Allergy and Anaphylaxis Policy

This policy has been reviewed to reflect the principles and practice within the context of the expectations of the school's normal working environment.

Guidance and Wording of this Policy is provided by the Local Authority, Anaphylaxis UK and Westbury Infant School.

SEPTEMBER 2026	**SEPTEMBER 2027**
Reviewed	Date of Next Review

Signed and Approved By

MRS S BUDGE	**MRS M HOUSE**
Headteacher	Chair of Governors

Summary of Policy Review

Policy Name	Approval Date	Summary of Changes
Allergy and Anaphylaxis Policy	September 2026	New policy adopted in line with the Children's Wellbeing and Schools Act 2026 (Benedict's Law) and the statutory 'Allergy Safety in Schools' guidance (July 2026).

Person responsible for this policy & its implementation	Headteacher / School Business Manager (Named Allergy Lead)
Review Frequency	Annually, or following any significant allergic incident or change in statutory guidance
Date approved	September 2026
Date of next review	September 2027
Purpose	To minimise the risk of any individual suffering an allergic reaction whilst at school or attending any school-related activity, and to ensure staff are properly prepared to recognise and manage allergic reactions should they arise.
Links with other policies	Health and Safety Policy | Support for Pupils with Medical Conditions | First Aid Policy | LOTC and Educational Visits Policy | Safeguarding and Child Protection Policy | Behaviour Policy | Anti-Bullying Policy

1. Statement of Intent

Westbury Infant School is committed to safeguarding the health, safety and wellbeing of all pupils, staff and visitors.

The school recognises that allergies and anaphylaxis are serious, and potentially life-threatening, conditions. We are committed to creating a safe, inclusive and welcoming environment for all members of our school community who live with allergies.

This policy has been written in line with the Children's Wellbeing and Schools Act 2026 (known as Benedict's Law) and the statutory 'Allergy Safety in Schools' guidance published by the Department for Education in July 2026. It establishes robust risk-mitigation measures, clear emergency response protocols and sets out the responsibilities of all members of staff.

Whilst the school cannot guarantee a completely allergen-free environment, every reasonable step will be taken to reduce risk, promote awareness and ensure an effective emergency response.

The school will work closely with parents/carers and healthcare professionals to ensure that appropriate support and risk management arrangements are in place for every child with a known allergy.

2. Legal Framework

This policy has due regard to the following legislation and guidance:

- Children's Wellbeing and Schools Act 2026, Section 34 (Benedict's Law)
- Allergy Safety in Schools – Statutory Guidance (DfE, July 2026)
- Children and Families Act 2014
- Children Act 1989
- Education Act 2002 (Sections 20 and 175)
- Health and Safety at Work etc Act 1974
- Equality Act 2010
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE: Supporting Pupils at School with Medical Conditions (2014)
- DfE: Allergy Guidance for Schools
- Department of Health Guidance on the use of Adrenaline Auto-Injectors in Schools
- SEND Code of Practice: 0 to 25 Years
- The Early Years Foundation Stage (EYFS) Statutory Framework

3. Definitions

Allergy
A condition in which the body reacts adversely to a normally harmless substance (the allergen). The immune system overreacts, producing antibodies that cause a range of symptoms.

Allergen
A substance that triggers an allergic reaction. Common allergens include foods (such as peanuts, tree nuts, milk, egg, wheat, fish, shellfish, sesame and soya), insect stings (bee, wasp), medications, latex and animal dander.

Allergic Reaction
An immune response to an allergen. Symptoms of a mild to moderate allergic reaction may include:

- A red raised rash (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 throat tightness
- Sudden unexplained change in behaviour

Anaphylaxis
A severe and potentially life-threatening allergic reaction. More serious symptoms are often referred to as the ABC symptoms and may 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; persistent cough
- **CIRCULATION** – dizziness; feeling faint; sudden sleepiness; tiredness; confusion; pale, clammy skin; loss of consciousness

Anaphylaxis always requires an immediate emergency response. Once started, a reaction can progress rapidly. Research indicates only a 20–30 minute window to prevent a fatal outcome — giving emergency adrenaline immediately and calling 999 is critical.

