Amplify (Operational)

Allergy Policy

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Author (Role Title): Head of Estates
Approved By: Risk & Audit Committee
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Dated Adopted:
Review Date:

As part of the review process, this policy/procedure has been subject to an Equality Impact Assessment

Date	Page	Change	Purpose of Change

Contents

Values, Principles and Standards

Amplify is **a bold voice for Bristol** - speaking with ambition and channelling the city's spirit into a shared journey of belief, opportunity and citizenship.
We **build belief** in every young person, shaping a future where every voice matters, every story is heard, and every learner moves forward with confidence.
We **expand opportunities** and nurture potential to enrich each learner's journey with a passport of inclusive, academic, creative and musical experiences.
We **strengthen citizenship** through connecting communities, educating to build unity and pride. This is Bristol, represented.

Aims

The trust is committed to promoting a whole trust approach to health care, welfare and wellbeing and the safe management of those members of our school communities who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- Minimise the risk of exposure within school settings
- Encourage self-responsibility
- Learn avoidance strategies
- Have robust plans for an affective response to possible emergencies
- Ensure inclusivity for all pupils

Equalities statement

The trust is clear about the need to actively support pupils with medical conditions to participate in school life.

Schools 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 health care professionals will be consulted.

Principles

Schools have a legal duty to support pupils with medical conditions, including allergy.

We will:

- Comply with all relevant environmental legislation, regulations and requirements
- Encourage proactive steps to keep pupils safe
- Ensure pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling
- Work with catering providers to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school
- Provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take
- Develop a pupil awareness programme through PHSE and other curriculum areas.

Forms of Allergy

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Common allergic conditions include:

- **Hay Fever (Allergic Rhinitis):** triggered by allergens that can be carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose and itchy or watery eyes.
- **Skin allergies** (eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex, and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed (i.e. occur many hours after contact).
- **Food allergy** which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (i.e. allergic reactions with affect the **A**irway / **B**reathing / **C**irculation (**ABC**)).
- **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite or pollen. On average, there are two children with asthma in every classroom in the UK.

Less common allergic conditions in children include allergy to **insect stings** (e.g. bee, wasp) and **medicines.**

Most allergic reactions do not affect the Airway/Breathing/Circulation (ABC) and can be treated with a non-drowsy oral antihistamine (typically over the counter for those aged over 6 years) or local treatments such as nasal sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

Legislation and Guidance

This policy is based on the Department for Education (DFE's) guidance on:

- DfE Allergy guidance for schools
- DfE Support children and young people with medical conditions and allergy
- Dept. of Health - Guidance on the use of adrenaline auto-injectors in schools
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019
- Keeping children safe in Education
- Equality Act 2010

Links to Other Policies
Health & Safety Policy
First Aid Policy
Supporting Students with Medical Needs Policy
Educational Visits Policy
Safeguarding Policy
Behaviour Policy
School Food Policy

Responsibilities and accountabilities

In order to put our principles into practice we will:

Trustees / Governors:

- Ensure the trust 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 Headteachers

- 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's provide 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 parents/carers highlighting how the school is managing pupils 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
- Appoint a nominated School Allergy Lead
- Ensure the trusts Allergy Policy is communicated to all staff
- Ensure Supporting Students with Medical Needs procedures include guidance on allergies and are communicated to all staff
- Ensure detailed procedure are in place to manage pupils and staff with allergens
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding

School Allergy Lead

- Ensure the curriculum contains age-appropriate content so all pupils 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
- Promoting and maintaining allergy awareness across our school community
- Ensuring Allergy procedures are reviewed and kept up to date in line with changing need of pupil cohort
- Report to the board of governors / trustees regarding the management of allergies within the school

Head of Estates

- Promoting and maintaining allergy awareness across our school community

- Support Allergy Leads in ensuring systems are in place to enable accurate recording and collation of allergy and special dietary information
- Work with internal and external catering providers to ensure allergy and dietary requirements are in place

Business Managers

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding
- Ensuring there are processes, procedures and nominated staff to ensure the effective record keeping, risk managing and communication of student allergies
- Report to the School Allergy Lead / Business Manager regarding pupils with allergies
- Ensure that up-to-date allergy information for pupils 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 joining in year
- 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
- 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
- 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 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 off-site extra curricula activities for pupils who have allergies
- Work closely with in-house and sub-contracted Catering teams in assisting in the support of pupils with known allergies (including meeting with parents/carers where required) to discuss any special requirements
- Ensure best practice in the labelling of foodstuffs and their contents

Medical Needs Lead / First Aid Lead

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Ensure records of pupils medically prescribed an AAI and its use are kept correctly
- Recording and collating allergy and special dietary information for all relevant pupils in conjunction with staff responsible for student record
- Ensure pupil documentation and in date medication is kept correctly and safely
- Lead on the training of staff regarding allergy medical needs and their identification and management
- Monitor where there is a school event where home baked items are brought into school
- Liaise with parents/carers of pupils with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions
- Where the pupil has an individual healthcare plan (IHP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil in establishing IHPs
- 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 pupil'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's IHP and/or AAP
- Ensure that any other staff involved with those pupils requiring the use of an AAI are also adequately trained and competent
- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by pupils 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 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

