ZENITH
MULTI ACADEMY
TRUST

Allergy Safety Policy

for use by all staff and volunteers in:
All schools in the Trust (including Castledon's Satellite)
Central Team
Zenith Minds

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1. Aims

This policy outlines Castle View School's approach to allergy management, including how the whole-school community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if ones does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion, as well as demonstrating our commitment to being an allergy aware school. The scope extends beyond pupils with allergies. Around one in five children and young people with allergies have their first allergic reaction while in their school, college or early years setting. Anaphylaxis is a medical emergency which can be fatal. All staff in schools, colleges and early years settings must therefore be able to recognise anaphylaxis and understand how to treat it, including in an emergency.

This policy should be read alongside the Trust's Supporting Pupils with Medical Conditions Policy. Where matters relating to governance, equality, wellbeing, Individual Healthcare Plans, educational participation, emergency arrangements, incident reporting or staff training are addressed within that policy, those arrangements apply equally to pupils with allergies. This document supplements those arrangements by detailing the school's specific allergy safety procedures. A separate allergy safety policy has been implemented because of the specific risk posed by anaphylaxis (a serious allergic reaction which can be life threatening).

This policy sets out the school's operational arrangements for reducing the risk of allergic reactions, managing allergens and responding to allergy emergencies, including anaphylaxis. The school will ensure that relevant information is available to third-party providers, contractors and external organisations delivering services or activities on behalf of the school, so that they understand their responsibilities in relation to allergy safety.

The wider principles of inclusion, equality, participation, individualised support and partnership working are set out within the Trust Supporting Pupils with Medical Conditions Policy and apply equally to pupils with allergies.

Roles and responsibilities are outlined in Section 5 of this policy. The Trust ensures the Local Governing Body will implement this policy by:

- Making sure sufficient staff are suitably trained and competent/confident to support children with allergies
- Ensuring that relevant staff are aware of pupils' allergies and the support they require, while respecting confidentiality;
- Ensuring that appropriate cover arrangements are in place so that support is available whenever it is needed;
- Providing supply teachers and temporary staff with appropriate information about the policy and relevant pupils/students, where necessary;
- Developing, implementing and monitoring individual healthcare plans (IHPs) where required;
- Ensuring that there is discussion at Local Governing Body meetings and Trust meetings in line with LGB schedules and Trust meeting schedules.

The named person with responsibility for implementing this policy is the Headteacher, and in their absence the Deputy Headteacher.

2. What is an Allergy?

Allergy is a medical condition in which the body reacts to normally harmless substances such as food, insect stings, contact allergens and airborne allergens. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are most commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

3. Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

The most common causes of "whole body" reactions – including anaphylaxis – are:

- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps);
- foods.

Most severe allergic reactions to food are caused by just 9 foods. These are

- Eggs
- Milk
- Peanuts
- tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc)
- sesame
- fish
- shellfish
- soya
- wheat

There are 14 allergens required by UK law to be highlighted on pre-packed food. These allergens are:

- celery
- cereals containing gluten
- crustaceans
- egg
- fish
- lupin
- milk
- molluscs
- mustard
- peanuts
- tree nuts
- soya
- sulphites (or sulphur dioxide)
- sesame

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen and Jext Pen. For the purposes of this policy, we will refer to them as Adrenaline Pens.

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. Links to the BSACI Allergy Action Plan paediatric templates are in Appendix 2b of the Supporting Children with Medical Needs policy, which include versions for: people without a prescribed adrenaline pen, and people prescribed with different brands of adrenaline pen.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate those risks. Allergy should be included on all risk assessments for events on and off the school site.

4. Legislation and statutory responsibilities

This policy should be read alongside the Trust's **Supporting Pupils with Medical Conditions Policy**, which sets out the overarching arrangements for supporting children and young people with medical conditions, including allergies. This Allergy Safety Policy provides additional guidance relating specifically to the prevention and management of allergic reactions and anaphylaxis. Other related documents include:

- Section 100 of the Children and Families Act 2014, which places a duty on Governing Bodies to make arrangements for supporting pupils/students at their school with medical conditions;
- The Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school which provides guidance on obtaining, storing and administering spare adrenaline auto-injectors (AAIs) in educational settings;
- The Department for Education (DfE)'s statutory guidance on Allergy Safety, which provides guidance on obtaining, storing and administering spare adrenaline auto-injectors (AAIs) in educational settings, and supporting pupils with medical conditions at school. Our Trust Supporting Pupils with Medical Conditions Policy includes the IHP template.
- The Trust's funding agreement and articles of association.
- The relevant sections of the Early Years Foundation Stage (EYFS) Statutory Framework for group and school-based providers.

In addition, a wider range of statutory duties is relevant to the safe management of allergies, including:

- the duty of care under **section 3 of the Children Act 1989**, requiring those responsible for children to take reasonable steps to safeguard and promote their welfare;
- the duties under **sections 20 and 175 of the Education Act 2002** to safeguard and promote the welfare of pupils, together with the requirements of *Keeping Children Safe in Education* and, where applicable, the **Non-Maintained Special Schools (England) Regulations 2015** and the **Education (Independent School Standards) Regulations 2014**;
- the duty under **section 2 of the Health and Safety at Work etc. Act 1974** to take reasonable steps to protect employees and others from risks to their health and safety;
- the duties under the **Equality Act 2010** to prevent discrimination and make reasonable adjustments to enable pupils with disabilities, including those whose severe allergies meet the definition of disability, to participate fully in school life;
- the **Special Educational Needs and Disability (SEND) Code of Practice: 0 to 25 years**, where a pupil's allergy-related needs overlap with SEND arrangements;
- the **Health and Safety Executive (HSE) guidance on incident reporting in schools**, which informs the reporting and review of allergy-related serious incidents and near misses where applicable;
- the Food Information Regulations 2014 requires all food businesses, including school and college caterers, to show allergen ingredients information for the food they serve.

