JARROW SCHOOL

Excellence in Education

Policy Title: **Allergy & Anaphylaxis Policy**

Leader: **Ali McConway**

Review Date: **October 2027**

Introduction

This policy sets out how Jarrow School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

The policy has been written with reference to the Department for Education's statutory guidance, Allergy safety in schools, published 6 July 2026, and the Department for Education's statutory guidance, Supporting pupils with medical conditions at school. The school will ensure that allergy safety arrangements are implemented, monitored and reviewed as part of its duties to support pupils with medical conditions, promote equality of access and maintain a safe school environment.

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, and Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):

Peanuts	Tree Nuts
Sesame	Milk
Egg	Fish
Latex	Insect venom
Pollen	Animal Dander.

This document has been adapted from BSACI/Anaphylaxis/UK-Allergy UK's 'Model policy for allergy management at school - Allergy guidelines for your school's medical conditions policy'. This is available on the BSACI website via the following link: https://www.bsaci.org/wp-content/uploads/2024/01/Model-Policy for-allergy-at-management-at-school-v2.1-090124.pdf)

This policy should be read in conjunction with "Managing Medical Needs of Pupils Policy"

Role and responsibilities

Governors and Leadership Responsibilities

The governing body is responsible for approving this policy and monitoring its effective implementation. The Head Teacher has overall responsibility for allergy safety. The named senior leader for allergy safety is Mr McConway (Deputy Headteacher. The operational lead for medication checks, training records and emergency equipment is Mr Andrews (HOY/Health and Safety Officer). A summary of allergy safety arrangements, training completion, incidents and near misses will be reported to governors at least annually.

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers 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/Paediatrician.
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- All allergy medication must be signed into school. A copy will be provided for the parent/careers records.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies for pupils with medical conditions, including allergies. Pupils without their required medication will not be able to attend the excursion.
- The school will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date.
- School keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. This is updated by the school office at the start of the school year.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be able to take responsibility for carrying them on their person at all times where agreed between the school and parents/carers.

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.

Jarrow School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Actions:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis)
- If no improvement after 5 minutes, administer second AAI
- If no signs of life commence CPR
- Call parent/carer as soon as possible

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

Depending on the child's age, level of understanding and competence, the school encourages parents/carers, and where appropriate the student, to take responsibility for ensuring that their two prescribed, in-date adrenaline auto-injectors (AAIs/EpiPens) are carried by the child at all times in a suitable bag or protective container.

For younger pupils, or those who are not yet able to take responsibility for carrying and managing their own medication, parents/carers must provide the school with a minimum of two prescribed, in-date adrenaline auto-injectors (AAIs/EpiPens). All medication must be clearly labelled with the pupil's name and have the expiry date and batch number clearly visible. The auto-injectors will be stored securely in the First Aid Room (1.13), where they are readily accessible in an emergency, as detailed within the pupil's Individual Healthcare Plan (IHCP).

- The school also maintains an emergency anaphylaxis kit containing a spare adrenaline auto-injector, which is available as an additional emergency measure in line with the principles of Bennett's Law and current guidance around supporting pupils with allergies.
- The emergency auto-injector does not replace the responsibility of parents/carers to provide the child's prescribed medication.

All students must have two AAIs, which should either be carried by the student or held by the school, depending on their level of need.

Medication will be stored in a suitable container and clearly labelled with the pupil's name and photograph. The First Aid Room (1.13) is an accessible location. The pupil's medication storage container will contain:

- Two AAIs i.e. EpiPen® or Jext®
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon/Syringe (if required)
- Asthma inhaler (if included on allergy action plan)

And paperwork:

- An up-to-date Allergy Action Plan
- Care Plan Agreement (if supplied by the NHS)
- School Asthma Card (if appropriate)
- How to use AAIs – relating to the child's AAI brand

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis medication is up-to-date and clearly labelled.

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

Parent/carers will be asked to sign out their child's Anaphylaxis and Allergy medication.

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

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs 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 specialist collection service. The sharps bin is kept in the school office.

'Spare' adrenaline auto-injectors in school
The school also maintains an emergency anaphylaxis kit containing a spare adrenaline auto-injector, which is available as an additional emergency measure in line with the principles of Bennett's Law and current guidance around supporting pupils with allergies.
The emergency auto-injector does not replace the responsibility of parents/carers to provide the child's prescribed medication.

