



Cupernham
Junior School

ALLERGY POLICY

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Policy Amendments:	
Full Governing Body Approval:	SEPTEMBER 2026
Review Date:	SEPTEMBER 2027

This policy was updated in September 2026 and has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty.

The contents reflect best practice guidance and take into account areas of concern highlighted in Prevention of Future Deaths Reports relating to the tragic deaths of children in recent years from serious allergic reactions whilst at school. This policy also draws on the work of the wider allergy sector including the excellent template provided by the **British Society for Allergy & Clinical Immunology (BSACI)**, whose resources are an invaluable asset for schools and parents.

To find out more about Allergy School and The Natasha Allergy Research Foundation, or to contact us with feedback, please visit AllergySchool.org.uk

The Natasha Allergy Research Foundation is registered as a Charity: England & Wales No:1181098 and Scotland No: SC051610.
Registered address 85 Great Portland Street, 1st Floor, London, W1W 7LT UK.

DISTRIBUTED TO	
All Staff	September 2026
Parents (via website)	September 2026
Governors	September 2026
Aspens Catering Company	September 2026

KEY STAFF	
Safeguarding Team (DSL and DDSLs)	Mr Frost (DSL), Mrs Pearce (DDSL), Mrs Francis (DDSL), Miss Kershaw (DDSL) and Mrs Reilly (DDSL)
Medical Lead	Mrs Townsend (SBM)
Catering Company	Aspens
Lead Governor for Allergy Safety	Mrs Jane Morris

STATEMENT OF INTENT

At Cupernham Junior School, we are committed to providing a safe, inclusive, and supportive environment for all pupils, staff, visitors, and members of the wider school community who have allergies. We recognise that allergies can have a significant impact on health, wellbeing, attendance, and participation in education.

This policy sets out the measures the school will take to minimise the risk of exposure to allergens, ensure effective emergency responses, and support the physical and emotional wellbeing of individuals with allergies.

This policy complies with the requirements of Section 34 of the Children's Wellbeing and Schools Act 2026 and should be read and used alongside the school's

- Supporting Pupils with Medical Conditions Policy,
- First Aid Policy,
- Health and Safety Policy,
- Educational Visits Policy,
- Safeguarding Policy, Positive Relationships and Behaviour Policy, and Anti-Bullying Policies, and
- Data Protection Policy.

By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

EQUALITIES STATEMENT

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.

ROLES & RESPONSIBILITIES

HEADTEACHER

The headteacher has overall responsibility for implementing this policy and ensuring that appropriate systems are in place to safeguard pupils with allergies.

NAMED SENIOR LEADER FOR ALLERGY SAFETY

The designated Allergy Safety Lead is:

Name: Mrs Sarah Townsend

Role: School Business Manager

The Allergy Safety Lead will:

- Oversee the implementation of this policy.
- Maintain oversight of allergy records and Individual Healthcare Plans (IHPs).
- Ensure staff training is completed and recorded.
- Monitor allergy-related incidents and near misses.
- Lead annual reviews of the policy.
- Liaise with parents, healthcare professionals, and external agencies where required.
- Ensure that risks relating to pupils with allergy are included on the setting's relevant risk registers.

STAFF

All staff are responsible for:

- Following this policy and associated procedures.
- Attending annual allergy awareness and emergency response training.
- Familiarising themselves with pupils' allergy needs and care plans where relevant.
- Responding appropriately in an emergency.
- Reporting allergy incidents and near misses.

PARENTS AND CARERS

Parents and carers are responsible for:

- Informing the school of any diagnosed allergy.
- Providing up-to-date medical information and prescribed medication, clearly labelled.
- Supplying Allergy and /or Asthma Action Plans where applicable.
- Ensuring prescribed medication remains in date.
- Informing the school of any changes in medical circumstances.

PUPILS

Where age and understanding permit, pupils are encouraged to:

- Take an active role in managing their allergies.
- Inform staff if they feel unwell or believe they have been exposed to an allergen.
- Carry prescribed medication where agreed and appropriate.
- Avoid sharing food.