The school will ensure that its allergy safety arrangements reflect these statutory responsibilities and support pupils with allergies to participate safely, confidently and as fully as possible in all aspects of school life.

5. Roles and Responsibilities

Castle View School takes a whole-school approach to allergy management.

Responsibilities described within the Supporting Pupils with Medical Conditions Policy apply equally to allergy management. This policy sets out the additional duties specific to allergy safety.

5.1 The Trust Board/Local Governing Body

The Board of Trustees ensure that each school has an appointed Designated Allergy Lead, Designated Named Governor for Allergies, effective policies, procedures, and training. They have also appointed a Trustee allergy link.

Zenith Multi Academy Trust

Zenith Multi Academy Trust is the proprietor of Castle View School. The Trust has overall responsibility for safeguarding, including medical and allergy safety, and has delegated this responsibility to the school's Governing Body.

The Governing Body

The Governing Body for each Zenith school has a strategic leadership responsibility for their school's safeguarding and medical arrangements, including allergy safety, ensuring that the policies, procedures and training in their school are effective and comply with the law at all times. It ensures that all required policies relating to medical and allergy safety are in place, that the policies reflect statutory and local guidance, and that they are reviewed at least annually.

The Governing Body ensures there is a Designated Named Governor for Allergies. At Castle View School, the Designated Named Governor for Allergies is Natalie Osborne.

The Governing Body ensures there is a named Designated Allergy Lead on the Senior Leadership Team, and a school Medical Lead for operational implementation.

5.2 **Designated Allergy Lead**

The Designated Allergy Lead at Castle View School is Laura Mechem.

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils and staff with an allergy;
- Taking decisions on allergy management across the school;
- Championing and practising allergy awareness across the school;
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management;
- Ensuring allergy information is recorded, up-to-date and communicated to all staff [although they have ultimate responsibility, the collation of information may be delegated to another member of staff, for example the school nurse or administrator];
- Making sure all staff are appropriately trained, confident in emergency procedures, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment);
- Ensuring staff, pupils and parents have a good awareness of the school's Allergy and Anaphylaxis Policy, and other related procedures. [Consider obtaining and recording confirmation from staff that they have read and understood the policy];
- Reviewing the school's stock of spare adrenaline pens (check the school has an appropriate number for the setting, that they hold the correct dose, that spare adrenaline pens are stored appropriately) and ensuring staff know where they are;
- Keeping a record of any allergic reactions or near-misses, reporting these to the appropriate authority (e.g. under RIDDOR) where necessary and ensuring the circumstances are investigated and learnings shared;
- Regularly reviewing and updating the Allergy Safety Policy; and
- Keeping an adrenaline pen register to include adrenaline pens prescribed to pupils and the school's stock of spare adrenaline pens, including brand, dose and expiry date. The location of spare adrenaline pens should also be documented;
- Regularly checking spare adrenaline pens are where they should be, and that they are in date;
- Replacing the spare adrenaline pens when necessary;
- Ensuring there is Allergy Awareness and adrenaline pen training for staff and pupils and refresher training as required

The Designated Allergy Lead is also the Senior Leadership Team Link for medical. Their wider remit is covered in the Supporting Children with Medical Conditions policy

5.3 **School Medical Lead**

The school medical lead at Castle View School is Laura Mechem.

The School Medical Lead is responsible for the day-to-day operational administration of allergy support and will:

- collect information from the admissions team regarding pupils with diagnosed allergies and ensure this is acted upon promptly;
- liaise with pupils, parents/carers and relevant professionals to obtain and coordinate allergy documentation, including Allergy Action Plans and Individual Healthcare Plans (IHPs), where required;
- supporting the Designated Allergy Lead with disseminating this information to all school staff, including the catering team, occasional staff and those running extra-curricular clubs etc;
- ensure an up-to-date list of individuals with known allergies (including up to date photos and lists of their known allergens) is kept in places where food may be served or handled (including the canteen, and food technology, science, and art classrooms, where craft activities with old packaging/certain products may contain traces of allergens). Such lists should be kept in areas accessible to staff only.
- maintain accurate and up-to-date records relating to pupils' allergies and ensure that these are reviewed at least annually, or sooner where a pupil's needs change;
- ensure that appropriate parental consent is in place for the administration of medication, including the use of emergency medication where applicable;
- coordinate arrangements with families for the provision of prescribed medication and monitor systems to ensure that emergency medication held by the school is in date, appropriately stored and readily accessible; and
- promptly escalate any concerns relating to allergy management, documentation or medication availability to the Designated Allergy Lead.

