Rickleton Primary School

Allergy Policy

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Approved by Governors: **October 2026**

To be reviewed: **September 2027**

Named allergy lead: Alan Baker (Deputy Head teacher)

Contents:

1. Policy statement
2. Legal and guidance framework
3. Scope
4. Roles and responsibilities
5. Identification, registration and information sharing
6. Individual Healthcare Plans and Allergy Action Plans
7. Staff allergy awareness and emergency response training
8. Minimising exposure to allergens
9. Food, packed lunches and catering
10. Prescribed adrenaline devices
11. Spare adrenaline devices
12. Emergency response to anaphylaxis
13. Mild to moderate allergic reactions
14. Trips, visits, PE and extracurricular activities
15. Inclusion, wellbeing and bullying
16. Visitors, staff and volunteers
17. Communication and publication
18. Monitoring, review and quality assurance
19. Roles and responsibilities

Appendix 1 – First Aid for Anaphylaxis poster

Appendix 2 – Epipen AAI and Jext AAI Instructions

Appendix 3 – Flowchart of Action for MILD reaction

Appendix 4 – Flowchart of Action for SEVERE reaction

Appendix 5 – Allergy Information Poster

Appendix 6 – Top 14 Allergens Poster

Food allergies are increasing in both developed and developing countries, especially in children and the severity and complexity of food allergy is also increasing. Food allergy can be fatal and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide. Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic pupil. These young people are at risk of anaphylaxis, a potentially life threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively. Schools have a legal duty to support pupils with medical conditions, including allergy.

1. Policy statement

Rickleton Primary School is committed to providing a safe, inclusive and supportive environment for every pupil, including children and young people living with allergy. Our approach reflects our school values: Respectful, Proud and Safe.

Our school is clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Allergy can be life-threatening. Anaphylaxis is a medical emergency and can develop rapidly. The school will take reasonable and proportionate steps to minimise exposure to known allergens, ensure pupils with allergy can participate fully in school life, and ensure staff are prepared to recognise and respond to an allergic reaction.

This policy is separate from the school's wider 'Managing Medications Policy'. It should be read alongside the Managing Medications Policy, first aid arrangements, safeguarding arrangements, educational visits policy, food policy and relevant risk assessments.

2. Legal and guidance framework

This policy has been developed with regard to the following legislation and guidance, as applicable to Rickleton Primary School:

Children and Families Act 2014, section 100, as amended by the Children's Wellbeing and Schools Act 2026, section 34.

Department for Education, Allergy safety in schools: statutory guidance (July 2026).

Department for Education, School food standards: allergy guide (September 2026).

Supporting pupils with medical conditions at school statutory guidance, alongside the allergy-specific guidance.

Equality Act 2010, including duties relating to disabled pupils and reasonable adjustments.

Health and Safety at Work etc. Act 1974 and the school's general duty of care.

Food Information Regulations 2014 and associated allergen information requirements for food businesses and school caterers.

Early Years Foundation Stage statutory framework where relevant.

Where this policy refers to statutory guidance, the school will have regard to it and will record a clear and justifiable reason for any material departure from the guidance.

3. Scope

This policy applies across the whole school day and to activities organised by or on behalf of the school, including breakfast provision, the school day, clubs, wraparound care, PE, sports fixtures, trips, residential visits, visitors and special events.

Allergy may include food allergy, allergy to insect stings, medicine allergy, latex or contact allergy, airborne allergy, allergic rhinitis, eczema and allergic asthma. Known triggers with the potential to cause significant harm will be identified and managed appropriately.

Food intolerance and coeliac disease are not the same as allergy and cannot cause anaphylaxis; however, the school will support pupils with these conditions through its wider medical conditions and dietary arrangements.

4. Roles and responsibilities

Governors will approve the policy, ensure it is reviewed at least annually, monitor its implementation and ensure suitable resources are available.

The Headteacher will ensure that the policy is implemented, that a named senior leader is responsible for allergy safety, and that staff receive appropriate training.

The Allergy Lead will coordinate the allergy register, Individual Healthcare Plans, Allergy Action Plans, risk assessments, staff awareness, emergency medication checks, incident reporting and policy review.

All staff working with pupils must complete the required allergy awareness and emergency response training, know how to access allergy information, follow relevant Individual Healthcare Plans and risk assessments, and act promptly in an emergency.