DEFINITIONS

Allergy is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens and airborne allergens.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways, it is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or ingredients that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long term health problems if not avoided. Common food intolerances include lactose and gluten. Coeliac disease is a lifelong autoimmune condition to gluten, found in rye, barley, oats and wheat.

CREATING AN ALLERGY-AWARE CULTURE

ALLERGY AWARENESS TRAINING

All school staff present during times when pupils are on site will receive annual allergy awareness and emergency response training.

This includes, but is not limited to:

- teaching staff
- learning support assistants
- administrative staff
- catering staff
- site/facilities managers
- breakfast and after-school club staff

- agency and supply staff
- regular volunteers
- peripatetic staff

Cupernham Junior School staff will have their training provided by the school; staff employed by wider organisations will have their training provided by their employer.

Annual allergy awareness and emergency response training will be delivered by a suitably qualified provider such as approved online training providers, or other competent healthcare professionals. Practical training in the use of prescribed and spare adrenaline auto-injectors will form part of annual refresher training; trainer devices of Jext are used as part of our training.

The Allergy Safety Lead will ensure that annual training has been completed for all staff not employed directly by the school who work regularly with pupils.

New staff will receive allergy awareness and emergency response training as part of their induction, in line with other safeguarding training requirements.

Supply staff and temporary workers will be provided with information regarding pupils with severe allergies and emergency procedures before commencing duties.

Staff will also be informed where allergy information, Individual Healthcare Plans (IHPs), Allergy Action Plans, Asthma Action Plans and emergency procedures are stored and how these can be accessed quickly during normal school activities and emergency situations.

Annual training will cover, and ensure staff understand:

- What allergies are and the risks they present.
- The relationship between food allergy, asthma, eczema, hay fever, and other allergic conditions.
- The difference between food allergy, food intolerance, and coeliac disease.
- Known allergens within the school environment and where information on allergy triggers can be found.
- Symptoms of allergic reactions.
- The signs and symptoms of anaphylaxis.
- How to respond in an emergency:
 - How to contact emergency services and inform parents.
 - How to locate and administer adrenaline auto-injectors (ADs/AAls).

- How to locate and administer emergency asthma medication where required.
- How to access Allergy Action Plans and Individual Healthcare Plans.
- Their role in reducing allergen exposure.
- Procedures for reporting incidents and near misses.

Training records will be maintained by the Allergy Safety Lead.

PRINCIPLES

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupil/students safe.
- To ensure pupils/students from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the catering provider/team 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.
- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.
- To develop a pupil awareness programme through PHSE and other curriculum areas.

ALLERGY MANAGEMENT CHECKLIST

- Does the child have an Individual Healthcare Plan?
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan? [Action Plan](#)
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Does the allergy policy cover catering for children with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

SUPPORTING WELLBEING

The school recognises that living with allergies can contribute to anxiety and emotional distress.

Cupernham Junior School will:

- Foster an inclusive and supportive environment.
- Promote pupil confidence and independence in managing allergies.
- Support pupils who are able to self-manage their allergy with supervision as appropriate.
- Ensure pupils with allergies can participate fully in school life.
- Provide appropriate pastoral support where needed.
- Work closely with parents and carers to address concerns.
- Promote understanding of allergies through age-appropriate education.

BULLYING AND DISCRIMINATION

Bullying, teasing, intimidation, or exclusion relating to a pupil's allergy or medical condition will not be tolerated.

Any incidents will be managed in accordance with the school's Positive Relationships and Behaviour Policy, and Anti-Bullying Policy.

MINIMISING RISK

Cupernham Junior School will take reasonable measures to reduce the likelihood of exposure to known allergens.

Measures include:

- Maintaining accurate allergy records.
- Informing relevant staff of allergy risks.
- Considering allergy risks during lesson planning and special events.
- Promoting good hygiene practices, including handwashing.
- Cleaning eating areas appropriately, and in line with guidance.
- Conducting individual risk assessments where necessary.

CURRICULUM ACTIVITIES

Staff planning activities involving food, animals, science experiments, art materials, cooking ingredients or other potential allergens will consider allergy risks beforehand, for example the use of cereal packets in junk modelling.