5.4 **All Staff**

All school staff, including teaching staff, support staff, temporary staff, and those running breakfast and after-school clubs are responsible for:

- Championing and practising allergy awareness across the school;
- Reading, understanding and putting into practice the Allergy and Anaphylaxis Policy and related procedures, and asking for support if needed;
- Being aware of pupils (and staff, when necessary) with allergies and what they are allergic to;
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate;
- Ensuring pupils always have access to their medication or carrying it on their behalf [depending on the age of the pupils and the management of adrenaline pens in the school];
- Being able to recognise and respond to an allergic reaction, including anaphylaxis, after appropriate training;
- Taking part in training and anaphylaxis drills as required (at least once a year). Whilst it is the school's responsibility to ensure staff have received annual training, if the member of staff is aware they have not received any allergy training in the last 12 months they should alert a manager;
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times;
- Preventing and responding to allergy-related bullying, in line with the school's Anti-Bullying policy;
- Forwarding any communication or information that comes directly to them from parents regarding allergens to the School Medical Lead; and
- Ensuring that pupils have their medication and their Allergy Action Plan or Individual Health Care Plan with them when leaving school site, for a sporting fixture or trip.

5.5 **Admissions Team**

The admissions team is likely to be the first to learn of a pupil or visitor's allergy. They should work with the Designated Allergy Lead and school nursing team/medical lead to ensure that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school medical lead).

5.6 **Parents/Carers**

All parents and carers (whether their child has an allergy or not) are responsible for):

- Being aware of and understanding the school's Allergy and Anaphylaxis Policy and considering the safety and wellbeing of pupils with allergies;
- Providing the school medical lead (and other key members of staff e.g Year Team/ class teacher/ SENCo if the pupil has SEN, with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema;
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events;
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice; and
- Encouraging their child to be allergy aware.

Parents of children with allergies

In addition to the above, the parents and carers of children with allergies should:

- Work with the school to fill out an Individual Healthcare Plan and provide an accompanying Allergy/Asthma Action Plan;
- If applicable, provide the school or their child with two labelled adrenaline pens and any other medication, for example antihistamine (with a dispenser, ie. spoon or syringe), inhalers or creams;
- Ensure medication is in-date and replaced at the appropriate time;
- Ensure their child has access to their allergy medication, including two adrenaline pens if prescribed, on the journey to and from school;
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too;
- Provide the school with an up-to-date photograph of their child and sign the associated permission for it to be shared appropriately as part of their allergy management; and
- Support their child to understand their allergy diagnosis and to advocate for themselves and to take reasonable steps to reduce the risk of an allergic reaction occurring eg. not eating the food to which they are allergic.

5.7 **Pupils/students**

All pupils at the school should:

- Be allergy aware;
- Understand the risks allergens might pose to their peers and respect measures to support them;
- Learn how they can support their peers and be alert to allergy-related bullying;
- Older pupils will learn how to recognise an allergic reaction and support their peers and staff in case of an emergency; and

Pupils with allergies

Pupils will be involved, in a manner appropriate to their age, understanding and maturity, in discussions and decisions about the support they receive. Their views, wishes and feelings will be considered when developing, reviewing and implementing allergy arrangements and Individual Healthcare Plans.

In addition to point above for all pupils, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk [this will depend on age and capability];
- Avoiding their allergen as best as they can;
- Understanding the importance of following the school specific processes of lunch and snack services and how that mitigates risk;
- Understanding that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction;
- Carrying two adrenaline auto-injectors with them at all times, if age and capability appropriate. They must only use them for their intended purpose;
- Understanding how and when to use their adrenaline auto-injector;
- Talking to the Designated Allergy Lead or a member of staff if they are concerned by any school processes or systems related to their allergy;
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies;
- Pupils permitted to leave the school site during the school day should know what to do if they have an allergic reaction off school premises. This should include how to treat themselves and raise the alarm to get help; and
- If age and capability appropriate, ensuring they have their medication with them on the journey to and from school, and relevant off-site activities.

The school will support pupils to develop increasing independence and confidence in managing their allergy, in a manner appropriate to their age, understanding and maturity, while ensuring that appropriate adult support remains available.

5.8 Catering Company

Our schools use an external catering company. Section 9.1 considers food preparation and service, and specific measures are outlined in this section of the policy.

6. Equal opportunities

The school's approach to equality, inclusion and reasonable adjustments for pupils with allergies is set out within the Supporting Pupils with Medical Conditions Policy. This policy focuses on the practical arrangements necessary to manage allergy risks safely.

7. Information and Documentation

The school has a register of pupils who have a diagnosed allergy. This includes children who have a history of anaphylaxis or have been prescribed adrenaline pens, as well as pupils with an allergy where no adrenaline pens have been prescribed.

Pupils with allergies will have support arrangements determined in accordance with the Supporting Pupils with Medical Conditions Policy. Where required, these will be documented within an Individual Healthcare Plan, supported by an Allergy/Asthma Action Plan completed by an appropriate healthcare professional.

The information these documents includes:

- A photograph of each pupil;
- Known allergens and risk factors for allergic reactions;
- A history of their allergic reactions;
- Detail of the medication the pupil has been prescribed including dose, this should include adrenaline pens, antihistamine etc;
- A copy of parental consent to administer medication, including using emergency medication held by the school where this is permitted by law, in accordance with school policy, and judged necessary by

appropriately trained staff in order to preserve life or prevent serious deterioration in my child's condition, i.e. the use of spare adrenaline pens in case of suspected anaphylaxis;

Particular attention will be given to periods of transition, including entry to the school, movement between classes or key stages, changes in staffing arrangements and transition to another educational setting, to ensure continuity of support and the timely sharing of information.

Support arrangements will also be reviewed following changes in diagnosis, treatment, prescribed medication or clinical advice, or at least otherwise annually.

