



Wilson Stuart School

A Special Academy



ALLERGY POLICY

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1. Aims

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

- minimise the risk of exposure within the school setting
- encourage self-responsibility if appropriate
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils in line with our School and Trust values

2. Equalities statement

Wilson Stuart School is clear about the need to actively support pupils with medical conditions to participate in school life.

Wilson Stuart School will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

3. Principles

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

areas.

4. Allergy management checklist

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

5. Practical steps

To put these principles into practice we will:

Governors / Trustees

- Ensure the school has a strategic vision for the management of allergy risk assessment and emergency procedures.
- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Executive Headteacher.
- Ensure the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy, are robust and effective.
- Ensure that the school provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management. It is good practice to log all training and attendees.
- Ensure adequate resources for managing allergies are available.
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils/students with

allergies.

- Monitor the effectiveness of this Policy to ensure it remains fit for purpose.

Executive Headteacher

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition.
- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding.
- Ensure the curriculum contains age-appropriate content so all pupils can learn about allergies and how everyone can support those who have them.
- Create links at strategic level with healthcare professionals and catering providers and ensure at operational level that links are robust.
- Ensure that up-to-date allergy information for pupils is accessible to catering teams.
- Ensure the school sends a copy of the medical details it holds for the pupil to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil joining in year.
- Where the pupil has an Individual Healthcare Plan (IHP), ensure the involvement of healthcare and welfare professionals, class based and catering staff, parents/carers and the pupil in establishing IHPs.
- Encourage parents/carers to provide **BSACI Allergy Action Plan** completed and signed by a healthcare professional that can be kept with their medication with copies made available for all staff to access and help the school support the pupil.
- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises.
- Ensure First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures.
- Ensure an adequate risk assessment is undertaken prior to any school trips, excursions or off-site extra curricula activities for pupils who have allergies.
- Ensure records of pupils medically prescribed an AAI and its use are kept correctly.
- Ensure pupil documentation and in date medication is kept correctly and safely.

- Ensure best practice in the labelling of foodstuffs and their contents.
- Report to the Local Board of Governors/Trustees regarding the management of allergies within the school.
- Ensure that allergy-related incidents, concerns or patterns of potential neglect will be managed in accordance with KCSIE and the school's safeguarding procedures.

Named Allergy Lead (DSL)

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.
- Report to the Executive Headteacher regarding pupils/students with allergies.
- Lead on the training of staff regarding allergy medical needs and their identification and management.
- Work closely with in-house and sub-contracted catering leads in assisting in the support of pupils with known allergies (including meeting with parents/carers where requested) to discuss any special requirements. Ensure that in the absence of the catering lead, any cover staff are briefed on allergy requirements, and the appropriate information is shared with them.
- Monitor where there is a school 'tuck shop' or home baked items are brought into school or where food is shared.
- Liaise with parents/carers of pupils with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Use an BSACI Allergy Action Plan and an IHP (healthcare-completed) for pupils with recognised allergies and keep it with their medication. Ensure copies of the AAP and IHP are available for all staff to access.
- Ensure all copies of the AAP/IHP located around the school and/or on CPOMS/the management information systems are identical if an updated version is received.
- Where an AAP and/or IHP has not been received for a pupil with recognised allergies, or if the medication information is not clear, liaise with GP/school nursing team, to obtain an up-to-date copy and/ or clarification.
- Ensure medication is stored in a rigid box and clearly labelled with the pupil's name and a photograph.
- Ensures that all allergy related incidents or near misses are reported via CPOMS, reviewed and escalated to the Executive Headteacher
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as

outlined in the pupil's IHP and/or AAP.

- Ensure that any other staff involved with those pupils requiring the use of an AAI are also adequately trained and competent.
- Ensure all school trips, excursions or off-site extra curricula activities for pupils are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies.
- Ensure the school has an audited spare supply of in date and age-appropriate AAI that are kept in multiple safe spaces at room temperature that is accessible, secure but not locked away and all staff are aware of the location. Ensure AAI can be accessed in under 5 minutes from anywhere in the building.
- Monitor the use of all AAI to ensure they are within the expiry date including those brought into the school by pupils/students or external sources and are of the correct dosage.
- Arrange for the correct disposal of out-of-date AAI.
- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate.
- Record all emergency uses of AAI or reports of suspected emergencies.
- Ensure that, if a pupil (or the parent/carer of a pupil) notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).
- Liaise with Wilson Stuart School's Class Teams, Eating and Drinking Team, Catering Team, Nursing Team and Data Manager to ensure all allergy information is consistent.

All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency.

In a life-threatening allergy emergency, act in the best interests of the child including administering an AAI where required.