Parents/carers must provide accurate and up-to-date information about their child's allergy, supply prescribed medication as requested, provide updated Allergy Action Plans where issued, and inform school of changes in diagnosis, medication or treatment.

Pupils will be supported, at an age-appropriate level, to understand their allergy, recognise symptoms, know how to seek help and, where clinically appropriate, develop independence in carrying their medication.

5. Identification, registration and information sharing

The school will identify pupils with known allergy through admission information, parent/carer communication, healthcare information and ongoing review.

A central, controlled allergy record will be maintained. Staff who need the information to keep pupils safe will be able to access it promptly. Information will be shared on a need-to-know basis and in accordance with data protection requirements; data protection must not be used as a reason to withhold information where sharing is necessary to protect a pupil.

Information will include, where relevant: the allergen or trigger; symptoms; emergency medication; location of prescribed medication; the pupil's Allergy Action Plan; any relevant asthma plan; and arrangements for specific activities, meals, trips or clubs.

Relevant information will be communicated to temporary, supply, agency, peripatetic and other pupil-facing staff. Class and activity planning will take account of known allergy risks.

6. Individual Healthcare Plans and Allergy Action Plans

A pupil will have an Individual Healthcare Plan (IHP) where their allergy has a functional impact in school, presents a risk of harm, and requires arrangements additional to or different from those made generally.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it will be attached to the IHP and used to inform emergency arrangements.

IHPs will be developed in partnership with the pupil and parents/carers, taking account of relevant clinical advice. They will state what needs to be done, when, how and by whom, including in an emergency.

IHPs will be reviewed at least annually and sooner when there is a significant change in diagnosis, medication, circumstances or clinical advice.

7. Staff allergy awareness and emergency response training

All staff who are present when pupils are scheduled to be on site will receive allergy awareness and emergency response training at least annually. This includes permanent, temporary, supply, agency, peripatetic and regular volunteer staff, and catering and breakfast/after-school club staff where applicable.

Training will be included in induction arrangements for new staff and supply/cover staff. First aid training alone is not considered sufficient allergy training.

Training will cover: what allergy is; common allergic conditions; food allergy, coeliac disease and food intolerance; known triggers; symptoms; recognition of anaphylaxis; emergency response; locating and administering adrenaline devices; use of spare adrenaline devices; contacting 999 and parents/carers; wellbeing and inclusion; the school policy; checking allergy records and action plans; prevention of exposure; and reporting incidents and near misses.

Training records will be maintained by the school. The school will monitor completion and provide catch-up training where required.

8. Minimising exposure to allergens

The school will use a risk-based approach to reduce exposure to known allergens. We will not describe the school as completely “nut-free” or “allergen-free”, because such statements can create a false sense of security.

Controls may include: ingredient checking; communication with caterers; appropriate food labelling; avoiding cross-contamination; handwashing; suitable cleaning; controlled food activities; supervision at meal times; safe storage of food; management of food brought from home; and activity-specific risk assessments.

Where an activity uses a material that contains an allergen known to affect a pupil, the school will seek a safe alternative that enables the pupil to participate alongside peers wherever reasonably practicable.

Staff planning cooking, food technology, science, art, craft, music, animal-related activities and other practical activities will consider allergen exposure. Examples include play dough containing wheat flour, glues containing milk/wheat/soya, old food packaging containing allergen traces, and bird feed containing nuts or sesame.

Where a pupil has airborne or contact allergy, reasonable measures will be put in place to reduce exposure, based on the pupil’s IHP and risk assessment.

9. Food, packed lunches and catering

School catering will provide allergen information and work with parents/carers to agree safe meal arrangements. The school will engage with its caterer to understand how allergen information, food preparation and cross-contamination controls are managed. They will require a permission sheet from parents stating the condition and allergens and medical confirmation of these in order to be able to serve food to the child. If in doubt, a ‘safe’ meal may be provided until full information has been obtained.

Food businesses providing food to school must comply with applicable allergen information requirements. Menu substitutions must be checked so that the needs of pupils with allergy continue to be met.

Food and drink supplied for an individual pupil with food allergy should be clearly labelled with the pupil's name where appropriate.

Parents/carers will be given clear information about any school-specific controls on food brought into school. The school may restrict particular foods or activities where this is a proportionate control identified through risk assessment.

Where food is used in curriculum activities, staff will check ingredients and provide safe alternatives. Pupils with allergy will not be routinely excluded from food-related learning. If in doubt, they may contact the parent to agree arrangements are suitable to keep the child safe.