The school will not delay putting in place appropriate support arrangements where there is evidence that a pupil may be at risk of allergic reactions while awaiting formal diagnosis or specialist review. Interim measures will be considered on an individual basis in discussion with parents/carers and relevant healthcare professionals, taking account of the available evidence and the safety of the pupil.

Information relating to a pupil's allergy will be shared only with those who need it to fulfil their responsibilities for the pupil's safety and wellbeing, in accordance with data protection requirements.

8. Assessing Risk

Allergens can crop up in unexpected places. Staff (including temporary staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example craft using food packaging, science experiments where allergens are present, food lessons or cooking;
- Bringing animals into the school, for example a dog or hatching chick eggs can pose a risk;
- Running activities or clubs where they might hand out snacks or food "treats". Ensure safe food is provided or consider an alternative non-food treat for all pupils; and
- Planning special events, such as cultural days and celebrations.

Inclusion of pupils with allergies must be considered alongside safety and they should not be excluded. If necessary, schools will look to adapt the activity. The school will ensure compliance with the Equality Act 2010.

Schools, colleges and early years settings will need to consider what arrangements should be put in place to support children and young people with allergy. If the school, college or setting needs to put specific arrangements in place, they should be recorded through an Individual Healthcare Plan. In section 9, specific risk mitigations are outlined for allergies.

9. Arrangements to support pupils with allergies, and minimising risk of exposure

The following sections outline arrangements in place to support pupils with allergies, and measures taken to minimise the risk of exposure. The vast majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. In some medical conditions such as mast cell disorders, anaphylaxis may occur without a clearly identified allergen or without ingestion of a food trigger. Emergency planning should therefore be based on the individual child or young person's documented triggers and clinical history, rather than assuming ingestion of food is required.

9.1 Food Allergies, Intolerances or Coeliac Disease

Catering in school

Schools are committed to providing a safe meal for all students, staff and visitors, including those with food allergies and Coeliac disease, an autoimmune condition where the small intestine is hypersensitive to **gluten**. Consuming gluten can cause significant illness and may result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks.

Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or gluten sensitivity. Food intolerance is managed through dietary avoidance. However, pupils with intolerances, like with allergies, should still have Individual Healthcare Plan specifying the arrangements the school, college or setting will put in place. This will include setting out the dietary restrictions established for the individual.

The following measures will be in place to reduce risks [where allergies are stated, this also applies to Coeliac Disease and Intolerances]:

- The school medical lead will disseminate information on children with food allergies, intolerances or coeliac disease. Information recorded on school's information systems (Bromcom) and additional documentation is provided as outlined below;
- All staff employed by the schools/Trust preparing food will receive relevant and appropriate allergen awareness training;
- Due diligence is carried out with regard to ensuring allergen management training, including good hygiene practices, and food safety has been completed for catering staff directly employed by the external catering company;
- Anyone preparing food for those with allergies will follow good hygiene practices, food safety and allergen management procedures;
- Food containing the main 14 allergens (see Allergens definition) will be clearly labelled, with Precautionary Allergen Labelling or "May Contain' labelling where necessary. Other ingredient information will be available on request.
- Pre-packaged food will comply with PPDS legislation (Natasha's Law) requiring the allergen information to be displayed on the packaging;
- Where staff are made aware there are changes to the ingredients of food the school are providing, this will be communicated to pupils with dietary needs by whoever is leading the relevant activity.
- Products carrying Precautionary Allergen Labelling (PAL), including "May Contain" statements, will not automatically be considered safe for pupils with relevant allergies. Staff will consider individual pupil needs, healthcare plans and parental advice before such products are used within school activities.
- Any food provided through breakfast club, after-school provision, revision sessions, intervention programmes or enrichment activities will follow the same allergen management procedures as those used during the school day. Staff responsible for these activities will be made aware of relevant dietary requirements and allergies.
- Castle View School operates a nut-aware approach and staff will consider allergy risks when planning food-related activities. The school cannot guarantee a nut-free environment and therefore focuses on risk reduction, education, vigilance and effective emergency response procedures.

The Catering Company (external):

- Will only provide meals using the most up-to-date dietary information supplied through the agreed reporting process.
- Will ensure all catering colleagues receive allergen awareness, food safety and hygiene training appropriate to their role.
- Will ensure catering colleagues follow the IFG Allergen Management Procedure and approved standard recipes.
- Will carry out daily allergen briefings are completed before service.
- Will follow the approved allergen matrices and ingredient information, which are the definitive source of allergen information and are available during service.
- Will follow standard recipes and ensure approved ingredient substitutions are managed in accordance with the IFG allergen process.
- Will ensure PPDS products comply with Natasha's Law.
- Will display customer allergen notices
- Will manage complex dietary requirements in accordance with the IFG Allergen Diet Procedure and referred to the Nutrition Team where appropriate.
- Will endeavour to provide suitable menu options where it is safe and practical to do so.
- Will receive updated dietary information before revised meal arrangements commence.

Castle View School follows Impact Food Group's Secondary School Allergen Management Process.

It is expected that the majority of secondary-aged pupils self-manage their dietary requirements by identifying themselves where appropriate and requesting allergen information before selecting food.

Pupil dietary information is transferred from the school's Management Information System (MIS) to the IFG till system. When a pupil with a recorded dietary requirement presents at the till using biometric identification or

an alternative account lookup, an allergen alert is displayed which must be acknowledged by the till operator before the transaction can proceed.

