



Excellence for all

Allergy & Anaphylaxis Policy

Policy & Procedure

Introduction

This policy sets out how Mortimer Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, and Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This document has been adapted from BSACI/Anaphylaxis/UK-Allergy UK's 'Model policy for allergy management at school - Allergy guidelines for your school's medical conditions policy'. This is available on the BSACI website via the following link: <https://www.bsaci.org/wp-content/uploads/2024/01/Model-Policy-for-allergy-at-management-at-school-v2.1-090124.pdf>

This policy should be read in conjunction with "Supporting Pupils with Medical Conditions Policy"

Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist/Paediatrician
- Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- All allergy medication must be signed into school. A copy will be provided for the parent/careers records.
- Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies for pupils with medical conditions, including allergies. Pupils without their required medication will not be able to attend the excursion.
- The school will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date.
- School keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given. This is updated by the school office at the start of the school year.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be able to take responsibility for carrying them on their person at all times where agreed between the school and parents/carers.

Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Mortimer Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI Allergy Action Plans) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Actions:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**
- If no improvement after 5 minutes, administer second AAI
- If no signs of life commence CPR
- Call parent/carer as soon as possible

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

In agreement with the parents/carers, depending on their level of the pupil's understanding and competence, pupils may be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container). This would negate the storage details below.

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**.

**Pupil's medication for anaphylaxis is stored in the Staff Room.
Two AAI's will be held together for each child.**

Medication will be stored in a suitable container and clearly labelled with the pupil's name and photograph. The Staff Room is an accessible location. The pupil's medication storage container **will** contain:

- Two AAIs i.e. EpiPen® or Jext®
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon/Syringe (if required)
- Asthma inhaler (if included on allergy action plan)

And paperwork:

- An up-to-date Allergy Action Plan
- Care Plan Agreement (if supplied by the NHS)
- School Asthma Card (if appropriate)
- How to use AAIs – relating to the child's AAI brand

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis medication is up-to-date and clearly labelled.

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

Parent/carers will be asked to sign out their child's Anaphylaxis and Allergy medication.

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 specialist collection service. The sharps bin is kept in the school office.

'Spare' adrenaline auto-injectors in school

These are stored in a purpose built KittMedical white container, on the wall clearly labelled 'Emergency Allergy Medication', kept safely, with the release key kept above the pens and accessible and known to all staff. Further keys to release the pens are kept in the Head Teachers office in the 4th document holder.

Mortimer Primary School holds 4 spare pens which are kept in the following location: -

Dining Hall Wall – Kitchen side

2x 300mcg and 2x 150mcg adrenaline pens

The Head Teacher is responsible for checking the spare medication is in date as per the cycle from KittMedical and to replace as needed.

Parental consent for use of a 'spare' AAI is taken from the signed BSACI Allergy Action Plan. This signed document provides medical authorisation for schools to administer a 'spare' back-up adrenaline auto injector if needed as permitted by the Human Medicines (Amendment) Regulations 2017.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Mr P Bennett – Head Teacher

Mrs M Peacock – Deputy Head Teacher

Our KittMedical subscription comes with an online CPD-Accredited Anaphylaxis Training course, available to be completed at any time by staff. We ask staff to complete this training at the beginning of each academic year. Training records are retained and monitored by the Deputy Head Teacher. New staff will be asked to complete any training as part of their induction within two weeks of their employment commencing.

The training is built by KittMedical in partnership with experts in the field:

- Leading allergists Professor Adam Fox and Dr Helen Evans-Howells
- Anaphylaxis UK's Simon Williams and Tracey Dunn
- Lifelong allergy advocate Thalina Houghton

Through a series of videos and questions, staff get a comprehensive understanding of allergies; how they affect everyday life in schools and how to spot and respond to anaphylaxis—a life-threatening allergic reaction.

Additional training, relating to specific school situations will be used annually to simulate scenarios of an anaphylaxis reaction. These scenarios ensure staff have models of how to act across different situations within Mortimer Primary School.