10. Prescribed adrenaline devices

Pupils prescribed adrenaline devices (AAIs) should have rapid access to them at all times, including during lessons, lunch, playground activities, PE, sports fields, trips and visits. Pupils with an AAI will be given an identifiable red school bag which they should be within reach of within one minute at all points during the school day. The child can be asked to carry this bag themselves if appropriate.



Where clinically appropriate, pupils at risk of anaphylaxis should have two prescribed adrenaline devices available, reflecting clinical advice that two doses may sometimes be required.

The school will maintain a record of prescribed adrenaline devices and Allergy Action Plans. Expiry dates will be checked regularly and arrangements made with parents/carers for replacement and for medication to go home when required.

11. Spare adrenaline devices

Rickleton Primary School will hold spare adrenaline devices on site for emergency use. Spare devices are emergency stock for use with any child, member of staff or visitor experiencing anaphylaxis; they are not a second set of devices prescribed to an individual pupil.

Spare devices in school are kept in the school office, in the cupboard under the sink which is accessible at all times. Spare AAIs are kept in a clearly labelled box stating the dose. As pupils in school can require different doses, school hold two AAIs at 150mgs and two AAIs at 300mcg. These are kept in two different boxes which are clearly labelled with the dose.

Spare devices will be stored at room temperature in accordance with manufacturer instructions, protected from extremes of heat and direct sunlight and not refrigerated. They will not be locked away in a way that delays emergency access.

The school will keep a written stock and expiry-date record and will replace used or expired devices promptly. Used devices will be disposed of safely in accordance with manufacturer and medicines/sharps disposal arrangements.

12. Emergency response to anaphylaxis

If anaphylaxis is suspected, staff must act immediately. If in doubt, treat as anaphylaxis.

This advice applies to all pupils and adults, not just those who have been diagnosed with anaphylaxis – any person can have their first anaphylactic reaction at any time and staff should be able to identify and treat these symptoms, using the school AAIs if necessary.

Give adrenaline immediately using the person's prescribed adrenaline device if available. If it is unavailable, inaccessible or has misfired, use the school's spare adrenaline device.

Call 999 and state that the person is experiencing anaphylaxis and that adrenaline has been given.

Follow the individual's Allergy Action Plan where available and follow instructions from the emergency services.

Stay with the person and monitor them continuously. A second adrenaline dose may be required if symptoms do not improve or worsen, in line with the individual plan and emergency guidance.

Contact the parent/carer or emergency contact as soon as practicable without delaying emergency treatment.

Ensure the person receives emergency medical assessment. Do not send a pupil home instead of obtaining emergency medical care after anaphylaxis.

Record the incident and complete the school's serious incident / near-miss process where applicable. Review arrangements and identify lessons learned.

Following an incident or near miss, the school will investigate what happened, consider contributing factors, review relevant risk assessments/IHPs and identify lessons to prevent recurrence.

Where appropriate, concerns will be shared with healthcare professionals, the caterer, the local authority, the HSE or other relevant bodies in accordance with the circumstances and reporting requirements.

Adrenaline must not be replaced by an antihistamine or asthma reliever when the person is experiencing anaphylaxis.

13. Mild to moderate allergic reactions

Symptoms may include swollen lips/face/eyes, an itchy or tingling mouth, mild throat tightness, hives or an itchy rash, abdominal pain, vomiting or a sudden change in behaviour.

Follow the pupil's Allergy Action Plan where one exists. Administer prescribed/authorised medication in accordance with the plan and school medicines procedures.

Do not leave a pupil who is having an allergic reaction unattended. The pupil should be observed in a safe place for at least 60 minutes because an initially mild reaction can worsen.

If Airway/Breathing/Circulation symptoms develop, treat as anaphylaxis and follow the emergency procedure above.

14. Trips, visits, PE and extracurricular activities

All trips, visits, residentials, sports fixtures and off-site activities will consider allergy risks before the activity takes place.

Risk assessments will identify relevant allergens, supervision arrangements, medication, staff training, emergency contacts, food arrangements, transport and access to emergency services.

Prescribed adrenaline devices and any required spare device will accompany pupils on trips and visits. Staff will know who is carrying the medication and how to access it quickly.

Pupils with allergy will not be excluded from educational visits or activities solely because they have an allergy. Reasonable adjustments and safe alternatives will be used where necessary.