Current allergen matrices and ingredient information are available at every service point, enabling catering colleagues to provide accurate allergen information where requested. An allergen-trained member of the catering team ("Allergy Buddy") is present within the main dining hall throughout all services to support pupils in making safe food choices and provide guidance where required.

Customer allergen notices are displayed at every service area.

Food brought into school

Pupils may bring packed lunches and snacks into school. Parents/carers are asked not to send food into school that may present a significant risk to pupils with known allergies where this has been communicated by the school. Food brought into school for celebrations, rewards, fundraising events or curriculum activities will be risk assessed where appropriate and staff will consider the needs of pupils with allergies before distribution. Staff will seek suitable alternatives where necessary to ensure inclusion and safety. Procedures for educational visits and sporting fixtures will include consideration of food provided during the activity and any identified allergy risks.

Restrictions

Whilst the school takes reasonable steps to reduce the risk of exposure to known allergens, it cannot guarantee that the school environment will be completely free of allergens. The focus of this policy is therefore on risk reduction, preparedness and effective emergency response.

The school adopts a risk-reduction approach to food allergens. Restrictions on specific foods will only be implemented following consideration of the individual needs of pupils, the practicalities of implementation and advice from relevant professionals where appropriate. The school recognises that blanket bans cannot eliminate risk and should not replace education, vigilance and effective emergency preparedness.

Food hygiene for pupils

- Pupils will encouraged to wash their hands before and after eating;
- Sharing, swapping or throwing food is not allowed;
- Water bottles and packed lunches should be clearly labelled with the child's name.

In Food Technology, pupils with allergies are identified through visual allergy information displayed in the preparation area and through weekly teaching schedules which highlight individual dietary needs. Where required, pupils are provided with a separate working area to minimise the risk of cross-contamination. Separate equipment is allocated where necessary and, in some cases, parents may provide dedicated equipment which is securely stored within the preparation area. Free-from foods are stored separately from other food products. Staff delivering Food Technology lessons consider allergy risks as part of lesson planning and supervision and take appropriate steps to minimise cross-contamination during food preparation and storage.

9.2. Insect Stings

Those with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible keep arms and legs covered;
- Avoid wearing strong perfumes or cosmetics; and
- Keep food and drink covered.

If a member of staff noticed a wasp or bee nest, they will notify a member of the premises team immediately, and avoid the nest.

Anaphylaxis UK recommends several simple precautions that could be taken to reduce the likelihood of an insect sting. Individual adjustments will be discussed as part of a pupil's IHP.

9.3 Allergic Rhinitis/ Hayfever

Castle View School recognises that seasonal pollen allergies and hayfever can significantly affect a pupil's wellbeing and ability to learn. Staff will consider reasonable adjustments where symptoms are severe, including allowing pupils access to prescribed medication, permitting additional water consumption, monitoring outdoor activities during periods of high pollen count and considering alternative arrangements for PE where necessary. Any significant support arrangements will be recorded within the pupil's Individual Healthcare Plan.

9.4 Other allergies

Animals

It's normally the dander (flakes of skin) saliva or urine that causes a person with an animal allergy to react. Precautions to limit the risk of an allergic reaction include:

- A pupil with a known animal allergy should avoid the animal to which they are allergic;
- If an animal comes on site, a risk assessment will be done prior to the visit;
- Areas visited by animals will be cleaned thoroughly;
- Anyone in contact with an animal will wash their hands after contact;
- If an animal is regularly on site, pupils, parents and staff will be made aware, and consideration and adaptations will be made; and
- School trips that include visits to animals will be carefully risk assessed.

Other allergies may include allergic rhinitis or allergic eye disease or eczema.

The management of allergy safety should not be limited to formally diagnosed IgE-mediated allergies. Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions). Any known trigger with the potential to cause significant harm should be identified and managed.

If the pupil requires treatment in school, or adaptations made to sport or other activities, these will be indicated in the pupil's IHP, with risk mitigations outlined in risk assessments as required.

9.5 Asthma

It is vital that pupils with allergies keep their asthma well-controlled because asthma can exacerbate allergic reactions. Castle View School follows the Trust Supporting Pupils with Medical Conditions Policy in relation to asthma management. Pupils with asthma are expected to have access to their prescribed inhalers and asthma management arrangements are recorded within Individual Healthcare Plans where required.

Spare salbutamol inhalers are available in the case of an emergency where a pupil is unable to use their own medication

All students with asthma should have an Asthma Plan attached to their school IHP.

Many food-allergic children also have asthma. If someone known to have asthma and food allergy suddenly gets difficulty in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving. "Wheeze" is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis. Always give adrenaline device first if someone has severe and sudden breathing difficulty (including wheeze, persistent cough or hoarse voice). Then seek medical help. This protocol should be detailed in the pupil's IHP where a child is known to have asthma and allergies where anaphylaxis could occur.

10 Adrenaline Pens

10.1 Storage of a pupil's adrenaline pens

- Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times;
- Arrangements to and from school are noted in a pupil's IHP, but these measures are the responsibility of the parents/carers;

- This school has spare adrenaline pens to be used in accordance with government guidance. Spare adrenaline pens are held within Kitt Medical Boxes located in the Medical Room and School Canteen. Two additional AAIs are also stored at the Sports Hall First Aid Point. All locations are clearly signposted and detailed in Appendix 2.
- Spot checks will be made to ensure adrenaline pens are where they should be and in date;
- Adrenaline pens are accessible to students at all times in the Medical Room, School Canteen and Sports Hall First Aid Point;
- Adrenaline pens should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator); and
- Used or out of date pens will be disposed of as sharps.