Suitable alternatives and reasonable adjustments will be provided where appropriate to ensure pupils are not excluded.

AIRBORNE AND CONTACT ALLERGENS

Cupernham Junior School recognises that not all allergies are food related. Where a pupil has a known allergy to airborne or contact allergens, such as pollen, animal dander, dust mites, latex, fragrances, chemicals or other environmental allergens, the school will implement reasonable measures to minimise exposure.

These measures will consider:

- Adjustments to classroom seating arrangements.
- Restrictions on the use of specific products or materials.
- Enhanced cleaning arrangements.
- Consideration of allergens during curriculum activities.
- Additional supervision or risk management measures where necessary.

Any specific arrangements required will be recorded within the pupil's Individual Healthcare Plan and supported by individual risk assessments where appropriate.

FOOD ALLERGY MANAGEMENT

The school will work closely with catering providers where used, and families to manage food allergy risks.

Cupernham Junior School will:

- Seek accurate allergen information from catering providers.
- Ensure pupils and families can access relevant allergen information.
- Encourage pupils not to share food or drinks.
- Communicate clearly regarding food-related school events.
- Assess risks associated with food brought into school.
- Employ at least two methods of identifying pupils with a known allergy at mealtimes, for example photographs displayed in staff-only areas and adult verification procedures.

School leaders will undertake suitable risk assessments and management arrangements for food brought onto the premises by pupils, staff, visitors and parents. Particular consideration will be given to celebrations, fundraising events, food technology lessons, cultural events, educational visits and any activity involving the preparation or sharing of food.

The school cannot guarantee an allergen-free environment but will take reasonable steps to minimise risk.

RISK ASSESSMENT

The school, with parents, will conduct a detailed individual risk assessment for all new joining pupils with allergies and any newly diagnosed pupils, to help identify any gaps in our systems and processes for keeping allergic children safe.

[Whole School Allergy Management Risk Assessment](#)

[Allergy Management Risk Assessment for Individual Students](#)

IDENTIFICATION AND RECORD KEEPING

Cupernham Junior School will maintain an up-to-date register of pupils with known allergies and, where voluntarily disclosed and necessary to support health and safety arrangements, records of staff and regular visitors with severe allergies.

Information regarding allergies will be collected:

- During admission processes
- Through annual medical information updates issued to all parents at the start of each academic year.
- Through Individual Healthcare Plan reviews.

Following notification from parents or healthcare professionals of any change in a pupil's medical condition.

Records will include:

- Pupils with allergies and the severity of reactions.
- Their known allergens.
- Prescribed medications and the location of their medication.
- Individual Healthcare Plans.
- Allergy Action Plans.
- Asthma Action Plans where relevant.
- Emergency contacts.

Information will be obtained from:

- Parents and carers.
- Healthcare professionals.
- Previous educational settings.
- Admission documentation.

All records will be reviewed at least annually by the Allergy Safety Lead and updated whenever circumstances change. The allergy register, associated Allergy Action Plans, Asthma Action Plans and Individual Healthcare Plans will be formally reviewed with parents and carers at least annually and whenever there is a significant change in medical advice, diagnosis or treatment.

INDIVIDUAL HEALTHCARE PLANS (IHPs)

An Individual Healthcare Plan will be developed for pupils where:

- Their allergy has a functional impact within the school environment.
- They are at risk of harm because of their allergy and they require arrangements that are additional to or different from those provided generally.

IHPs will set out:

- The pupil's allergy and known triggers.
- Symptoms requiring action.
- Preventative measures.
- Medication arrangements, including storage.
- Any reasonable adjustments required.
- Emergency procedures.
- Staff responsibilities.
- Educational visits arrangements.
- How the pupil's wellbeing will be supported, including how they will be supported to participate fully in school life.

Where provided, Allergy Action Plans and Asthma Action Plans will be attached to or referenced within the IHP.

Plans will be reviewed at least annually and following any significant reaction, or following changes to treatment or diagnosis.