15. Inclusion, wellbeing and bullying

The school recognises that living with allergy can affect confidence and wellbeing. Staff will provide reassurance, promote age-appropriate independence and avoid unnecessary stigma or segregation.

Allergy-related bullying is unacceptable. This includes deliberately exposing a pupil to an allergen, threatening to force-feed an allergen, using allergens to frighten or exclude a pupil, mocking medication, or making fun of a pupil's dietary requirements.

Concerns about allergy-related bullying will be addressed through the school's behaviour and anti-bullying procedures and recorded where appropriate.

16. Visitors, staff and volunteers

Staff and regular volunteers with known allergy will be supported through appropriate risk assessment and reasonable arrangements.

Visitors with known significant allergy should be able to access appropriate emergency support. Spare adrenaline devices may be used for any individual experiencing anaphylaxis where the circumstances meet the emergency criteria.

Contractors without a pupil-facing role are not ordinarily within the scope of the annual allergy awareness training requirement, but relevant site and emergency arrangements will be communicated where necessary.

17. Communication and publication

This policy will be made generally known within the school and to parents/carers. It will be brought to the attention of staff, pupils and parents at least annually and following significant changes.

The current policy will be published on the school website and made available in paper form on request.

Parents/carers will be encouraged to tell the school promptly about new diagnoses, changes in allergy, new medication, changes to Allergy Action Plans and significant reactions occurring outside school.

Rickleton Primary School's allergy arrangements will be communicated to relevant staff, caterers and regular activity providers.

18. Monitoring, review and quality assurance

The named senior leader / Allergy Lead will monitor implementation throughout the year.

At least annually, the governing body / appropriate authority will review the policy and make changes considered appropriate. Earlier review will take place after a serious incident, significant near miss, change in legislation or guidance, or a significant change to the school's provision.

Evidence of implementation will include the current policy, allergy register, IHPs, Allergy Action Plans, staff training records, spare-adrenaline stock and expiry checks, relevant risk assessments, incident/near-miss records and evidence of annual communication.

19. Roles and Responsibilities

Governors

• Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures

• Delegate the day-to-day responsibility for the effective delivery of this Policy to the Headteacher/Principal

• Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective

• Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.

• Ensure adequate resources for managing allergies are available

• Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with allergies

• Monitor the effectiveness of this Policy to ensure it remains fit for purpose

Headteacher

• Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition

• Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding

• Ensure the curriculum contains age-appropriate content so all pupils/students can learn about allergies and how everyone can support those who have them

• Create links at strategic level with Healthcare professionals and Catering providers and ensure at operational level that links are robust

• Ensure that up-to-date allergy information for pupils/students is accessible to catering teams.

• Ensure there is a workable School Emergency Plan in place that is known by all staff

• Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil/student joining in year

• Where the pupil/student has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil/ student in establishing IHPs.

• Encourage parents/carers to provide Allergy Action Plans (AAPs) completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil/student.

• Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.

• Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises

• Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures

• Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or offsite extra curricular activities for pupils/students who have allergies

• Ensure records of pupils/students medically prescribed an AAI and its use are kept correctly

• Ensure pupil/student documentation and in date medication is kept correctly and safely

• Ensure best practice in the labelling of foodstuffs and their contents

• Report to the Board of Governors/Trustees regarding the management of allergies within the school

Member(s) of Staff responsible for medical needs

• Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context

• Report to the Head regarding pupils/student with allergies

• Lead on the training of staff regarding allergy medical needs and their identification and management

• Work closely with in-house and sub-contracted Catering Managers and Chef Managers in assisting in the support of pupils/students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements

• Monitor where there is a school 'tuck shop' or home baked items are brought into school

• Liaise with parents/carers of pupils/students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.

• Wherever possible use an AAP for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.

• If an additional written IHP is not required, ensure that the AAP is viewed and treated with the same level of seriousness.

• Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.

• Where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, liaise with GP/school nursing team, to obtain an up to date copy and/ or clarification.

• Ensure medication is stored in a rigid box and clearly labelled with the pupils/student's name and a photograph (older students should carry their AAIs and medication with them).

• Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil/student's IHP and/or AAP

• Ensure that any other staff involved with those pupils/students requiring the use of an AAI are also adequately trained and competent

• Ensure all school trips, excursions or off-site extra curricula activities for pupils/students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies

• Ensure the school has an audited spare supply of in date AAIs that are kept in a safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location

• Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils/students or external sources and are of the correct dosage

• Arrange for the correct disposal of out-of-date AAIs

• Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate

• Record all emergency uses of AAIs or reports of suspected emergencies

• Ensure that, if a pupil/student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).

All Staff

• Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context

• Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency

• Raise awareness about allergies and anaphylaxis amongst their pupils/students in the classroom and around school, especially in dining areas

• Encourage self-responsibility and learned avoidance strategies amongst pupils/students living with allergies

• Help all pupils/students understand which foods are safe for those with allergies and how they can support other pupils/students with specific dietary needs to stay safe

• Highlight the need for anti-bullying of pupils/students with the condition

• Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes

• Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food

• Any staff leading on a school trip must check that all pupils/students with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion)

• Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

Parents/Carers

• Notify the school of the pupil/student's allergies.

• Inform the school of any changes as soon as known

• Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.

• Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the pupil/student

• Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.

• Provide any other written medical documentation, instructions and medications as directed by a health professional.

• If you require it, meet with the Catering/Chef Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering/Chef Manager)

• Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis

• Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction

• Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates

• Providing appropriate foods to be consumed by the child if necessary

• Replace medications after use or upon expiry

• Review the Policy and procedures with the school's Head/Principal and/or Member of Staff responsible for medical needs, the pupil/student's doctor and the pupil (if age appropriate) after a reaction has occurred

Pupil/Students with allergies (as age appropriate)

• Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe

• Be proactive in the care and management of their food allergies and reactions and medication

• Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction

• Read food labelling but, if unsure, avoid the food

• Avoid eating anything with unknown ingredients.

• Know where their medication is kept at all times.

• As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

Appendix 1:

FIRST AID FOR ANAPHYLAXIS

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.

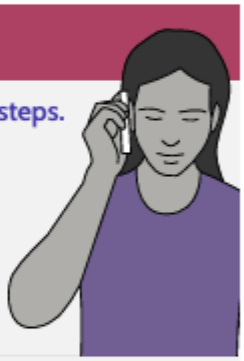
1. Administer an Adrenaline Auto Injector (AAI) without delay

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 2a:

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!**

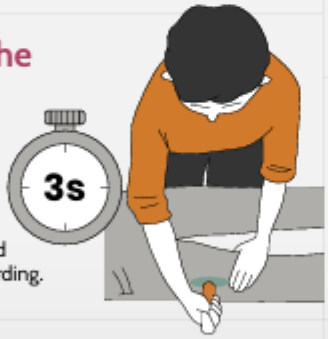


2. Position the orange tip

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 (SCO51610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

Appendix 2b:

ANAPHYLAXIS

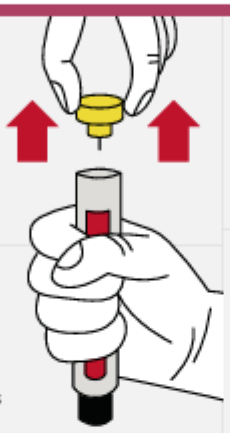
HOW TO USE JEXT AAIS

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 3:

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed

Mild Reaction
- Itchy skin, rash, hives
- Swelling of lips, throat
- Sneezing, nasal congestion
- Water, red eyes

Give Antihistamine Dose
- Check correct dose as on pharmacy label

Contact Parent / Carer
- Notify them that their child has had an allergic reaction
- **Supervise child continually**

- If child vomits within 30 minutes of being ghiven first antihistamine dose

Administer another full dose

Regular dosing of antihistamine for 24 hours
- Dosage as directed on pharmacy label

If condition worsens move to **Severe Reaction**

Severe Reaction
- Hives (asthma or eczema worsen)
- Swollen tongue or difficulty swallowing
- Hoarse voice, coughing or wheezing
- Laboured breathing, gasping
- Stomach pain, bloating, vomiting
- Change in skin tone/colour - paler
- Feeling faint, clammy
- Dizziness, fainting, collapse