10.2 Spare adrenaline pens

This school has spare adrenaline pens to be used in accordance with government guidance. The locations of spare adrenaline pens are clearly signposted. These are outlined in Appendix 2.

The Designated Allergy Lead, in conjunction with the School Medical Lead, is responsible for:

- Deciding how many spare pens are required;
- What dosage is required, based on the Resuscitation Council UK's age-based guidance;
- Which brand(s) to buy;
- Distribution around the site and clear signage;

Adrenaline pens on off-site activities

- Ensure that no child with a prescribed adrenaline pen goes on a school trip without two of their own devices. **It is the trip leader's responsibility to check they have them**;
- Consideration will be given regarding the safe access to and storage of Adrenaline pens;
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction; and
- Consider whether to take spare adrenaline pens to off-site activities. This should be recorded as part of the risk assessment process.

11 Responding to an allergic reaction/ Anaphylaxis

Emergency procedures described in the Supporting Pupils with Medical Conditions Policy apply to allergic reactions and anaphylaxis. The following allergy-specific procedures should additionally be followed

If a pupil has an allergic reaction:

- Treat the pupil in accordance with their Allergy Action Plan;
- Mild to moderate reactions which do not involve the Airway/Breathing/Circulation can be treated with oral antihistamines.
- For a child or young person, telephone their parent or emergency contact to tell them about the reaction.
- Do not leave them unattended.
- The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

Anaphylaxis commonly occurs alongside mild symptoms or signs, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own, without a skin rash or other mild signs being present.

- If anaphylaxis is suspected, (i.e. any reactions which involve the Airway/Breathing/Circulation), **administer adrenaline without delay and always dial 999 to request an ambulance;**
- Treat the pupil where they are. Do not take them to the First-Aid Room. Lie them down with their legs raised and bring medication to them, and do not leave them unattended;
- Use pupil's own prescribed medication if immediately available;
- Pupil can administer the adrenaline pen themselves [if able to] or a member of staff can administer pen. Ideally the member of staff will be trained, but in an emergency, anyone can administer adrenaline;
- If the pupil's own adrenaline pen is not available or misfires, then use a spare adrenaline pen;
- If anaphylaxis is suspected but the pupil does not have a prescribed adrenaline pen or Allergy Action Plan, lie the pupil down with their legs raised, call 999 and explain anaphylaxis is suspected. Inform the

operator that spare adrenaline pens are available and follow instructions from the operator. The MHRA says that in exceptional circumstances, a spare adrenaline pen can be administered to anyone for the purposes of saving their life;

- If, after 5 minutes, there is no improvement, use a second adrenaline pen and call the emergency services again and inform them that a second dose of adrenaline has been given;
- Do not move the pupil until a medical professional/ paramedic has arrived, even if they are feeling better.

Anyone who has had suspected anaphylaxis and received adrenaline must be seen *by the emergency services*, even if they appear to have recovered. Should paramedics attending advise hospital, a member of staff should accompany them in an ambulance until a parent or guardian arrives.

See appendix 1 for poster on recognising and responding to an allergic reaction, including anaphylaxis.

If the pupil also has asthma

If someone known to have asthma and food allergy suddenly gets difficulty in breathing, always consider anaphylaxis. Giving adrenaline in this context is very safe and may be lifesaving. Always give adrenaline device first if someone has severe and sudden breathing difficulty (including wheeze, persistent cough or hoarse voice). Then seek medical help. Many food-allergic children also have asthma. "Wheeze" is a common symptom of asthma and also happens during food-induced anaphylaxis. The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.

Where a pupil experiences anaphylaxis or another serious allergy-related emergency, the school's Emergency Response Plan and Critical Incident procedures will be implemented alongside the arrangements set out in this policy. Staff will follow the agreed emergency response arrangements, including summoning emergency assistance, contacting emergency services, communicating with parents/carers and recording and reviewing the incident in accordance with the school's wider emergency procedures.

12 Training

In addition to the general medical conditions training outlined in the Supporting Pupils with Medical Conditions Policy, the school will provide whole-school allergy awareness training at least annually. This training will be appropriate to staff members' roles and responsibilities and including teaching staff, support staff, catering staff, premises and site staff, and those supervising breakfast clubs, after-school clubs and extracurricular activities.

All staff will receive training to ensure they:

- have an awareness of allergy, the risks it poses, how allergic reactions can occur and how they can be managed safely;
- understand that allergy may coexist with other conditions, including asthma, eczema and hay fever, and recognise the increased risks associated with poorly controlled asthma;
- understand the difference between food allergy, food intolerance and coeliac disease;
- can identify the main food allergens and understand the importance of allergen awareness and risk reduction;
- can recognise the range of symptoms associated with allergic reactions, including the signs and symptoms of anaphylaxis;
- know how to respond appropriately in an emergency, including summoning assistance, calling emergency services, locating and administering adrenaline auto-injectors and, where appropriate, supporting the use of an asthma reliever inhaler;
- are familiar with the adrenaline auto-injector devices used within the school, including prescribed and spare devices, and know where these are stored and how they can be accessed without delay;
- understand the school's Allergy Safety Policy and their responsibilities in implementing it;
- know how to identify pupils with known allergies, access and follow Allergy Action Plans and Individual Healthcare Plans where applicable;
- understand their responsibilities in reducing the risk of pupils and students coming into contact with known allergens during routine activities, educational visits and special events;
- understand the impact that allergies can have on a child or young person's inclusion, emotional wellbeing and mental health, including the risk of allergy-related bullying; and

- know how to report allergic reactions, suspected anaphylaxis, serious incidents and near misses in accordance with school procedures.