Adrenaline Auto-Injector (AAI)
A pre-loaded device used to administer a dose of adrenaline in an emergency. Common brands include EpiPen, Jext and Emerade. Individuals at risk of anaphylaxis should be prescribed two AAIs by their GP or allergy specialist.

4. Roles and Responsibilities

The Governing Body is responsible for:

- Ensuring that this policy meets the requirements of the Children's Wellbeing and Schools Act 2026 and is published on the school website
- Ensuring the school fulfils its statutory duties relating to pupils with medical conditions
- Monitoring the implementation of this policy, with allergy safety as a standing agenda item at relevant meetings
- Ensuring that risk assessments and control measures are appropriate and effective
- Appointing a named governor to work closely with the Allergy Lead

The Headteacher / School Business Manager (Named Allergy Lead) is responsible for:
In line with Benedict's Law, the school has a named member of the senior leadership team who is responsible for allergy safety. The Allergy Lead is responsible for:

- Implementing, monitoring and reviewing this policy
- Collecting detailed allergy information during the admissions process and sharing this with relevant staff and the catering team within two weeks of a pupil starting
- Maintaining a register of all pupils (and staff) with known allergies, including whether they hold adrenaline and whether they have an allergy action plan
- Ensuring Individual Healthcare Plans (IHPs) are created, communicated to all relevant staff and reviewed at least annually
- Ensuring all staff receive annual allergy awareness and emergency response training, including induction for new and supply staff
- Ensuring staff have the opportunity to practise with trainer adrenaline devices at least annually
- Overseeing the school's stock of spare AAIs, ensuring devices are in date and clear, with replacements secured at least one month before expiry
- Ensuring identification systems at mealtimes are robust
- Communicating key allergy safety messages to staff, parents/carers and pupils
- Reporting serious incidents to relevant agencies including, where required, to the HSE under RIDDOR, and to the local authority environmental health team if unsafe food was supplied
- Including allergy risks on the school's risk register

All Staff (including teaching staff, support staff, catering staff, lunchtime supervisors, breakfast/after-school club staff, supply and cover staff) are responsible for:

- Completing annual allergy awareness and emergency response training and understanding their role in implementing this policy

- Being aware of which pupils in their care have allergies and knowing the location of their medication
- Reinforcing good hygiene and food safety expectations with pupils
- Encouraging pupils not to share food, drinks or utensils
- Responding immediately and appropriately in the event of a suspected allergic reaction
- Completing risk assessments for curriculum activities involving food and for educational visits
- Recording and reporting all allergic incidents and near misses using the school's First Aid Forms App
- Building proactive relationships with parents/carers of pupils with allergies

Parents and Carers are responsible for:

- Informing the school of their child's allergies before or at the point of admission, and updating the school promptly if this information changes
- Providing up-to-date medical information, emergency contact details and allergy action plans
- Providing two in-date prescribed AAIs and ensuring replacements are provided before expiry
- Working in partnership with the school to develop and review Individual Healthcare Plans
- Adhering to this policy, including in relation to food brought into school for celebrations or events
- Updating the school when reactions occur outside school or when there are any changes to their child's allergy management

Pupils are responsible for (age-appropriately):

- Avoiding foods or substances they know they are allergic to
- Not sharing food or drinks with other pupils
- Carrying their prescribed AAIs with them at all times where agreed in their IHP
- Informing an adult immediately if they feel unwell or believe they are having an allergic reaction

5. Food Allergies and Allergen Risk Management

Westbury Infant School adopts an "allergy aware" approach. Westbury Infant School continuers to operate a “No Nuts” policy as a precautionary measure. Given the age of our pupils and the additional needs of children in our Resource Base, many of whom are less able to self-manage their allergy risk, this restriction is a reasonable and proportionate step. However, the school recognises that nuts and nut products can still enter school inadvertently, and this policy is therefore not relied upon as the sole control measure. Staff remain fully alert to the possibility of nut exposure at all times. Additionally, any food can cause a serious allergic reaction — not only nuts or the 14 major allergens — and risk is managed through awareness, training, individual care planning and robust emergency procedures.