- If appropriate, raise awareness about allergies and anaphylaxis amongst their pupils in the classroom and around school, especially in dining areas.
- If appropriate, encourage self-responsibility and learned avoidance strategies amongst pupils living with allergies.

- If appropriate, help all pupils understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe.
- Highlight the need for anti-bullying of pupils with the condition and promote the emotional and physical well-being of pupils with allergies.
- Be aware of the pupils in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes.
- Any food-related activities will be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food.
- Any staff leading on a school trip must check that all pupils with medical conditions, including allergies, are carrying their medication (those unable to produce their required medication would not be able to attend the excursion) or that a staff member carrying their medication is with them at all times.
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them.

Parents/Carers

- Notify the school of the pupil's allergies.
- Inform the school of any changes as soon as known.
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide a **BSACI Allergy Action Plan** completed by a healthcare professional that can be kept with their medication and help the school support the pupil.
- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.
- Provide any other written medical documentation, instructions and medications as directed by a health professional.
- If you require it, meet with the Catering/Chef Manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the Catering/Chef Manager)
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction

- Provide appropriate in date medication (two AAls) of the correct dosage and register their AAls on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Head/Principal and/or Member of Staff responsible for medical needs, the pupil/student's doctor and the pupil (if age appropriate) after a reaction has occurred

Pupils with allergies (as age/SEND appropriate)

- Have a good awareness of their allergy and support the knowledge of peers in helping keep them safe
- Be proactive in the care and management of their food allergies and reactions and medication
- Be sure not to exchange food with others and take care to avoid any foods which may cause an allergic reaction
- Read food labelling but, if unsure, avoid the food
- Avoid eating anything with unknown ingredients
- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAls on their person at all times
- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

6. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times (in a suitable bag/container). At Wilson Stuart School, very few pupils will have the level of understanding and competence to do this due to their special education needs and disability.

For those not ready to take responsibility for their own medication, there will be an anaphylaxis kit which is kept safely, not locked away and is always accessible to trained staff but stored to prevent unauthorised or unsafe pupil access.

Medication will be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAls i.e. EpiPen® or Jext®
- An up-to-date BSACI allergy action plan and IHP
- Antihistamine as tablets or syrup (if included on allergy action plan)

- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the allergy leads will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents but there are very few pupils at Wilson Stuart School who have the level of understanding and competence to do this due to their special educational needs and disability. If it is thought that a pupil can assume personal responsibility for their emergency kit, advice will be sought from medical teams and parents and must be in writing. Symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAls will be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/ local authority.

Spare AAls

Wilson Stuart School legally purchases and store spare Adrenaline Auto-Injectors (AAls for children at risk of anaphylaxis). Immediate access to an AAI can be lifesaving. While it's vital that families have their own prescribed AAls for their child, having spare AAls at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for pupils with severe allergies.

Catering

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

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted.

The Deputy Head (DSL) who is also the named allergy lead at Wilson Stuart School will inform the catering team leader of all pupils with food allergies and will also provide them with an allergy chart including details and photos of each child with a food allergy. This will be updated and redistributed by the allergy lead every time there is a change or addition.

Parents/carers of pupils with allergies are encouraged to meet with the allergy lead to discuss their child's individual needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Staff working with the pupils will check with catering staff, before supporting the pupil to select their lunch choice.
- Where food is provided by the school, staff will be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the allergy lead.
- Food will not be given to food-allergic pupils 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) will be considered and may need to be restricted/risk assessed depending on the allergies of particular pupils.

7. Allergy awareness and nut bans

Following advice advocated by many allergy charities towards nut bans/nut free schools, Wilson Stuart School does not support a blanket ban on any particular allergen. 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. Wilson Stuart School has adopted a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures staff, 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.

8. Risk assessment

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

9. Training

Allergy training for all staff is provided annually and as part of new staff and cover staff inductions. Annual training includes a practical session (trainer AAls are available to order through the manufacturer's website.) Training includes a basic understanding of allergic disease and its risks which include:

- Knowing the common allergens and triggers of allergy
- Differences between food allergies and intolerances
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis - knowing where AAls are located and knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- BASCI Allergy Action Plans and IHPs and checking they are current and relevant and that IHPs include risk assessments
- How to record an allergy related incident or near miss

Records are kept of all training.

10. Allergies and bullying

Wilson Stuart School has 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. The policy is shared with all staff, pupils and parents. Allergy bullying will be treated seriously, like any other bullying. Schools must, under Section 100 of the Children and Families Act 2014, aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

The Department for Education has provided statutory guidance for schools and colleges on keeping children safe in education. Please view the guidance [here](#).

Other useful websites include:

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

Appendix 1 - First Aid for Anaphylaxis poster



FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways	B Breathing	C Circulation
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.