Staff involved in supporting individual pupils with specific allergy-related needs may receive additional training appropriate to those responsibilities.

The school will ensure that new members of staff receive allergy awareness information and training as part of their induction. Appropriate arrangements will also be in place to ensure that temporary, agency and supply staff are made aware of relevant allergy procedures, emergency arrangements and the needs of pupils they are responsible for supervising.

13 Reporting Allergic Reactions/ Serious incidents and near misses

A **serious incident** is an event relating to a pupil's allergy that results in, or has the potential to result in, significant harm.

A **near miss** is an unplanned event or circumstance that could have resulted in harm to a pupil with a medical condition or allergy but did not do so, either by chance or because timely action prevented harm.

Allergy-related serious incidents and near misses will be reported, investigated and reviewed in accordance with the Supporting Pupils with Medical Conditions Policy. Findings will be used to strengthen allergy safety arrangements, training and risk reduction measures.

Following a serious allergic reaction, an Individual Healthcare Plan and Allergy Action Plan will be reviewed before the pupil returns to school. The school will work with the pupil, parents/carers and relevant professionals to identify any additional support or adjustments required.

14 Inclusion, Wellbeing and Mental Health

The school recognises that living with allergies may affect a pupil's confidence, participation, social relationships and emotional wellbeing. Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

Pupils with allergies will not be denied admission to the school or prevented from accessing education, educational visits, extracurricular activities, work experience or other aspects of school life solely because of their allergy. Any decisions about the support required will be based on an individual assessment of need and reasonable adjustments will be made where appropriate.

- No child with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip;
- Pupils with allergies may require additional pastoral support including regular check-ins from tutor or other pastoral member of staff etc;
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives; and
- Bullying related to allergy will be treated in line with the school's Anti-Bullying policy.
- The school will ensure that pupils with allergies can access examinations and assessments safely. Appropriate arrangements, including access to emergency medication, trained staff and reasonable adjustments where required, will be planned in advance.
- The school will communicate with parents and pupils to encourage proactive engagement upon joining the school so that parents and pupils have confidence about how their allergies will be managed in the new environment, or upon any key periods of transition.

Further measures around inclusion and participation are outlined in the Supporting Children with Medical Conditions Policy.

15 Visits, Trips and Fixtures

Educational visits and off-site activities will be planned in accordance with the Supporting Pupils with Medical Conditions Policy and Educational Visits Policy. Particular consideration will be given to residential visits, overseas visits and activities taking place outside normal school hours to ensure arrangements remain effective. Visit leaders will additionally ensure that:

- allergy risks are considered within visit risk assessments;

- emergency medication accompanies the pupil;
- staff understand relevant Allergy Action Plans;
- arrangements are in place to avoid identified allergens were reasonably practicable.

16 Liability and Indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are: Zurich Insurance Company Ltd

We are a member of the Department for Education's risk protection arrangement Zurich.

17 Complaints and concerns

Parents/carers with a concern or complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

18 Staff and Visitors

Whilst this policy focuses primarily on the arrangements required to support pupils with allergies, the Trust and its schools are committed to being inclusive of staff and visitors who have allergies and to ensuring that appropriate action is taken in an emergency. Staff will respond promptly and take reasonable and proportionate steps, in accordance with their training and the school's procedures, to safeguard the health and wellbeing of anyone on the school site, including pupils, staff and visitors.

The Trust recognises its duties under the Equality Act 2010 to avoid discrimination and to consider, where appropriate, reasonable adjustments that enable staff, visitors and others accessing the school environment to participate safely and fully in school life.

The Individual Healthcare Plan procedures described within this policy apply to pupils and students and are not ordinarily used for members of staff or visitors. The arrangements for supporting staff and visitors with allergies are instead addressed through other relevant Trust and school procedures, including those relating to equality, occupational health, health and safety, accessibility, emergency planning, attendance and wellbeing.

Support for employee's allergies will ordinarily be managed through the Trust's employment procedures and relevant workplace policies rather than through an Individual Healthcare Plan under this policy. Depending on individual circumstances, this may include:

- discussions with the employee regarding the impact of their medical condition in the workplace;
- workplace risk assessments and the implementation of reasonable adjustments;
- referral to Occupational Health services where appropriate;
- consideration of emergency arrangements and the accessibility of emergency medication;
- arrangements relating to health and safety, including Personal Emergency Evacuation Plans (PEEPs) where required;
- temporary or permanent adjustments to duties, equipment, working practices or the working environment; and
- support through relevant Trust policies relating to attendance, wellbeing and disability in the workplace.

Staff are encouraged to inform the Headteacher or appropriate manager of any medical condition, allergy or disability that may affect their health, safety or ability to undertake their role, or that may require support or emergency arrangements to be put in place. Information will be handled sensitively and shared only on a need-to-know basis, in accordance with data protection requirements.

Visitors

The school aims to ensure that visitors with allergies can access the school environment safely and without unnecessary barriers.

Visitors who require support, reasonable adjustments or specific emergency arrangements are encouraged to notify the school in advance where reasonably practicable, particularly where they are attending for an

extended period, participating in activities involving pupils, or have medical conditions that may require urgent intervention.