The school will complete a whole-school allergy risk assessment that seeks to minimise the risks of exposure to known allergens. This will include:

- Identifying foods used within the curriculum and making adaptations to remove allergens that pose a risk to the group
- Conducting specific risk assessments for educational visits and trips
- Identifying measures to manage risks from food brought in by parents, pupils or staff (for example, for birthday celebrations)
- Identifying measures to manage risks from food provided by the school catering service
- Putting reasonable measures in place to manage risks for individuals with known airborne or contact allergens
- Identifying non-food allergens in the school environment (for example, animals, latex in craft materials, balloons) and making adaptations to reduce risk

The school will take the following practical steps to minimise the risk of allergen exposure:

- Maintaining effective handwashing routines, particularly before and after eating
- Cleaning eating areas thoroughly after use
- Encouraging pupils not to share food, drinks or utensils
- Considering allergies during all curriculum activities involving food
- Ensuring allergy is included in all relevant risk assessments
- Communicating allergy safety expectations to visitors, supply staff and volunteers
- Working closely with parents/carers and health professionals to understand each pupil's allergy

6. Food Provision and Allergen Labelling

The school complies with current allergen labelling requirements, including the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law), which requires full ingredient and allergen labelling on all food packaged for direct sale.

Allergen information will be made available for all food prepared on site. Staff involved in food preparation and serving will receive appropriate training relating to allergen management and the prevention of cross-contamination.

The school will manage the risk of food allergy through the following measures:

- Ensuring the catering contract is compliant with Food Standards Agency allergen management regulations
- Ensuring the catering provider makes allergen information available to parents/carers and pupils
- Ensuring the wraparound care provider is compliant with Food Standards Agency allergen management regulations
- Providing pupil allergy information to the catering team in a timely manner so pupils can eat safely
- Using an identification system at the point of service so that the correct meal reaches the correct child — this system will not rely on any single person
- Ensuring all food is labelled at all times; unlabelled food poses a greater risk than packaged food with "may contain" labelling
- Teaching pupils not to share food, trade food, or share utensils

Where food is brought into school that was not provided by the school (for example, for birthdays or celebrations), parents/carers will be asked to provide advance notice so that the allergy needs of pupils can be accommodated.
These arrangements apply to all school-led breakfast and after-school provision. Where this is delivered by a third party, the school will ensure the provider is aware of and meets the same procedures.

7. Animal Allergies

The school recognises that some pupils and staff may experience allergic reactions to animals, including dogs, cats, horses and small furry animals.
Appropriate risk assessments and control measures will be in place wherever animals are present on site or involved in activities. Pupils identified as having animal allergies will be supported appropriately, including through enhanced cleaning and limiting animals to specific areas where necessary. Thorough handwashing will be encouraged after any contact with animals.

8. Seasonal Allergies

The school recognises that pupils may experience seasonal allergies, including hay fever and reactions to insect bites or stings.
Reasonable adjustments may include:

- Increased access to indoor spaces during high pollen periods
- Encouraging handwashing after outdoor activities
- Monitoring the environment for risks (for example, insect nests)
- A prompt and appropriate response to insect stings or bites

Staff will report concerns about wasp, bee or insect nests to the site manager immediately so that appropriate action can be taken.

9. Adrenaline Auto-Injectors (AAIs) — Prescribed Devices

Pupils at risk of anaphylaxis will be prescribed two AAIs by their GP or allergy specialist. In line with clinical guidance, these devices should be within 5 minutes of the pupil at all times, including during the journey to and from school, in class, in the lunch area, on the playground, on the sports field and on educational visits and trips.
Where a pupil is unable to carry their AAIs themselves, the devices will be stored in an accessible but secure central location that is known to all staff, clearly labelled with the pupil's name and photograph, and immediately accessible in an emergency. AAIs must never be kept in a first aid box.
AAIs must be stored at room temperature, away from direct sunlight, and must not be refrigerated (unless specified by the manufacturer).
All staff will be made aware of:

- Which pupils are at risk of anaphylaxis
- The location of each pupil's AAIs
- The emergency procedures to follow
- How to summon support quickly

Parents/carers will be informed when replacement devices are required. Any expired AAI will be disposed of in a sharps box or given to the attending paramedic. The school will register with the Local Authority for sharps box provision and collection.