PRESCRIBED ADRENALINE DEVICES (ADs) OR AUTO-INJECTORS (AAIs)

Pupils prescribed ADs/AAIs will have rapid access to their medication at all times. The school will ensure that pupils prescribed adrenaline devices are never more than five minutes from access to those devices during the school day, on educational visits and during extracurricular activities.

This includes enabling rapid access:

- In classrooms.
- During break and lunch periods.
- On sports fields.
- During educational visits.
- During extracurricular activities.

Medication storage locations will be known to all relevant staff and clearly identified. The ADs/AAIs for individual children will be located in their classrooms (away from access by other children); spare injectors are kept in the medical room and a further Kitt Medical box (containing further spare AAIs) is located immediately outside the medical room – see Spare Adrenaline Auto-Injectors.

The school will maintain records of:

- Pupils prescribed ADs/AAIs.
- The location of devices.
- Expiry dates.
- Relevant Action Plans.

Parents remain responsible for ensuring prescribed devices are supplied and replaced before expiry. Parents are encouraged to sign up for expiry date reminders on the device manufacturer website.

Where pupils routinely take prescribed ADs/AAIs between home and school, parents and carers remain responsible for ensuring the devices accompany the pupil each day and remain in date. Pupils are encouraged to keep their devices in their school bag, ensuring they have access to them when travelling to or from school.

The school will undertake termly checks of recorded expiry dates and notify parents and carers when replacement medication is required.

SPARE ADRENALINE AUTO-INJECTORS

The school will order ADs/AAls and emergency asthma inhalers from a registered pharmaceutical supplier.

Cupernham Junior School will maintain a Kitt Medical box (containing spare ADs/AAls), located immediately outside the medical room and clearly labelled. Access to the Kitt Medical box is to be done by adults only and will require either access to a key (which is kept in the office) or by breaking an emergency box, placed next to the Kitt Medical box, which also holds a key.

STORAGE

Spare ADs/AAls will:

- Be clearly labelled as emergency stock, with their strengths easily visible
- Be stored in pairs.
- Be easily accessible.
- Never be locked away.
- Be stored at room temperature, away from extremes of heat and direct sunlight.
- Be located so that emergency medication can reach a pupil within five minutes.

The school will organise the storage of prescribed and spare adrenaline devices so that no pupil at risk of anaphylaxis is more than five minutes from access to adrenaline at any point during the school day. Where required, additional emergency kits will be located in strategic areas of the school site to support this requirement.

MONITORING

The school will maintain a listed record of all devices and their location, and

- Check expiry dates termly.
- Replace expired devices promptly.
- Replace devices promptly following use.
- Dispose of used devices safely in accordance with medical waste requirements.

Spare emergency kits will include:

- Spare AAls.
- Emergency asthma reliever inhaler.
- Spacers to support inhaler intake.
- Instructions for use.

‘Spare’ Asthma Inhalers

- Emergency asthma inhalers will only be given to pupils who have been prescribed an inhaler when their own inhaler is not available and where written parental and carer consent has been obtained to do so.

EDUCATIONAL VISITS AND OFF-SITE ACTIVITIES

Children with allergies will be fully included in educational visits.

Risk assessments will be undertaken ahead of a planned trip and include consideration of:

- Itinerary and venue risks.
- Known allergens.
- Food arrangements.
- Access to emergency medication.
- Staff trained in emergency response.
- Emergency medical services available at the destination.
- Availability of a mobile phone signal.
- Contingency arrangements in the event of allergen exposure.

All staff and supporting adults on the trip will be briefed about the known allergen risks of pupils.

Pupils at risk of anaphylaxis will have access to their prescribed AD/AAI throughout the visit, by holding it themselves or it being held by a designated member of staff, identified in the risk assessment.

RESPONDING TO ALLERGIC REACTIONS

In the event of an allergic reaction:

1. A member of staff will assess the situation immediately and remain with the pupil.
2. If there is an Action Plan in place, the emergency procedures outlined within it will be followed.
3. Adrenaline will be administered without delay where anaphylaxis is suspected.
4. Emergency services will be called.
5. Parents or carers will be informed as soon as possible.
6. The incident will be recorded and reviewed.

