication between staff. Following each drill, outcomes and learning points are reviewed and recorded.

12. PUPIL EDUCATION AND SELF-MANAGEMENT

All pupils with anaphylaxis receive annual education, including:

- understanding their specific allergens
- strategies to avoid exposure
- recognition of symptoms
- practical training using trainer (demo) adrenaline auto-injectors
- reinforcement of the requirement to carry two AAls at all times

This reflects UK guidance promoting independence and safe self-management in young people.

13. WELLBEING, INCLUSION AND SAFEGUARDING

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

The School recognises that allergies may affect emotional wellbeing and can cause anxiety for boys and families. Following allergy-related incidents, appropriate reassurance and support will be provided where needed. The School promotes an inclusive environment by:

- supporting boys who may experience anxiety related to allergies
- providing reassurance and communication following incidents
- addressing allergy-related bullying through the safeguarding and behaviour policies
- promoting awareness and understanding to reduce stigma and exclusion

14. BOARDING CONSIDERATIONS

EMERGENCY RESPONSE AT NIGHT AND AT WEEKENDS

A boy may experience anaphylaxis at any hour, including when the Medical Centre is not staffed on site. In a House, the staff present are the first responders.

- House staff administer adrenaline from the House emergency stock without delay and dial 999 themselves. They do not require clinical authorisation to do so and must not delay treatment in order to contact the Medical Centre first.

- The Medical Centre is informed immediately afterwards and attends the House once the necessary arrangements have been made to ensure the safety and supervision of any inpatients at the Medical Centre if relevant.
- Spare adrenaline devices are held in each House surgery (see Section 9). Their location is known to all House staff, including resident, duty and night staff.

FOOD PROVIDED OUTSIDE THE MAIN CATERING OPERATION

Section 7 governs food served in the Shepherd Churchill Dining Hall, Hill Café and other catering outlets. Boys also eat at other times and in other settings.

- Food provided or catered by the School, wherever it is served, including at House suppers, match teas, socials and event catering, is subject to the allergen controls in Section 7. The Director of Catering is responsible for ensuring those controls are applied in each setting.
- Food that boys buy, bring into School or prepare for themselves, including in House kitchens and from tuck, is managed through pupil awareness and House rules. Boys are responsible for checking what they eat and for labelling their own food, and House staff reinforce this.

RETURN TO SCHOOL AFTER ANAPHYLAXIS

Following treatment for anaphylaxis, the Medical Centre determines whether it is appropriate for the boy to return to School. Medical Centre nursing staff may raise concerns about a proposed return at any point, for discussion with the Lead School Doctor and the Deputy Head Pastoral. Consideration includes the severity of the reaction, whether the trigger has been identified and controlled, and any specialist follow-up required.

Where a boy does return, he is observed in the Medical Centre for the remainder of that night, whatever his age and whatever the hour, and returns to his House the following day once reviewed.

BOYS WITH DEVICES NOT APPROVED FOR USE IN THE UK

Every boy at risk of anaphylaxis must hold adrenaline devices approved for use in the UK. Devices licensed in other countries may look and operate differently from those held by the School.

- A boy arriving with a device that is not approved for use in the UK is seen by a School doctor as soon as possible after arrival, for a UK-approved device to be prescribed.
- His care plan is updated in collaboration with his family and his treating doctors abroad.
- Until a UK-approved device is in place, he retains his existing device, and the Medical Centre briefs his House and other relevant staff on how that device is used.

15. TRIPS AND OFF-SITE ACTIVITIES

- Risk assessments must include medical considerations, including allergy risks, and all activities are risk-assessed to identify any threat to allergic boys, with alternative activities planned to ensure inclusion.
- Care plans must be accessible during trips. Trip leaders access boys' care plans on iSAMS and arrange any required training with the Medical Centre in good time before the trip.
- Staff accompanying trips must be trained in anaphylaxis management.



- Boys must carry their own in-date AAls at all times. The School's spare (emergency) devices are generally kept on site for boys who remain at School and are not routinely taken off-site. Boys unable to produce their required medication will not be able to attend the excursion.

OVERNIGHT TRIPS

Overnight trips are possible with careful planning. A meeting for parents with the lead member of staff should be arranged, and staff at the venue should be briefed early that an allergic pupil is attending and will need appropriate food if it is provided by the venue.

SPORTING EXCURSIONS

Allergic boys should have every opportunity to attend sports trips. Staff will be fully aware of the situation, and the host school will be notified when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If a host school is not equipped to cater for a food-allergic boy, the School will arrange for the boy to take alternative or their own food.

16. GOVERNANCE AND RESPONSIBILITIES

The Deputy Head Pastoral is the named senior leader with responsibility for allergy safety. The named Governor with oversight of allergy safety is David Taylor. Together they oversee this policy, which is published on the School website and reviewed at least annually and after any serious incident or near miss.

Lisa Collicott is the allergy and anaphylaxis link nurse.

Dr Alex Maxwell is the Lead School Doctor and clinical lead for the School.

The Governors will receive an annual report summarising staff training compliance, allergy incidents and near misses and actions taken to improve allergy safety.