10. Spare Adrenaline Auto-Injectors

In line with the Human Medicines (Amendment) Regulations 2017 and the statutory 'Allergy Safety in Schools' guidance (July 2026), Westbury Infant School holds spare "emergency" AAIs for use in situations where a pupil's own device is unavailable, has misfired, or where a pupil presents with anaphylaxis for the first time without a prior diagnosis.

Spare AAIs are not a replacement for a pupil's own prescribed devices. Pupils prescribed adrenaline are expected to have their own devices with them at school at all times.

As a primary school, the school holds:

- One pair of spare AAIs — 150 micrograms (EpiPen Junior or Jext 150) — for use with children under the age of six years
- One pair of spare AAIs — 300 micrograms (EpiPen, Jext or equivalent) — for use with individuals aged six years and over

These are located in: the school office and are stored in a clearly labelled, non-green, sealed container marked "Emergency Anaphylaxis Kit". The container is accessible at all times, including during wrap-around care.

The Allergy Lead (or designated first aider) will check spare AAIs are in date and remain clear (not cloudy) on a monthly basis, and will secure replacements at least one month before the current devices expire.

The Human Medicines (Amendment) Regulations 2017 do not require prior consent for spare AAIs to be used in an emergency. In an emergency situation, any member of staff may take reasonable action to save a life. The school obtains advance consent from parents/carers as part of each pupil's Individual Healthcare Plan as good practice.

11. Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy Action Plans

Allergy action plans are clinical documents created by a GP, allergy nurse or allergy clinic. They detail the pupil's allergy, prescribed medication, dosage instructions and parent/carer contact details. They must be signed by the parent/carer as this constitutes parental authority to administer medication, including spare AAIs. The school will request a current, signed allergy action plan for any pupil with a diagnosed food allergy or venom allergy that carries a risk of anaphylaxis.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are school-owned documents, co-created by the school, parents/carers and, where appropriate, the pupil. They are an essential communication tool that provides clarity about the arrangements needed to ensure full inclusion in school life.

The school will ensure that an IHP is in place for:

- Any pupil who has an allergy action plan and/or an asthma plan
- Any pupil who has an allergy requiring active management beyond standard school procedures
- Any pupil waiting for an allergy diagnosis where active management measures are already needed

IHPs will include: known allergens; signs and symptoms specific to the pupil; emergency procedures; required medication and its location; identification of trained staff; and any other individual support arrangements.
IHPs will be reviewed at least annually, when staff change, or following any incident or near miss. IHPs and allergy action plans will be shared with supply and cover staff and will be passed on as part of transition to the next class or school.

12. Staff Training

In line with Benedict's Law, all staff — including teaching staff, support staff, catering staff, lunchtime supervisors, breakfast and after-school club staff and any other adult who may oversee pupils — must receive allergy awareness and emergency response training every year. The Allergy Lead is responsible for ensuring that supply, cover, coaching and peripatetic staff also receive training.

Training will cover:

- What allergy is, the risks it poses and how allergic reactions occur
- Understanding that allergy is a spectrum: asthma, eczema, hay fever and food allergy can co-exist
- The difference between food allergy, food intolerance and coeliac disease
- Understanding that a pupil can be allergic to any food, not just the top 14 allergens
- Recognising the symptoms of mild to moderate allergic reactions
- Recognising the symptoms of anaphylaxis and knowing the ABC framework
- How to locate and administer adrenaline devices and asthma inhalers
- Training with all brands of AAI (including both prescribed and spare devices) using trainer pens
- How to report an allergic reaction, near miss or incident
- Each member of staff's individual responsibilities in risk reduction
- The impact of allergy on pupil wellbeing
- How to use this policy and an individual pupil's IHP and allergy action plan

Training may be delivered online or face to face. Staff will have the opportunity to practise with trainer adrenaline devices at least annually.

13. Emergency Response — Mild to Moderate Allergic Reactions

Symptoms of a mild to moderate allergic reaction may include: a raised red rash (hives); tingling or itching in the mouth; swelling of the lips, face or eyes; stomach pain or vomiting; mild throat tightness; or a sudden unexplained change in behaviour.
In the event of a mild to moderate allergic reaction, staff will:

- Stay with the pupil and keep them calm
- Call a first aider or trained member of staff immediately
- Administer antihistamine medication where appropriate and in line with the pupil's IHP
- Contact parents/carers
- Monitor the pupil closely for any deterioration and be prepared to escalate to the anaphylaxis response at any point

Any pupil who has received an AAI must be taken to hospital for observation, even if they appear to have recovered, as a biphasic reaction can occur after initial treatment.