Where the school becomes aware that a visitor may require support, reasonable steps will be taken to facilitate safe access and participation. This may include considering accessibility arrangements, emergency response procedures and any relevant health and safety measures. Any information is destroyed in accordance with data retention policies.

The MHRA has clarified that a legal exemption under Regulation 238 of the Human Medicines (Amendment) Regulations 2017 permits a school's "spare" Adrenaline Device (AAIs) to be used for the purpose of saving a life for a pupil or other person not known by the school to be at risk of anaphylaxis (i.e. who does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy, or an adult visiting the school premises. This provision should be reserved for exceptional circumstances only, that could not have been foreseen. Therefore, the spare Adrenaline Device (AAI) can be used with anyone experiencing anaphylaxis in an emergency, for the purpose of saving their life.

19 Monitoring arrangements

The school will monitor the effectiveness of its arrangements for supporting pupils with allergies on an ongoing basis. This will include consideration of:

- the completion, implementation and review of Individual Healthcare Plans (IHPs);
- whether staff have received appropriate training and updates to meet pupils' identified needs;
- the recording and review of medical incidents, near misses and emergency responses to identify any learning or improvements required;
- feedback from pupils, parents/carers and staff regarding the effectiveness of support arrangements;
- findings arising from governor monitoring activities and reviews of the school's Risk Register.

This policy will be reviewed at least annually and approved by the Trust Board. The policy may also be updated:

- after a near miss or serious incident;
- following a governor review as part of their annual monitoring schedule;
- following a review of the school's Risk Register;
- where changes to legislation, statutory guidance or local procedures require amendments.

20 Links with other policies

This policy has direct links to the following policies:

- Supporting Children with Medical Conditions Policy
- Accessibility plan
- Children with Health Needs that Cannot Attend School
- Complaints
- Equality information and objectives
- First aid
- Health and Safety
- Child Protection and Safeguarding
- Special educational needs information report and policy
- Reduced Provision Policy
- Anti-Bullying Policy

In implementing this policy, the school will consider whether reasonable adjustments are required to ensure that pupils with allergies are able to access education and participate fully in school life. Adjustments may be required in relation to the application of other school policies and procedures, including those relating to uniform, behaviour, attendance, and educational visits. Such decisions will be considered on an individual basis, taking account of the pupil's medical needs, the views of the pupil and their parents/carers, and the school's duties under equality legislation.

APPENDIX 1: Managing Allergic Reactions Posters/ Overview Information

ALLERGIC REACTIONS VARY

Allergic reactions are unpredictable and can be affected by factors such as illness or hormonal fluctuations.

You cannot assume someone will react the same way twice, even to the same allergen.
Reactions are not always linear. They don't always progress from mild to moderate to more serious; sometimes they are life-threatening within minutes.

MILD TO MODERATE ALLERGIC REACTIONS

Symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Hives or itchy rash on skin
- Abdominal pain
- Vomiting
- Change in behaviour

Response:

- Stay with pupil
- Call for help
- Locate adrenaline pens
- Give antihistamine
- Make a note of the time
- Phone parent or guardian
- Continue to monitor the pupil

SERIOUS ALLERGIC REACTIONS / ANAPHYLAXIS

The most serious type of reaction is called **ANAPHYLAXIS**. Anaphylaxis is uncommon, and children experiencing it almost always fully recover.

In rare cases, anaphylaxis can be fatal. It should always be treated as a time-critical medical emergency.

Anaphylaxis usually occurs within 20 minutes of eating a food but can begin 2-3 hours later.
People who have never had an allergic reaction before, or who have only had mild to moderate allergic reactions previously, can experience anaphylaxis.

Recognise the signs of anaphylaxis

A AIRWAYS
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

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

If any one (or more) of these signs are present: Don't delay

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice).
THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms

Appendix 2: Locations of Spare Adrenaline-Auto Injectors

Kitt Medical Box – Medical Room

Kitt Medical Box – School Canteen

Two additional Adrenaline Auto-Injectors (AAIs) – Sports Hall First Aid Point

Appendix 3: How to use EpiPens

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

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

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

1. Remove the blue safety cap

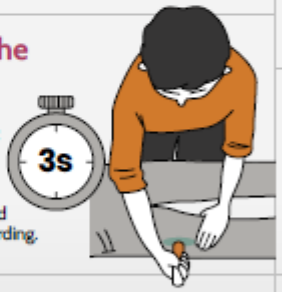
Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

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

3. Administer the EpiPen AAI

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



4. Once the EpiPen AAI has been administered call 999

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

5. Lie the person down with legs raised immediately

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

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

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

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

7. Start CPR

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

For more information on EpiPen AAIs >>

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

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

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

Appendix 4: How to use JEXT pens for anaphylaxis

ANAPHYLAXIS

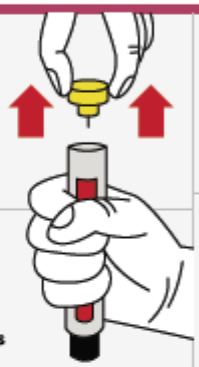
HOW TO USE JEXT AAIS

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

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

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

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



2. Place the black injector tip against the outer thigh

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

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

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

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

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

6. Lie the person down with legs raised immediately

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

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

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

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

8. Start CPR

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

For more information on Jext AAIs >>

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

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Empower • Include • Protect
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Registered charity England & Wales (1180148) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.