These follow the advice from Beat Anaphylaxis.

Inclusion and Safeguarding

Mortimer Primary School is committed to ensuring that all children with medical conditions, including allergies, 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.

Any concerns regarding the management of a pupils' allergy including a perceived failure to follow agreed care plans and procedures will be reviewed by the designated safeguarding lead and logged appropriately on CPOMs.

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 is available for parents/carers to view in advance on the school website at www.mortimerprimary.co.uk. For detailed ingredients please visit www.southtyneside.gov.uk/schoolmeals or phone 0191 427 7000

When parents/carers inform the school of a food allergy, we will inform the School Cook (on-site) who will add a photograph and details to their pupil wall. Children in KS1 wear stickers detailing their allergy if being supplied with a school dinner. All children including those in KS2 will use a purple tray to ensure an allergy appropriate meal is served. The cook is updated annually at the start of the year.

Parents/carers/carers are encouraged to meet with the Local Authority Catering Manager 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/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents/carers should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers/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. fetes, 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.

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/carers 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.

School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies pupils with medical conditions, including allergies. Pupils without their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents/carers with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The event being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents/carers are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy Awareness and Allergen bans

Mortimer Primary School supports the approach advocated by Beat Anaphylaxis and Anaphylaxis UK 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.

At parent meetings for new Nursery/Reception and Transition to KS2, parents/carers will be reminded of the schools' allergy awareness approach to food.

Risk Assessment

Mortimer Primary 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. An example of this can be found in Appendix 1.

Review

Following any allergy/anaphylaxis incident or near miss, the school will hold a debrief with staff and/or parents/carers and the incident reviewed by the Head Teacher.

The incident will be logged in the child's CPOM records.

Useful Links

Beat Anaphylaxis - <https://www.beatanaphylaxis.co.uk/resources/schools-and-early-years/>

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/>

KittMedical - <https://kittmedical.com/for-schools>

BSACI Allergy Action Plans - <https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Allergy UK - <https://www.allergyuk.org>

- Resources for managing allergies at school - <https://www.allergyuk.org/living-withhttps://www.allergyuk.org/living-with-an-allergy/at-school/an-allergy/at-school/>

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Policy Links

This policy works alongside other school policies and procedures

- Complaints
- Equality
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy
- Supporting Pupils with Medical Conditions
- Anti-Bullying

Appendix 1

Mortimer Primary Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents/carers. It should be shared with everyone who has contact with the child.

Child's Name:	Date of Birth:
People involved in writing this plan: Mr Bennett	Class:
<p>What is the child allergic to?</p> <p>Allergen exposure risks to be considered. (Delete as required)</p> <p style="text-align: center;">Ingestion Direct contact Indirect contact</p>	
<p>Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES NO</p> <p>Is the child prescribed adrenaline auto-injectors (AAIs)? YES NO</p> <p>Does the child know when they are having an allergic reaction? YES NO</p>	
<p>What signs are there that the child is having an allergic reaction?</p>	
<h3>Common Activities and School controls</h3>	
<p>Crayons/Painting</p> <p><i>Check against the child's allergens and whether they should be used to prevent cross contamination reactions.</i></p>	
<p>Creative activities: i.e. craft paste/glue, pasta, playdoh</p> <p><i>Check against the child's allergens and whether they should be used to prevent cross contamination reactions. Ensure that playdough recipes do not contain the child's allergens.</i></p>	
<p>Science/DT type activity: i.e. bird feeders, planting seeds, food</p> <p><i>Liaise with parent/carer, with plenty of notice before this is going to be undertaken. Where needed, discuss ingredients and any recipe adaptations that are needed.</i></p>	
<p>Musical instrument sharing (cross contamination issue):</p> <p><i>Pupils do not share any instrument played by using their mouths.</i></p>	
<p>Cooking/Food technology (food prep area and ingredients):</p> <p><i>Liaise with parent/carer, with plenty of notice before this is going to be undertaken. Where needed, discuss ingredients and any recipe adaptations that are needed. Consider food preparation and how to avoid cross contamination, ensure that utensils are kept separate and washed to remove allergens in hot soapy water.</i></p>	
<p>Snacks including drinks:</p> <p><i>Ingredients checked before supplying any school provided snack. Communicate allergens with parent/carer asking for support with snacks that are brought in.</i></p>	
<p>Celebrations: e.g. Birthday, Easter, Diwali:</p> <p><i>Any food sent in by other parents/carers etc will be distributed at the end of the day for parents to make the decision on consumption.</i></p>	