17. INCIDENT AND NEAR-MISS REPORTING

The School nurse/Medical Centre staff/ first aider ensures that any reaction or near miss is:

- reported and recorded
- reported to parents
- reviewed by senior leadership and Governors
- used to update policy and training

Where a boy has had a previous reaction or a near miss, the School has a positive duty to act on it: the boy's individual care plan and risk controls are reviewed, the lessons are documented, and the relevant staff are rebriefed before the boy is next in their care. Each record is reviewed by the Deputy Head Pastoral and reported to the Governors, and the School considers whether any procedure was not followed and what must change to prevent recurrence. Certain incidents may also be reportable to the Health and Safety Executive.



18. RISK ASSESSMENT

Harrow School conducts a detailed risk assessment to identify any gaps in its systems and processes for keeping allergic boys safe, for boys with allergies who are joining the School and any boys who are newly diagnosed. Audits are undertaken in all areas that hold spare AAls to ensure staff are aware of where they are kept.

19. MONITORING AND REVIEW

- This policy is reviewed at least annually, following updated guidance and after any serious incident or near miss.
- Practice is aligned with the Department for Education statutory guidance (Benedict's Law) and the standards of BSACI, Anaphylaxis UK and Allergy UK.
- Incidents are reviewed to inform improvements.

APPENDIX A – GLOSSARY OF TERMS

Term	Definition
Allergy	An immune-system reaction to a substance (allergen) that is usually harmless; symptoms range from mild to life-threatening
Anaphylaxis	A severe, potentially life-threatening allergic reaction that comes on rapidly and requires immediate treatment with adrenaline
Adrenaline auto-injector (AAI)	A pre-filled device that delivers a single measured dose of adrenaline into the thigh muscle (for example EpiPen). The generic term used throughout this policy.
Allergy Action Plan (AAP)	A clinician-issued plan (BSACI plans preferred) setting out a pupil's allergens, symptoms and emergency treatment, including consent to use a spare AAI
Individual Healthcare Plan (IHP)	A school record of a pupil's medical needs and the arrangements to support them; a pupil's AAP functions as their IHP for allergy
BSACI	British Society for Allergy and Clinical Immunology – produces the national allergy action plan templates
Anaphylaxis UK/Allergy UK	UK charities providing allergy guidance, training and resources for schools and families
Benedict's Law	The Department for Education statutory guidance Allergy safety in schools, published 6 July 2026 following the death of Benedict Blythe
Natasha's Law	UK food-labelling law requiring full ingredient and allergen labelling on food pre-packed for direct sale (PPDS)
Food Information Regulations 2014	Regulations requiring allergen information for the 'Top 14' allergens to be available for all food products
MHRA	Medicines and Healthcare products Regulatory Agency – the UK medicines regulator
Human Medicines Regulations 2012	The regulations (Schedule 17 and regulation 238, as amended in 2017) allowing schools to hold and use spare AAIs, and any person to give adrenaline to save life in an emergency
Spare AAI	A School-held emergency device (not prescribed to an individual) that may be used on anyone experiencing anaphylaxis to save life
ABC symptoms	Airway, Breathing and Circulation – the serious signs of anaphylaxis
Biphasic reaction	A second anaphylactic reaction that can occur hours after the first, even after apparent recovery – the reason hospital observation is required
Nut aware	An approach that minimises and manages risk, rather than guaranteeing a nut-free environment, which is not achievable

KEY SOURCES, REFERENCES AND USEFUL LINKS

- Department for Education — Allergy safety in schools (statutory guidance, 6 July 2026) — <https://www.gov.uk/government/publications/allergy-safety-in-schools>
- GOV.UK — Stronger protections for children with allergies in school (press release, March 2026) — <https://www.gov.uk/government/news/stronger-protections-for-children-with-allergies-in-school>
- Benedict Blythe Foundation — Benedict's Law — <https://benedictblythe.com/benedicts-law/>
- Anaphylaxis UK — <https://www.anaphylaxis.org.uk>
- AllergyWise training for schools (Anaphylaxis UK) — <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Allergy UK — <https://www.allergyuk.org>
- Whole-school allergy awareness and management (Allergy UK) — <https://www.allergyuk.org/schools/>
- BSACI — Allergy Action Plans for children — <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- Natasha Allergy Research Foundation — Allergy School — <https://www.narf.org.uk/>
- Spare Pens in Schools — <http://www.sparepensinschools.uk>
- MHRA / Department of Health — Guidance on the use of adrenaline auto-injectors in schools (2017); Human Medicines Regulations 2012, Schedule 17 and regulation 238 (as amended 2017) — <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>
- Food Standards Agency — allergen guidance and Natasha's Law (PPDS labelling); Food Information Regulations 2014 — <https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>
- Resuscitation Council UK — Emergency treatment of anaphylaxis guidance — <https://www.resus.org.uk/>
- NICE — Anaphylaxis quality standard (QS118) and assessment/referral after emergency treatment (CG134) — <https://www.nice.org.uk/guidance/qs118>