Where there is any doubt, staff will treat a suspected anaphylactic reaction as a medical emergency, including where a pupil with no known allergy presents with symptoms consistent with anaphylaxis.

- Staff will immediately call 999.
- A trained member of staff may administer a spare AD/AAI where permitted and clinically indicated.
- Parents and carers will be informed immediately.
- The incident will be investigated and appropriate medical follow-up encouraged.

REPORTING SERIOUS INCIDENTS AND NEAR MISSES

In the event of an allergic reaction:

All allergy-related incidents and near misses will be reported on the same day and, wherever possible, within two hours of the incident.

The report will include:

- Date and time.
- Individuals involved.
- Circumstances of exposure.
- Actions taken.
- Outcomes.
- Lessons learned.
- Parents will be informed.
- Risk assessments and procedures will be updated as necessary.

The Allergy Safety Lead will review incidents to identify improvements and reduce future risks, at least on a termly basis. Trends arising from incidents and near misses will be analysed and reported to senior leaders and governors as appropriate.

Lessons learned will be used to inform future policy reviews, staff training, risk assessments and wider allergy safety arrangements across the school.

Cupernham Junior School encourages parents and carers to report incidents occurring outside school that may be relevant to a pupil's safety within school.

INFORMATION SHARING AND CONFIDENTIALITY

The school will manage allergy information in accordance with UK GDPR and Data Protection legislation.

Information will only be shared on a need-to-know basis to protect a pupil's health and safety.

Relevant staff will have access to:

- Individual Healthcare Plans.
- Allergy Action Plans.
- Emergency procedures.

Information will be handled sensitively and respectfully at all times.

RAISING AWARENESS

This policy will be:

- Published on the school website.
- Available in hard copy on request.
- Included within staff induction processes.
- Referenced during annual allergy awareness training.

The school will promote age-appropriate allergy awareness amongst pupils and within its curriculum to help create a supportive and inclusive environment.

Where appropriate and agreed with parents and carers, peers may be taught how to seek help quickly if a pupil experiences an allergic reaction.

MONITORING AND REVIEW

This policy will be reviewed annually by the Allergy Safety Lead, Headteacher and Governing Body, or sooner following:

- A serious allergic reaction.
- An anaphylaxis incident.
- A significant near miss.
- Changes in legislation or statutory guidance.
- Changes to school arrangements.

APPENDIX 1 – USEFUL RESOURCES AND GUIDANCE

[Supporting pupils with medical conditions at school - GOV.UK](#)

[Allergy Safety in Schools statutory guidance](#)

[Government Allergy Safety Policy template](#)

[Individual Healthcare Plan for allergy template \(Gov.UK\)](#)

[Template to order adrenaline auto-injectors from a pharmaceutical supplier](#)

APPENDIX 2 – 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.

APPENDIX 3 – EPIPEN AAI AND JEXT AAI INSTRUCTIONS

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone has 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 >>



APPENDIX 3 – EPIPEN AAI AND JEXT AAI INSTRUCTIONS

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone has 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. 	5. Once the Jext AAI has been administered call 999 Ask for an ambulance and say "ana-fill-axis". 
2. Place the black injector tip against the outer thigh Hold the injector at a right angles (approx. 90°) to the thigh. 	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. 
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. 	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.
4. Massage the injection area for 10 seconds	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 >>