First Aid Room

2x 300mcg and 2x 150mcg adrenaline pens

Jarrow School has an anaphylaxis kit from Kays Medical, which contains four adrenaline auto-injectors. The auto-injectors are replaced as required through our annual subscription.

Parental consent for use of a 'spare' AAI is taken from the signed BSACI Allergy Action Plan. This signed document provides medical authorisation for schools to administer a 'spare' back-up adrenaline auto injector if needed as permitted by the Human Medicines (Amendment) Regulations 2017.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-
Mr P Atkinson – Head Teacher
Mr M Andrews – Health & Safety Officer

Additional training, relating to specific school situations will be used annually to simulate scenarios of an anaphylaxis reaction. These scenarios ensure staff have models of how to act across different situations within Jarrow School.

These follow the advice from Beat Anaphylaxis.

Communication, Information Sharing and Confidentiality

Jarrow School recognises that effective communication is essential to keeping pupils with allergies safe while respecting their privacy and dignity.

Information about pupils with allergies will be shared with relevant staff on a need-to-know basis to ensure pupils are appropriately supported and protected. This may include teaching staff, support staff, first aiders, catering staff, educational visit leaders and other adults responsible for the supervision of pupils.

The school will:

- Maintain an up-to-date register of pupils with allergies and those prescribed adrenaline auto-injectors (AAIs).
- Ensure Allergy Action Plans and Individual Healthcare Plans (IHPs) are accessible to staff who require them.
- Inform relevant staff promptly of any changes to a pupil's allergy, medication or treatment plan.
- Ensure supply staff, temporary staff, agency staff and volunteers receive appropriate information about pupils with allergies and the location of emergency medication.
- Share information with catering providers, educational visit leaders and external activity providers where necessary to ensure appropriate risk controls are in place.
- Store medical information securely and process personal data in accordance with the school's Data Protection Policy and UK GDPR requirements.
- Respect pupils' confidentiality whilst ensuring sufficient information is shared to safeguard their health and wellbeing.

Parents and carers must notify the school promptly of any changes in their child's allergy diagnosis, medication, treatment plan or emergency contact details.

Inclusion and Safeguarding

Jarrow 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.

Any concerns regarding the management of a pupils' allergy including a perceived failure to follow agreed care plans and procedures will be reviewed by the designated safeguarding lead and logged appropriately on Bromcom.

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents/carers to view in advance on the school website at https://www.jarrowschool.com/site/index.php/information/school-meals. For detailed ingredients please visit www.southtyneside.gov.uk/schoolmeals or phone 0191 427 7000

When parents/carers inform the school of a food allergy, we will inform the School Cook (on-site) who will add a photograph and details to their pupil wall. The cook is updated annually at the start of the year.

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

- Bottles, other drinks and lunch boxes provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents/carers should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers/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 lessons and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

Bullying
By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents/carers must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, 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.

School Trips
Staff leading school trips will ensure they carry all relevant emergency supplies pupils with medical conditions, including allergies. Pupils without 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/carers with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The event 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/carers 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.

Allergy Awareness and Allergen bans
Jarrow School supports the approach advocated by Beat Anaphylaxis and Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy.

They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Risk Assessment

Jarrow School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. An example of this can be found in Appendix 1.

Review

Any incidents where a child suffers an allergic reaction or anaphylaxis, or a 'near miss' (e.g. exposure to an allergen with no reaction) should be reviewed by the school. This may involve a staff and/or parent/carer debrief to review what happened and identify ways to reduce the risk of future incidents. Any significant findings should be reviewed by the Head Teacher and all incidents and outcomes should be logged in the students' Bromcom records.

Following any allergic reaction, anaphylaxis incident, use of an adrenaline auto-injector (AAI), medication error, missing medication, accidental exposure to a known allergen, or near miss, the school will undertake a formal review.

The review will consider:

- The circumstances leading to the incident.
- Whether existing control measures, risk assessments and Individual Healthcare Plans (IHPs) were followed.
- Whether emergency procedures were effective.
- Any lessons learned and actions required to reduce future risk.

Where appropriate, the review will involve:

- The pupil and their parents/carers.
- Relevant staff members.
- The Named Senior Leader responsible for allergy safety.
- Healthcare professionals where advice is required.