Food tasting: eg Greek day

Liaise with parent/carer, with plenty of notice before this is going to be undertaken. Where needed, discuss ingredients and any adaptations that are needed.

Other Activities to be considered:

Nb. Please note procedures for school dinners and trips are covered in our policy and are therefore not included here.

Signatures

Head Teacher:

Date

I give permission for this risk assessment to be shared with anyone who needs this information to keep my child safe

Parents/Carers:

Date:

Further information and Guidance

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

<https://www.allergyuk.org/living-with-an-allergy/at-school/>

<https://www.anaphylaxis.org.uk/>

<https://www.anaphylaxis.org.uk/wp-content/uploads/2023/01/School-Allergy-Protocol-Checklist-v.5.docx>

<https://www.anaphylaxis.org.uk/wp-content/uploads/2023/02/School-Template-Allergy-Letter-for-schools.docx>

<https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

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

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

ANAPHYLAXIS: ACTIONS TO TAKE

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

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

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.








Please learn these steps. This is life-saving information. You never know when you will need to act in an anaphylaxis emergency.

ANAPHYLAXIS

HOW TO USE EPIPEN AAI

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.

<p>1. Remove the blue safety cap</p> <p>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!</p> 	<p>5. Lie the person down with legs raised immediately</p> <p>If the person is not already lying down, they should do so, with legs raised if possible.</p> <p>If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.</p> 
<p>2. Position the orange tip</p> <p>Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.</p> 	<p>6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI</p> <p>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.</p>
<p>3. Administer the EpiPen AAI</p> <p>Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.</p>  	<p>7. Start CPR</p> <p>If there are no signs of life, start CPR immediately until help arrives.</p> 
<p>4. Once the EpiPen AAI has been administered call 999</p> <p>Ask for an ambulance and say "ana-fill-axis".</p> 	

For more information on EpiPen AAI's >>



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






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.

<p>1. Hold the Jext AAI in the hand you write with</p> <p>Hold with your thumb closest to the yellow cap. Pull off the yellow cap with your other hand.</p>	<p>5. Once the Jext AAI has been administered call 999</p> <p>Ask for an ambulance and say "ana-fill-axis".</p> 
<p>2. Place the black injector tip against the outer thigh</p> <p>Hold the injector at a right angles (approx. 90°) to the thigh.</p>	<p>6. Lie the person down with legs raised immediately</p> <p>If the person is not already lying down, they should do so, with legs raised if possible.</p> <p>If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.</p> 
<p>3. Push the black tip as hard as you can into the outer thigh</p> <p>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.</p>	<p>7. If there are no signs of improvement after 5 minutes, use a second Jext AAI</p> <p>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.</p>
<p>4. Massage the injection area for 10 seconds</p>	<p>8. Start CPR</p> <p>If there are no signs of life, start CPR immediately until help arrives.</p> 

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 >>



Appendix 5

Information on allergies

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

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

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Top 14 Allergens

Allergy School

- Celery
- Cereals containing gluten
- Crustaceans
- Eggs
- Fish
- Milk
- Molluscs
- Peanuts
- Sesame Seeds
- Soya
- Sulphur Dioxide
- Tree Nuts

Notasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

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Approved by Governors:	November 2025
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This policy will be reviewed annually or sooner if national guidance changes or following an incident occurring where appropriate.