Where Airway / Breathing difficulty
ensure child sits upright

Where Feeling faint or drowsy,
lie down with legs raised

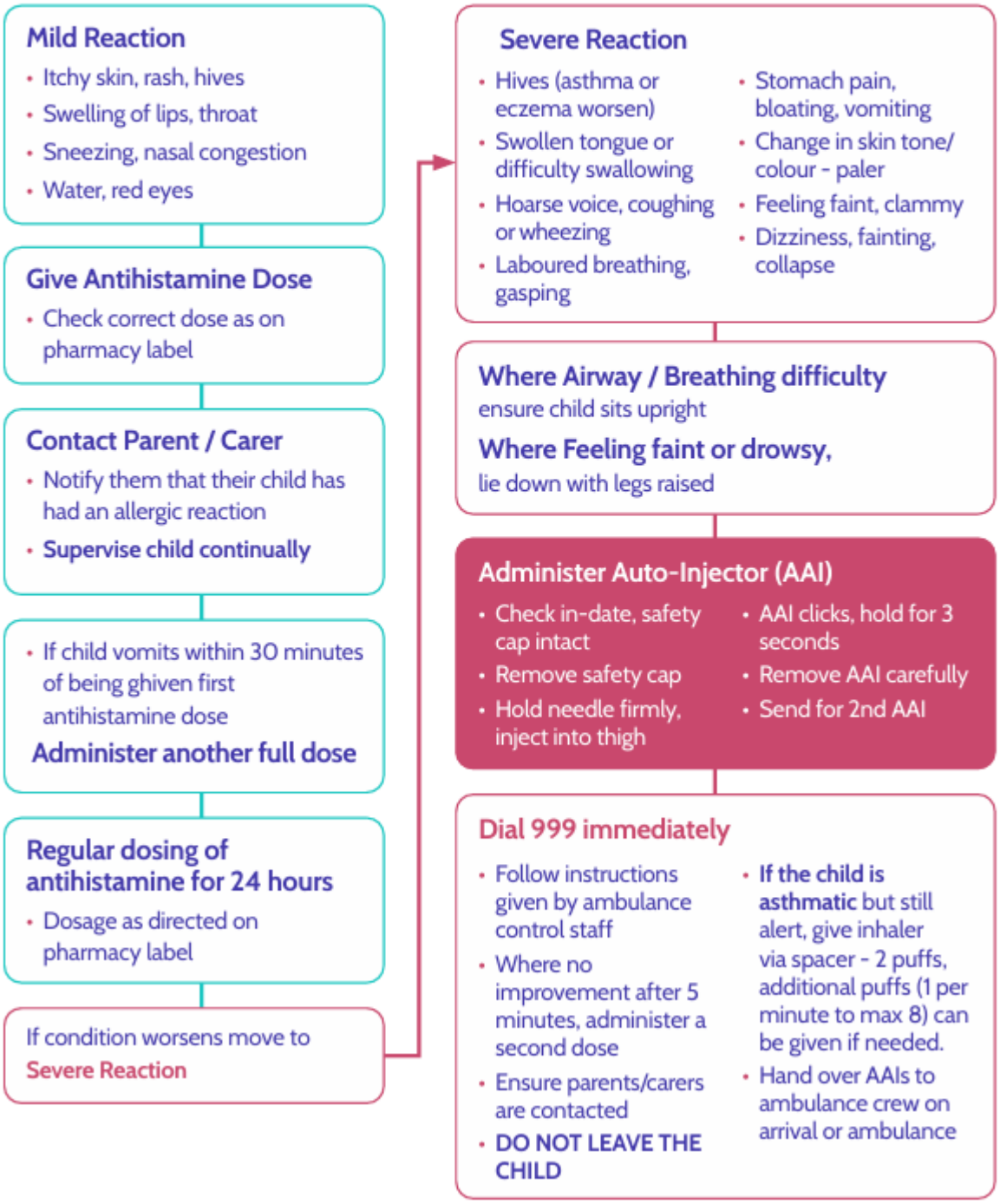
Dial 999 immediately
- Follow instructions given by ambulance control staff
- Inform ambulance control if you have spare in-date Adrenaline Auto-Injectors at the School
- Ensure parents/carers are contacted
- **DO NOT LEAVE THE CHILD**
- **If the child is asthmatic** but still alert, give inhaler via spacer - 2 puffs, additional puffs (1 per minute to max 8) can be given if needed.

Appendix 4:

Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix 5:

Information on allergies

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

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


Allergy School
Top 14 Allergens
Celery
Cereals containing gluten
Crustaceans
Eggs
Fish
Milk
Molluscs
Peanuts
Sesame Seeds
Soya
Sulphur Dioxide
Tree Nuts
Natasha Allergy Research Foundation
The UK's Food Allergy Charity
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