

Kilburn Infant & Nursery School

ALLERGY POLICY

Background

Kilburn Infant & Nursery School (KINS) is committed to providing a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. From September 2026 all schools must have a dedicated Allergy Policy.

'Benedict's Law' (<https://benedictblythe.com/benedicts-law>)

All schools in England must adhere to new mandatory, statutory guidance for managing allergies, implementing dedicated allergy policies, staff training, and stockpiling emergency adrenaline auto-injectors (AAIs). These legal duties follow 'Benedict's Law' to protect pupils and have clear emergency protocols.

Individual Care

Each child with a known allergy at KINS will have an *Allergy Action Plan*, written in liaison with parents/carers, health care professionals, Mrs Baillie (Headteacher) and Mrs Knight (Allergy Lead). The Action Plan will include, where appropriate, food management in dining halls, location of e.g. AAIs, classroom safety and risk assessments for off-site visits. Pupils with allergies will not be excluded from school activities.

Communication

KINS will ensure that all allergy information is known by all staff, including catering staff and that there is regular communication/liaison with parents/carers.

'Allergy-Aware Culture'

KINS will ensure that all pupils are educated about allergies and needs of/how to support other pupils to prevent bullying or negative language being used.

KINS Allergy Policy

KINS has adopted 'The Natasha Allergy Research Foundation' model policy which incorporates the 'British Society for Allergy & Clinical Immunology (BSACI)' policy information. Our policy includes posters for staff for First Aid for Anaphylaxis, How to Use EpiPens, a Flowchart for Allergic Reactions to follow and support resources information.

Responsibility for Allergies

Named Governor + Member of SLT:	Joanne Baillie – Headteacher + DSL
Allergy Lead:	Julie Knight – Business Manager

School First Aiders

Name:	Qualification:	From:	Expires:
Rachael Abberley - EYFS TA	Paediatric First Aid – 2 day	June 2024	Spring 2027
Claire Annable – EYFS TA	Paediatric First Aid – 2 day	June 2024	Spring 2027
Anna Hallsworth - MDS	Paediatric First Aid – 2 day	June 2024	Spring 2027
Donna Harrison – KS1 TA + MDS	Paediatric First Aid – 2 day	June 2024	Spring 2027
Julie Knight – Business Manager	Paediatric First Aid – 2 day	June 2024	Spring 2027
Gaynor Meakin – TA	Paediatric First Aid – 2 day	June 2024	Spring 2027
Jo Morrell – TA + Business Assistant	Paediatric First Aid – 2 day	June 2024	Spring 2027
Sharon Norton – EYFS HLTA	Paediatric First Aid – 2 day	June 2024	Spring 2027
Helen Parkin – EYFS TA	Paediatric First Aid – 2 day	June 2024	Spring 2027
Tracey Tiffney – KS1 TA + MDS	Paediatric First Aid – 2 day	June 2024	Spring 2027
Sally Wilsoncroft – KS1 TA + MDS	Paediatric First Aid – 2 day	June 2024	Spring 2027
Hannah Jesson EYFS Leader + Reception teacher	Paediatric First Aid – 2 day	November 2025	Autumn 2028
Sian Haselgrove Nursery teacher	Paediatric First Aid – 2 day	November 2025	Autumn 2028
Lauren Moss Reception TA	Paediatric First Aid – 2 day	November 2025	Autumn 2028

J. Baillie
Headteacher

Policy reviewed by Governors: **Summer 2026**

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Statement of Intent

This School is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community 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 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.

Context

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.

Principles

- To comply with all relevant environmental legislation, regulations and requirements.
- To encourage proactive steps to keep pupil/students safe.
- To ensure pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.
- To work with the Junior School kitchen 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?
- 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?

Practical steps (see also Appx I and Appx II)

In order to put these principles into practice we will:

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
- 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 that the school Allergy Policy is on the website for parents/carers to read
- 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 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 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
- 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.

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 there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information
- 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 curricula activities for pupils/students who have allergies
- Ensure records of pupils medically prescribed an AAI and its use are kept correctly
- Ensure pupil documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Safeguarding Governors Committee 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 Headteacher regarding pupils with allergies
- Lead on the training of staff regarding allergy medical needs and their identification and management
- Work closely with the Junior School kitchen in assisting in the support of pupils with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor 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.
- 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 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 AAls 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
- Ensure all school trips, excursions or off-site extra curricula activities for pupils 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 AAls 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 AAls 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 AAls
- 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 AAls 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

- 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 in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies
- Help all pupils understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe
- Highlight the need for anti-bullying of pupils 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'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
- 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 Junior School kitchen to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded)
- 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 Headteacher and/or the Allergy Lead

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 and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAls on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, 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 AAls 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 Allergy Lead will regularly check medication kept at school and send a reminder to parents if medication is approaching expiry.

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

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 can 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).

The sharps bin is kept in the following room: First Aid Room in main building

F

Spare AAIs

Schools can now 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's 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.

Catering

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

The school menu leaflet is available for parents to take a copy from the school main reception area.

The Business Manager (Allergy Lead) will inform the Junior kitchen of pupils with food allergies.

KINS has robust procedures in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs.

Parents/carers are encouraged to liaise with the Junior School kitchen to discuss their child's needs.

The school adheres 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.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice – if age appropriate.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fairs, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Allergy awareness and nut bans

The School supports the approach advocated by many allergy charities towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

Risk assessment

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

[Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template.](#)

Training

Allergy training should include a practical session (trainer AAIs are available to order through the manufacturer's website.) Training should include a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis - knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing Allergy Action Plans and ensuring these are up to date

Allergies and bullying

By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among pupils, and this is a policy decided by the school. All teachers, pupils and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education.