Following the review, the school will:

- Update risk assessments, IHPs and Allergy Action Plans where necessary.
- Share relevant learning points with staff.
- Record actions taken and monitor their completion.
- Report significant incidents and trends to governors as part of the school's monitoring arrangements.

Useful Links

Beat Anaphylaxis - https://www.beatanaphylaxis.co.uk/resources/schools-and-early-years/

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

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/

KittMedical - https://kittmedical.com/for-schools

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

Spare Pens in Schools - http://www.sparepensinschools.uk

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

- Resources for managing allergies at school - https://www.allergyuk.org/information-and-support/at-school/

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Policy Links

This policy works alongside other school policies and procedures

- Complaints and compliments policy
- Equality opportunities policy
- Health and safety policy
- Safeguarding children and child protection policy
- SEND information report and policy
- Managing medical needs of pupils policy
- Anti-bullying policy

Appendix 1

Jarrow School Anaphylaxis Risk Assessment

Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
Setting/School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):

I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:

Signatures:

Setting Manager/Head teacher: Date

Parents/Carers Date

Child/Young Person Date

What is this child/young person allergic to?

Allergen exposure risks to be considered Ingestion ☐ Direct contact ☐ Indirect contact ☐

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES ☐ NO ☐

Is the child prescribed adrenaline auto-injectors (AAIs)? YES ☐ NO ☐

Summary of current medical evidence seen as part of the risk assessment (copies attached)

Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?

If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes ☐ No ☐ If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes ☐ No ☐ If No state reason:
Does the child have two of their own prescribed Adrenaline-Auto Injectors (AAIs)?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
Outcome of Risk Assessment **New Allergy Action Plan/Individual Healthcare Plan required? YES ☐ NO ☐** **Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES ☐ NO ☐**

Further information and Guidance

- https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- https://www.allergyuk.org/living-with-an-allergy/at-school/
- https://www.anaphylaxis.org.uk/
- https://www.anaphylaxis.org.uk/wp-content/uploads/2023/01/School-Allergy-Protocol-Checklist-v.5.docx
- https://www.anaphylaxis.org.uk/wp-content/uploads/2023/02/School-Template-Allergy-Letter-for-schools.docx
- https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Appendix 2

FIRST AID FOR ANAPHYLAXIS

Allergy School

Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

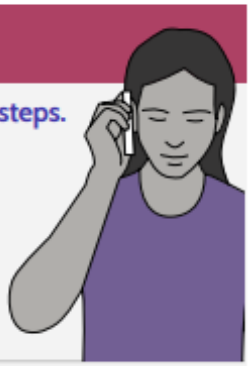
If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

Appendix 3

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

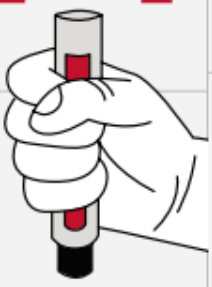
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**

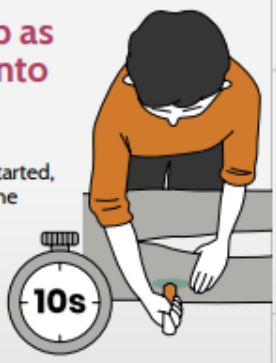
2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**



3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

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Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

Appendix 4

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

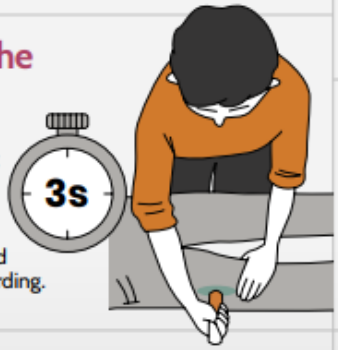
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen

Appendix 5
Information on allergies
The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- Cereals containing Gluten
- Crustaceans
- Fish
- Milk
- Peanuts
- Sesame Seeds
- Lupin
- Celery
- Eggs
- Soya
- Nuts
- Mustard
- Sulphur dioxide/Sulphites
- Molluscs

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms
Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children

Appendix 6

Natasha Allergy Research Foundation
Allergy School
Top 14 Allergens
Celery
Cereals containing gluten
Crustaceans
Eggs
Fish
Lupin
Milk
Molluscs
Mustard
Peanuts
Sesame Seeds
Soya
Sulphur Dioxide
Tree Nuts
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Approved by Governors:

Date of next review:
October 2027

This policy will be reviewed annually or sooner if national guidance changes or following an incident occurring where appropriate.