14. Emergency Response — Managing Anaphylaxis

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Do not wait to contact the emergency services before giving adrenaline.

The emergency response is:

- Keep the pupil where they are — call for help and do not leave them unattended
- LIE the pupil FLAT WITH LEGS RAISED (prop up briefly if struggling to breathe, but return to lying flat as soon as possible)
- USE the adrenaline device WITHOUT DELAY into the outer thigh muscle (or nasally if prescribed) and note the time
- CALL 999 immediately and state "ANAPHYLAXIS" (pronounced "ana-fil-axis")
- If there is no improvement after five minutes, administer a second adrenaline device if available
- If there are no signs of life, commence CPR if trained to do so
- Call parents/carers as soon as possible
- Remain with the pupil until emergency services arrive

Do not stand the pupil up or sit them in a chair, even if they appear to be feeling better, as this can cause a sudden, dangerous drop in blood pressure.

In the event of an anaphylactic reaction, if the pupil has their own prescribed AAIs, use these in the first instance. If the pupil's own devices are unavailable or misfire, use the school's spare AAIs. If there is any doubt whether a pupil with known food allergy and asthma is experiencing anaphylaxis or an asthma attack, administer adrenaline first.

All pupils must be taken to hospital following anaphylaxis, even if they appear to have recovered fully.

Following any serious incident, the school will review procedures, support arrangements and IHPs, and make amendments where necessary.

15. Emergency Preparedness

The school will hold an annual practice response to anaphylaxis, review how the practice went and update policy and procedures accordingly.

Throughout the year, staff will be reminded of key aspects of this policy including how to identify which pupils have allergies, the location of spare adrenaline, and how to use trainer AAI devices.

The school will communicate key allergy safety messages in advance of festivals, trips and end of term celebrations.

During fire drills and lockdown practices, the school will ensure that pupils' individual AAIs are taken with them. Should a real evacuation occur, the Allergy Lead will ensure spare AAIs are also removed from the building if it is safe to do so.

16. Educational Visits and Offsite Activities

Westbury Infant School is committed to ensuring that pupils with allergies are fully included in every trip, sporting event or extracurricular activity. No pupil should be excluded from an educational visit solely on the grounds of their allergy.

Before every educational visit, the trip leader (in consultation with the Allergy Lead) will complete a risk assessment that addresses:

- The specific allergen risks associated with the activity and location
- Arrangements for safe food provision during the visit

- The safe storage and accessibility of pupils' individual AAIs throughout the trip
- Whether the school's spare AAIs should also be taken, and ensuring pupils remaining in school retain access to spare devices
- Transport and proximity to local emergency medical care

Staff leading school trips will confirm that all pupils with allergies have their medication, including both prescribed AAIs, with them before departure. Pupils unable to produce their required medication will not be able to attend the trip.
At least one trained member of staff must accompany every visit involving a pupil at risk of anaphylaxis. Where relevant, the host school or venue will be informed in advance of a pupil's allergy requirements.

17. Identification of Individuals with Allergies

Westbury Infant School collects detailed medical and allergy information from parents/carers prior to and at the point of admission. This information is securely stored and shared in a controlled way with all relevant teaching staff, support staff, supply and cover staff, and the catering team, in compliance with UK GDPR (which does not prevent the sharing of health information where there is a legitimate need).
Allergy information and existing care plans will be shared as part of each pupil's transition into school. The school will request allergy information from previous settings and will work with parents/carers to write a new IHP as needed.
Pre-employment questionnaires will ask whether prospective staff members have any allergies. Where an allergy is declared, a discussion will take place and an action plan will be created to ensure a safe working environment.
Visitors and regular volunteers will be asked about allergies ahead of their visit. Where an allergy is declared, the Allergy Lead will be notified so that appropriate information can be communicated.