Other useful websites include:

- [NSPCC](#)
- [National Bullying Helpline](#)
- [Family Lives](#)
- [Kidscape](#)
- [Anti-Bullying Alliance](#)
- [Young Minds](#)

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways	B Breathing	C Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• 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.

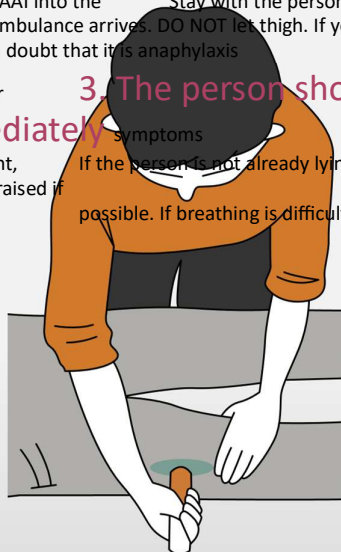
ANAPHYLAXIS: ACTIONS TO TAKE

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

1. Administer an Adrenaline Injector (AAI) ('ana-fill-axis')
2. Dial 999 and say Auto anaphylaxis without delay

Inject the AAI into the outer thigh. Stay with the person until the top of the outer thigh. If you're around. in doubt that it is anaphylaxis

3. The person should lie down immediately if symptoms are present, with legs raised if possible. If breathing is difficult, harm them.



more ABC down



If the person is not already lying down, give the AAI, they should do so, allow them to sit. If 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 II - 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.

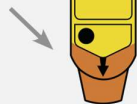
1. Remove the blue safety cap

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

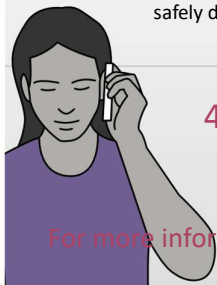
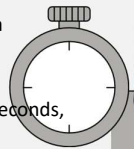
Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.



3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle.

Hold firmly for **3s** seconds, before removing and safely discarding.



4. Once the EpiPen AAI has been administered call 999

For more information

on EpiPen AAIs >>



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.

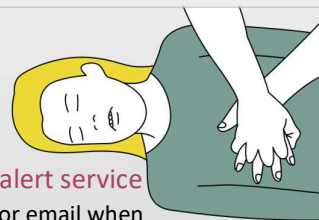


6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

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.



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



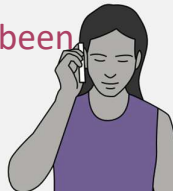
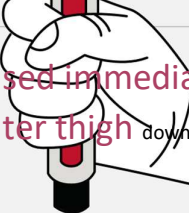
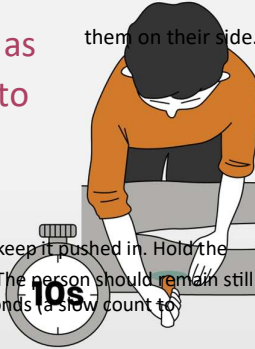
Empower • Include • Protect

Appendix II - 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 5. Once the Jext AAI has in the hand you been administered write with call 999 Hold with your thumb closest Ask for an ambulance and say to the yellow cap. Pull off the "ana-fill-axis". yellow cap with your other hand. 	
2. Place the black legs raised immediately injector tip against the outer thigh person is not already lying the outer thigh down, they should do so, with legs raised if possible. Hold the injector at a right angles (approx. 90°) to the thigh. 	6. Lie the person down with 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. The person should remain still and lying down against the thigh for 10 seconds (a slow count to 10) then remove. The black tip will extend automatically 	7. If there are no signs of improvement after 5 minutes, use a second Jext AAI until the ambulance arrives. 
4. Start CPR If there are no signs of life, immediately start CPR until help arrives.	8. Start CPR If there are no signs of life, immediately start CPR until help arrives.

10 seconds

For more information
on Jext AAIs >>



arrives.



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 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 AutoInjectors 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.

- Dosage as directed on pharmacy label

If condition worsens move to
Severe Reaction
 Severe Reaction

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

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 given first antihistamine dose Administer another full dose

Regular dosing of antihistamine for 24 hours

- Hives (asthma or worsen) bloating, vomiting
- Swollen tongue or difficulty swallowing colour - paler
- Hoarse voice, coughing
- Feeling faint, clammy or wheezing
- Dizziness, fainting, laboured breathing, collapse gasping

Where Airway / Breathing difficulty ensure child sits upright

Where Feeling faint or drowsy, lie down with legs raised

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-
-

Dial 999 immediately

- Follow instructions by ambulance control staff
- If the child is given asthmatic but still alert, give inhaler

- Where no improvement after 5 additional puffs (1 per minutes, administer a minute to max 8) can second dose be given if needed.

- Ensure parents/carers are contacted
- Hand over ambulance crew on arrival or ambulance arrival or ambulance
- DO NOT LEAVE THE CHILD

Appendix V

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:

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- 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 VI

Other support and resources

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-foodstandards-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/671412/early-years-foundation-stage-statutory-guidance-section-3-safeguarding-and-welfare-requirements-food-and-drink.pdf)
- Example menus for early years settings in England - Part I 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/671412/early-years-settings-in-england-part-1.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/uploads/system/uploads/attachment_data/file/671412/supporting-pupils-with-medical-conditions-at-school.pdf)

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learnerswith-healthcare-needs.pdf>

Scotland: <https://www.gov.scot/publications/supporting-children-young-peoplehealthcare-needs-schools/>

Northern Ireland: <https://www.education-ni.gov.uk/publications/supporting-pupilsmedication-needs>

- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launchesallergy-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

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-theuse-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf>

- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywisetraining/for-schools/>
- Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-seriousallergies/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 VII - Top 14 Allergens poster