The UK's Food Allergy Charity

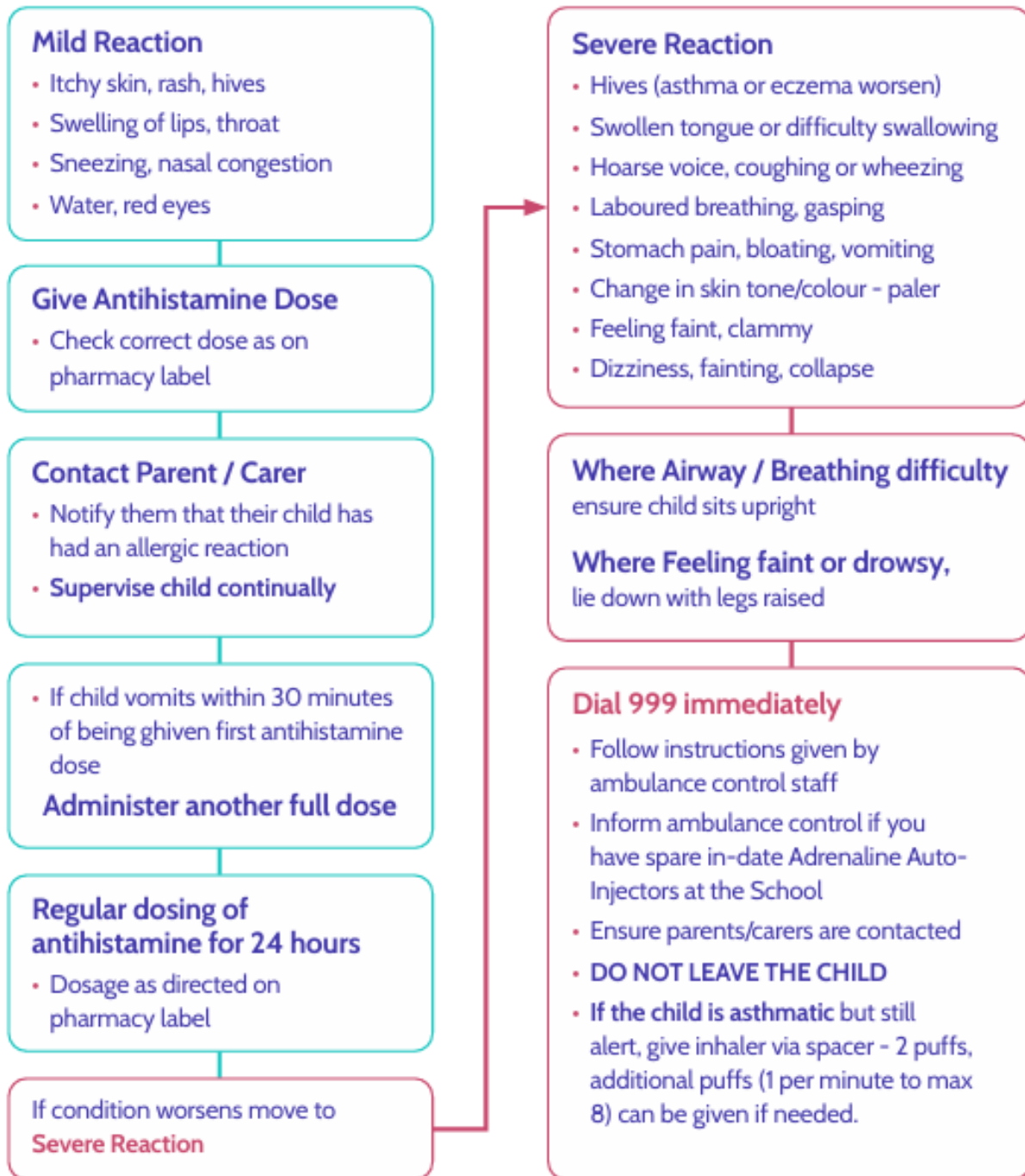
Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (181098) Scotland (SC05610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