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



Ninjabee Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity (England & Wales: (1181608) Scotland: (SC036131). Based on BSACI and 2023 NICE guidance.

Appendix 2 - EpiPen AAI and Jext AAI instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

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

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

1. Remove the blue safety cap Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. Remember: Blue to the Sky, Orange to the Thigh! 	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 <u>feel</u> sick, gently turn them on their <u>side</u>. 
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. 	6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI The person should remain still and <u>lying</u> down until the ambulance arrives. Don't try to get up, even if you start to feel better.
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. 	7. Start CPR If there are no signs of life, start CPR immediately until help arrives. 
4. Once the EpiPen AAI has been administered call 999 Ask for an ambulance and say "ana-fill-axis". 	

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 >>>





Notasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect

AllergySchool.org.uk

Registered charity England & Wales (1144444) Scotland (SC034444). Based on BSACI and 2020 WHO guidance. Source: Epipen.

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 >>>



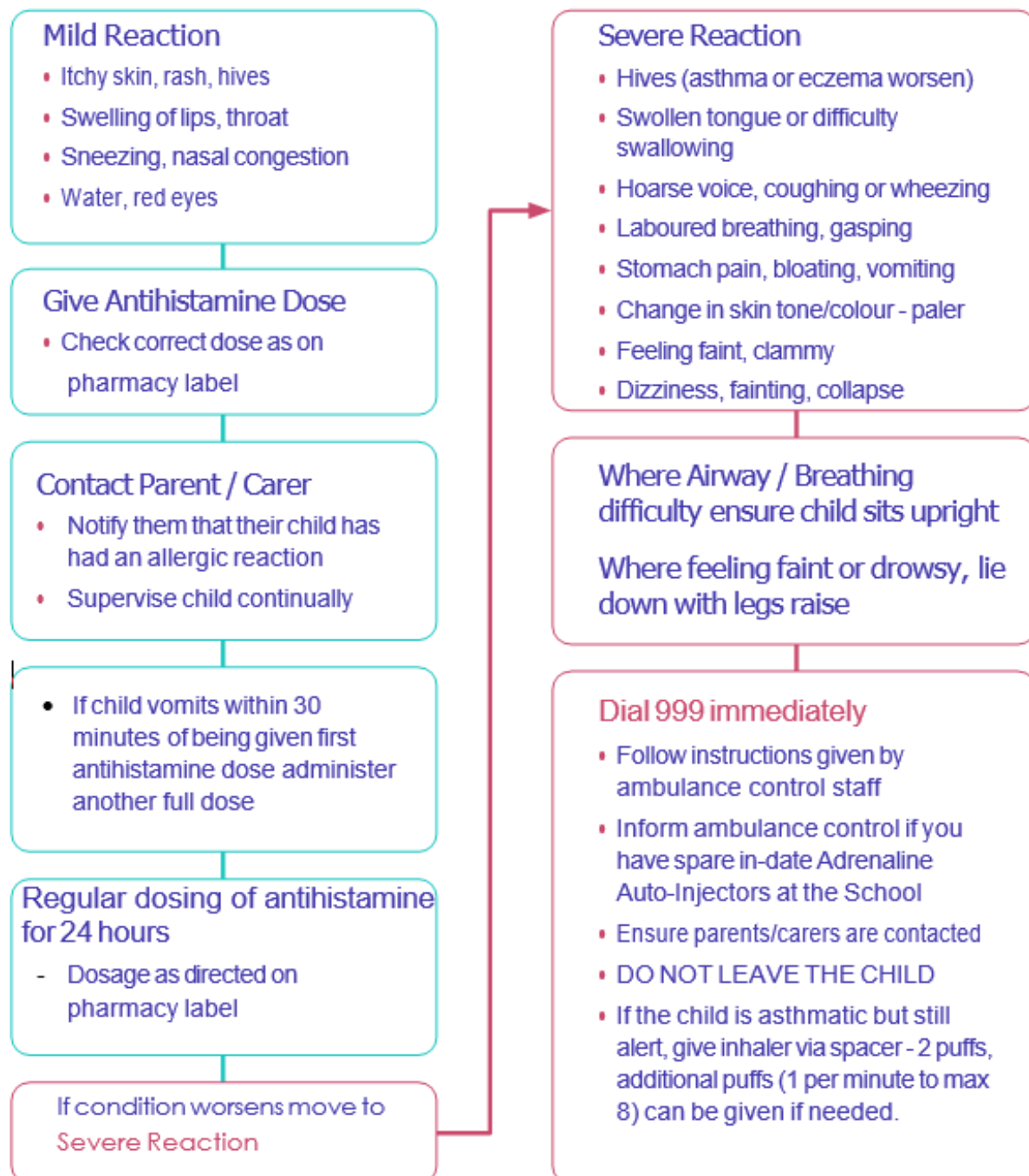
N Natasha
Allergy
Research
Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1189088) Scotland (SC031103). Based on BSAC and 2023 FARE guidelines. Source:

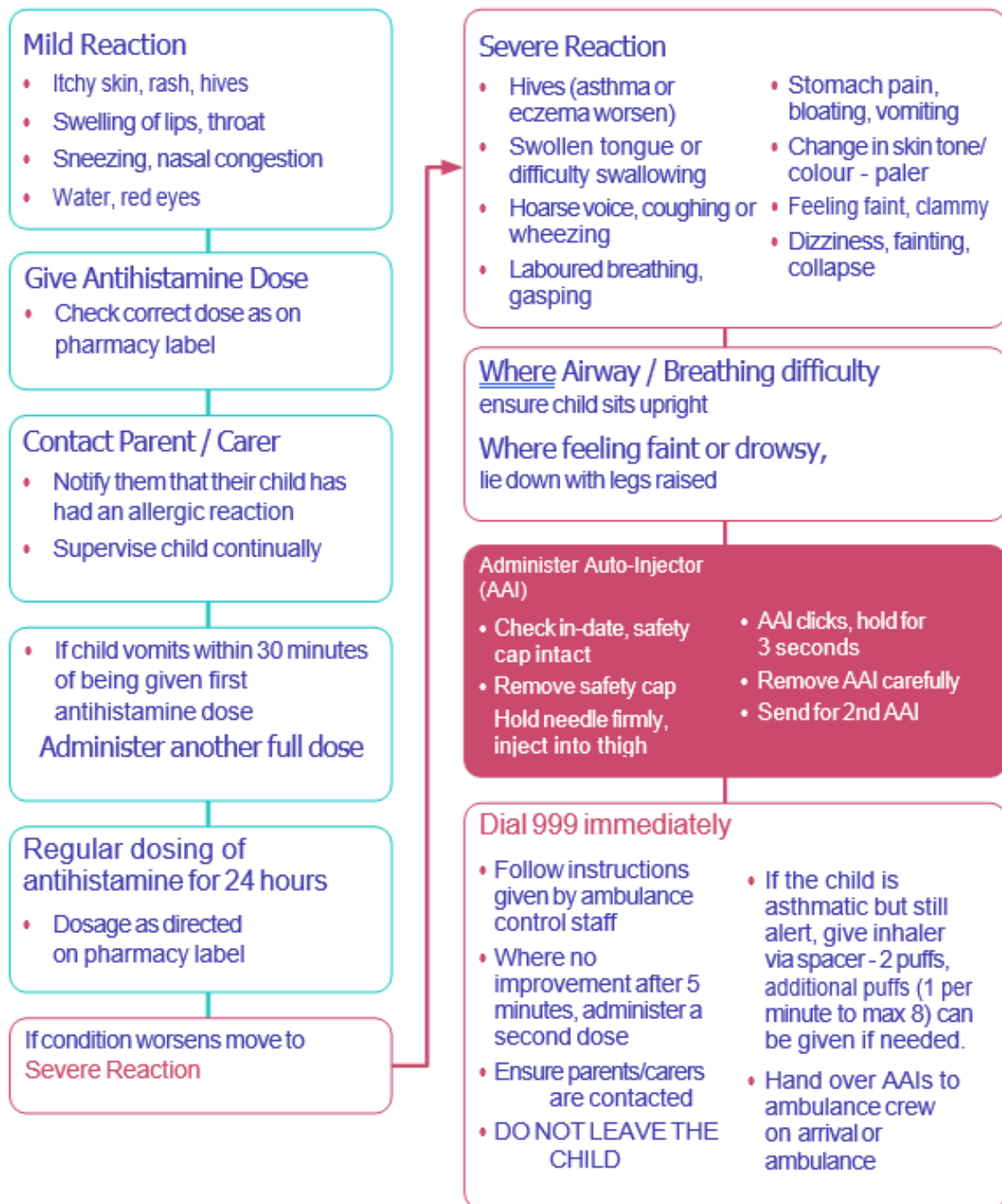
Appendix 3 - Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

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



Appendix 4 - Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

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



Appendix 5 - Information on allergies

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

- Cereals containing Gluten
- 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 (shed flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

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

Severe symptoms include:

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

Appendix 6 - Other support and resources

- Allergy Guidance for Schools - <https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part I Guidance - Example menus for early years settings in England: part 1 (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - <https://allergytraining.food.gov.uk/>
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

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

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

Northern Ireland: <https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs>
- FSA reporting tool for allergies - <https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool>
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Wales: <https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf>
- Training for Schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- Transitioning to Secondary School - <https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/>
- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Appendix 7- Top 14 Allergens poster