18. Recording and Reporting Incidents and Near Misses

The school uses the First Aid Forms App to record all allergic reactions (incidents) and near misses (for example, accidental exposure without a reaction, or labelling errors). Records will include the date and time, the nature of the incident, any treatment given and the name of the staff member involved. Parents/carers will be notified as soon as possible after any incident.
The school approaches incidents and near misses in a "no blame" spirit, seeking to learn lessons and improve procedures so that pupils are better protected in the future. Following any significant incident, a written report will be prepared and shared with the pupil's parents/carers, giving them the opportunity to contribute their views to the lessons-learned review. The pupil's IHP will be updated where necessary.
Where unsafe food was supplied by the school operating as a food business, the incident must also be reported to the Local Authority environmental health team.

19. Wellbeing, Inclusion and Anti-Bullying

At Westbury Infant School, allergy safety is a priority and actions to ensure that pupils are safe and included are embedded in our school culture. We recognise that living with a serious allergy can cause anxiety, and that this may be compounded for pupils who also live with asthma or eczema.

The school will:

- Regularly communicate to pupils, parents/carers and staff about allergies, maintaining ongoing awareness of the severity of the risk
- Plan school celebrations, rewards and communal events inclusively so that no pupil with an allergy is socially isolated or excluded
- Involve pupils with allergies and their families in developing and reviewing allergy procedures
- Actively monitor, prevent and address any stigmatisation or bullying directed at pupils because of their allergies — allergy bullying is treated with the same seriousness as any other form of bullying
- Ensure that pupils are not penalised in attendance records or rewards for absences that are the result of their medical condition, including hospital appointments

20. Safeguarding

The school recognises that a safeguarding referral may be necessary if an incident highlighted concern that a child or young person may be at increased risk of harm because of their medical condition. This might arise where relevant allergy information is withheld from the school, or where a pupil is repeatedly sent to school without essential medication, thereby placing them at risk. In such circumstances the Designated Safeguarding Lead will be informed and the school's Safeguarding and Child Protection Policy will be followed.

21. Unacceptable Practice

All staff are clear about what constitutes unacceptable practice in relation to the management of allergies. The following examples are not exhaustive, but illustrate practices that the school is committed to preventing:

- Preventing pupils from easily accessing and administering their medication in line with their IHP
- Assuming that every child with the same condition requires the same support
- Ignoring the views of the pupil or their parents/carers
- Ignoring medical evidence or the advice of healthcare professionals
- Assuming a child does not have an allergy because they do not yet have a formal diagnosis
- Sending a pupil who becomes unwell to the school office without suitable supervision — in a suspected emergency, help should come to the pupil
- Penalising pupils for attendance records where absences are related to their medical condition
- Requiring parents/carers to attend school to administer medication or medical support
- Preventing or creating unnecessary barriers to pupils participating in any aspect of school life, including educational visits, by requiring parents to accompany them

Should unacceptable practice occur, the school will follow its staff conduct policies to identify and address the matter.

22. Monitoring and Review

This policy will be reviewed annually by the Allergy Lead and Headteacher, or sooner if legislation, statutory guidance or school procedures change, or following any significant allergic incident.

This policy is published on the school's website in accordance with the requirements of the Children's Wellbeing and Schools Act 2026.
Staff will receive updates and information regarding any changes to procedures or pupil healthcare needs promptly.

23. Further Information and Resources

Anaphylaxis UK (including Benedict's Law information):
https://www.anaphylaxis.org.uk/education/benedicts-law/
Allergy UK: https://www.allergyuk.org/information-and-support/at-school/for-schools/benedicts-law/
DfE – Allergy Safety in Schools (Statutory Guidance, July 2026):
https://www.gov.uk/government/publications/allergy-safety-in-schools
DfE – Supporting Pupils at School with Medical Conditions:
https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
DfE – Allergy Guidance for Schools: https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Guidance on the use of AAIs in schools:
https://www.gov.uk/government/publications/using-adrenaline-auto-injectors-in-schools
Spare Pens in Schools: https://www.sparepensinschools.uk
Wiltshire Local Offer: https://www.wiltshirelocaloffer.org.uk/
Virgin Care – School Nursing Service: https://wiltshirechildrensservices.co.uk/school-nursing/