APPENDIX 4 – FLOWCHART FOR ALLERGIC REACTION

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

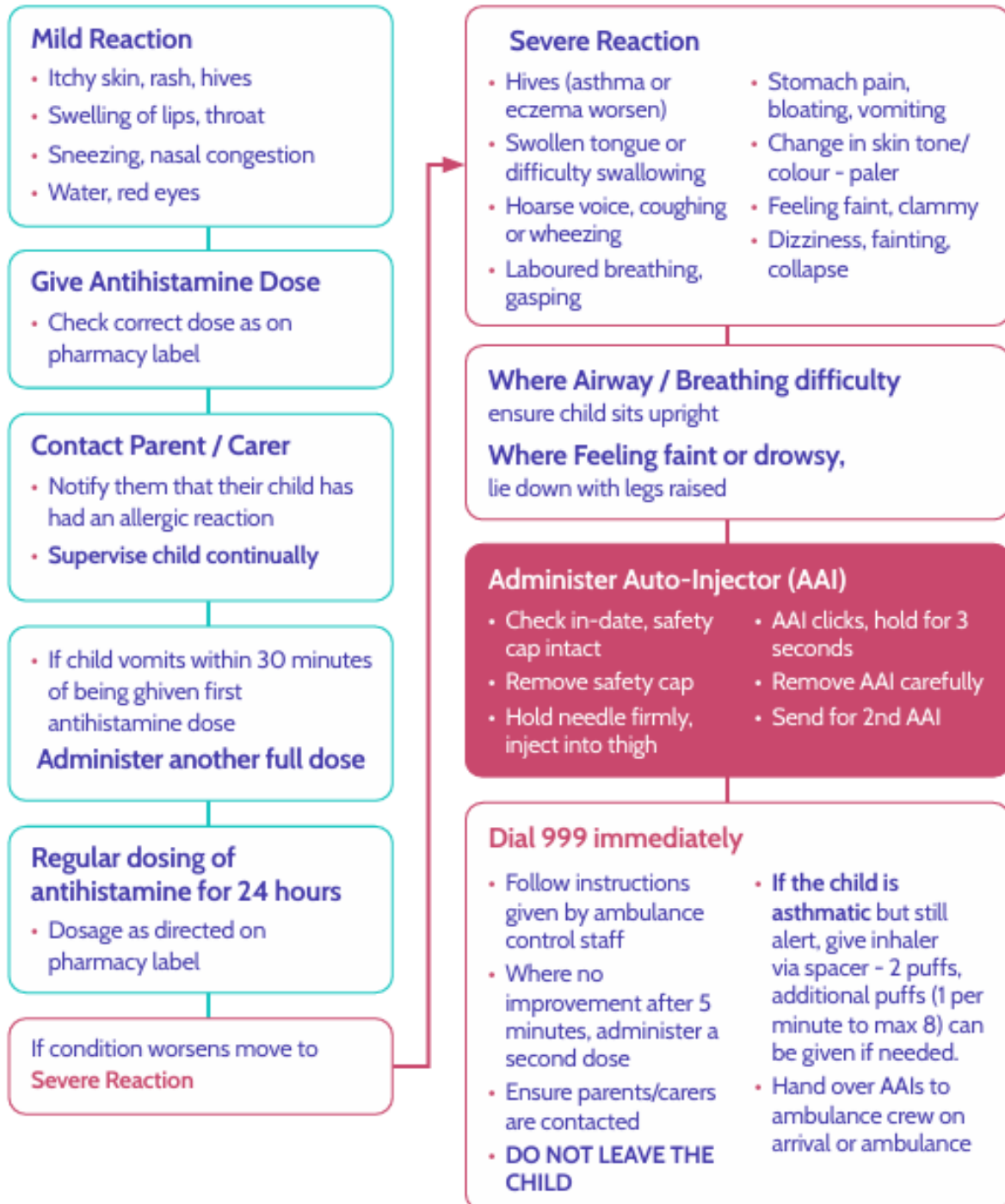
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



APPENDIX 4 – FLOWCHART FOR ALLERGIC REACTION

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 | • Nuts |
| • Celery | • Peanuts |
| • Crustaceans | • Mustard |
| • Eggs | • Sesame Seeds |
| • Fish | • Sulphur dioxide/Sulphites |
| • Soya | • Lupin |
| • Milk | • 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 – USEFUL RESOURCES AND GUIDANCE

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - [Statutory framework for the early years foundation stage \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
- Example menus for early years settings in England - Part 1 Guidance - [Example menus for early years settings in England: part 1 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - <https://allergytraining.food.gov.uk/>
- For pupils / students with Medical Conditions at School - [Supporting pupils with medical conditions at school - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/supporting-pupils-with-medical-conditions-at-school)
- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

APPENDIX 7 – TOP 14 ALLERGENS POSTER