All teaching and Support Staff are responsible for:

- Promoting and maintaining allergy awareness among students and staff
- Maintaining awareness of our Allergy Policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies and that risk assessments are read and understood
- Carefully considering the use of food or other potential allergens in lessons and activity planning ensuring any food-related activities are supervised whilst following best practice for storing, preparing, cooking and serving food
- Ensuring they do not bring high-risk products into school
- Raise awareness about allergies and anaphylaxis amongst their pupils
- Ensuring the wellbeing and inclusion of pupils with allergies
- Encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies
- Staff leading a school trip must check that all pupils with medical conditions including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend) and all relevant emergency supplies are taken.

Parents / Carers

- Be aware of the Allergy Policy
- Notify the school of the child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Inform the school of any changes as soon as known
- Talk with their 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
- Provide their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc, and make sure these are replaced in a timely manner
- 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
- Follow the school's guidance on food brought in to be shared
- Review the policy and procedures with the school after a reaction has occurred

Pupils and staff with Allergies (as age appropriate)

- Where possible, being aware of their allergens and the risks they pose
- Where possible, understanding how and when to use their AAI
- If age-appropriate and cognitively appropriate, carry their AAI on their person and only use it for its intended purpose
- Avoid eating anything with unknown ingredients
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult

Pupils and staff without allergies

These members of our community are responsible for:

- Where possible and age-appropriate, be aware of allergens and the risk they pose to their peers

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to always carry their own two AAIs on them (in a suitable container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safety, not locked away and **accessible to all staff**.
Medication should be stored in a suitable container and clearly labelled with the pupil's name.

The pupil's medication storage container should contain:

- Two AAIs i.e EpiPen or Jext
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon (if required)
- Asthma inhaler (if included on allergy action plan)

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the schools Medical Needs Lead or Lead First Aider (delete as appropriate) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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 clinical waste contractor / specialist collection service / local authority (delete as appropriate).

Spare AAIs
Schools can legally purchase and store spare Adrenaline Auto-injectors (AAIs) for children at risk of anaphylaxis. Immediate access to an AAI can be life-saving. While it is vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

Guide to how many AAIs (and which doses) should be available:

School type	**AAI for children under 6 years of age** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAI for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
Nursery	Two "spare" devices	n/a
Primary	Two "spare" devices	Two "spare" devices
Secondary	n/a	Two to four "spare" devices

Catering

All food business (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 to view termly in advance with all ingredients listed and allergens highlighted. Menus are to be available on the school website.

The business manager will inform the caterers of pupils with food allergies. Where appropriate arrangements will be made for parents and caterers to discuss the pupils needs.

Schools will adhere to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents 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 / tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager
- The pupil should be taught to 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 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 crafts, cooking classes, science experiments 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.

Allergy awareness and nut bans

The trust supports the approach advocated by many allergy charities towards nut bans / nut free schools however the trust recognises that no school could guarantee a truly allergen free environment for all children living with food allergy. As such our schools will adopt a culture of allergy awareness and education.

Risk Assessment

Schools will conduct a detailed risk assessment as part of a Health Care plan for any pupil or member of staff at risk of anaphylaxis. The following will need to be considered:

- Lesson such as food technology
- Science experiments involving foods
- Food brought in from home, school food orders, cognitive ability of pupils, sharing of food, airborne allergies etc.
- Pupils carrying their own AAI
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or foods, such as animal handling experiences or baking
- After school clubs
-

A risk assessment for any pupil or member of staff at risk of an allergic reaction will also be carried out where a visitor requires an assistance animal.

Managing Risk

Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own water bottles

Catering
The catering provider are required to provide safe food options meet the dietary needs of pupils and staff with allergies.

- Catering staff will undertake appropriate training and are able to identify pupils with allergies
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, the catering provider will make sure these continue to meet any special dietary needs of pupils and staff
- Food allergen information relating to the "top 14" allergens is clearly displayed in all catering environments and on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff will follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Catering providers will ensure students with high risk allergies are not served food stuffs that pose risk to identified individuals
- The catering provider will have the list of high risk allergy students with pictures to ensure they are able to keep them safe in line with the allergy risks, irrespective of staffing rotations and absences

Food restrictions
We acknowledge that it is impractical to enforce allergen-free schools. However, we will encourage pupils and staff to avoid certain high-risk foods to reduce the changes of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If these foods are brought into schools, we may ask the individual to eat them away from others to minimise the risk, or the food may be confiscated.

Insect bites / stings
When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- Those who have known allergies to bites and stings should have a risk assessment understood and implemented by supervising members of staff
- Access to emergency medication should be readily available to trained members of supervising staff

Animals

- All pupils and staff will always wash their hands after interacting with animals to avoid putting others with allergies at risk through contact
- Those who have known allergies to animals should have a risk assessment understood and implement by supervising members of staff
- Access to emergency medication should be readily available to trained members of supervising staff

Support for mental health

Pupils and staff with allergies will have additional support through:

- Pastoral care / Supervision
- Regular check-ins with school medical leads or first aiders

Events and school trips

- Pupils and staff with allergies will not be excluded from taking part in events, including ones that take place outside of the school, and school trips.
- The school will plan accordingly for all events and school trips, and arrange for staff members involved to be aware of pupil's allergies and to have received adequate training
- Those who have known allergies should have a risk assessment understood and implement by supervising members of staff
- Appropriate measures will be taken in line with the schools AAI protocols for of-site events and school trips

Procedures for handling an allergic reaction

Register of pupils with AAIs

Schools will maintain a register of pupils and staff who have been prescribed AAI's or where a medical professional has provided a written plan recommending AAI's to be use din the event of anaphylaxis. The register will include:

- Known allergens and risk factors for anaphylaxis
- Type and dose of prescribed AAI
- Parental consent has been given for the use of a spare AAI which may be different to the personal AAI prescribed
- A photograph of each pupil to allow a visual check to be made

For those students and staff with high risk factors associated with allergies, the individual emergency medicine administration plan will be kept with the emergency medication to ensure it can be checked quickly by any member of staff as part of initiating an emergency response.

Allergic reaction procedures

All schools will have procedures in place to manage allergic reactions. The procedures will follow the DfE Allergy guidance for schools and DfE Supporting child and young people with medical conditions and allergy guidance.

Adrenaline auto-injectors (AAI's)

Schools will have written procedures that will include

- Spare AAI's purchasing requirements
- Storage requirements of both spare and prescribed AAI's
- Process to check that AAI's are present and in date
- Disposal
- Use of AAI's off school premises
- Emergency anaphylaxis kit
- Incident reporting and recording

Training

The trust is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions and associated conditions e.g. asthma
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where AAI's are kept and how to access them
- How to administer emergency treatment (including AAIs)
- The wellbeing and inclusion implications of allergies

Allergies and bullying

By law, all 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 each school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Under Section 100 of the children and Families Act 2014, schools must 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.

Appendix 1 – First Aid for Anaphylaxis poster

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

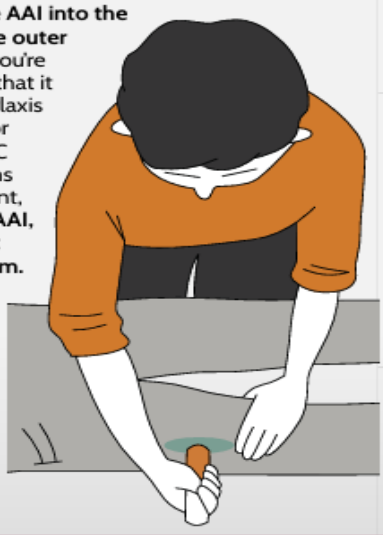
An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

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

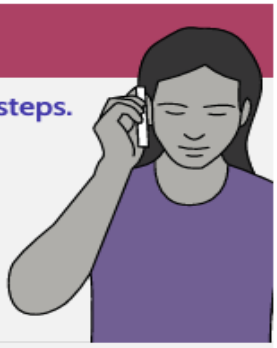
1. Administer an Adrenaline Auto Injector (AAI) without delay

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

Amplify Education

Appendix II – EpiPen AAI and Jext AAI Instructions

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

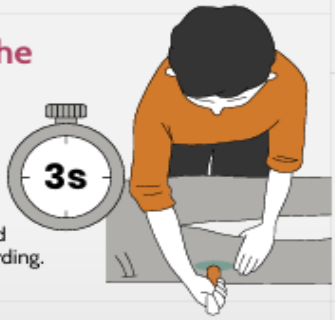
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

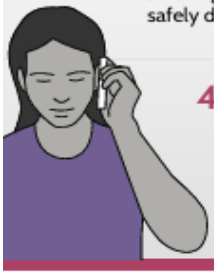
2. Position the orange tip

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.

Amplify Education

ANAPHYLAXIS

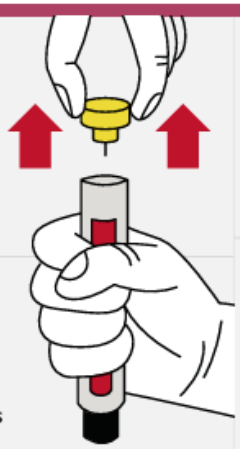
HOW TO USE JEXT AAIS

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 >>

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: Jext.

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.
Refer to the child's 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
- Watery, 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 30 minutes of being given 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) if needed

Appendix IV

Flowchart for Allergic reaction with use of Adrenaline Auto-Injector

Refer to the child's 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
- Watery, 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

- If child vomits 30 minutes of being given 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

Administer Auto-Injector (AAI)
- Check in-date, safety cap intact
- Remove safety cap
- Hold needle firmly, inject into thigh
- AAI clicks, hold for 3 seconds
- Remove AAI carefull
- Send for 2nd AAI

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) if needed

Appendix V

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 a 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)


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