Whittington
Primary & Nursery School

Allergen and Anaphylaxis Procedure

Implementation: September 2026
Procedure owner: Nichola Leeson
Next review date: September 2027

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STATEMENT OF INTENT

Whittington Primary & Nursery School is committed to safeguarding the health, safety and wellbeing of all members of the school community. This procedure must therefore be followed by all staff, parents/carers and pupils to minimise the risk of anaphylaxis occurring within the school environment.

The school will work in close partnership with parents/carers to identify known allergens, assess individual risks and implement appropriate control measures. This collaborative approach ensures that pupils with allergies can attend school safely and participate fully in all aspects of school life.

While it is not possible to guarantee a completely allergen-free environment, the school will take all reasonable steps to reduce exposure to known allergens. This includes promoting awareness, supporting pupils to manage their allergies where appropriate, and maintaining effective emergency response procedures.

Due to the specific and potentially life-threatening nature of anaphylaxis, the school will maintain this procedure as a standalone allergy management and anaphylaxis safety procedure, separate from the JTMAT policy on supporting pupils with medical conditions. This ensures that the unique risks associated with severe allergic reactions are addressed with the necessary level of focus and detail.

1. LEGAL FRAMEWORK

This procedure has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE 'Supporting children and young people with medical conditions and allergy' guidance 2026
- DfE 'Allergy safety in schools' guidance 2026

This procedure will be implemented in conjunction with the following JTMAT policies and school procedures and documents:

- Health, Safety & Wellbeing Procedures
- JTMAT Supporting Pupils with Medical Conditions Policy
- JTMAT Allergen and Anaphylaxis Policy

2. DEFINITIONS

For the purpose of this procedure:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate

- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or feint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

3. ROLES AND RESPONSIBILITIES

- The **local governing body** is responsible for:
    - Ensuring that plans and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
    - Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
    - Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
    - Monitoring the effectiveness of this procedure and reviewing it regularly and after any incident where a pupil experiences an allergic reaction.

- The **headteacher** is responsible for:
    - Ensuring that there is a named governor and named senior leader responsible for this procedure.
    - Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
    - Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
    - Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
    - Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's procedures regarding food and hygiene, including this procedure.

- All **staff members** are responsible for:
  - Attending relevant training regarding allergens and anaphylaxis.
  - Being familiar with and implementing pupils' individual healthcare plans (CARE PLANs) as appropriate.
  - Responding immediately and appropriately in the event of a medical emergency.
  - Reinforcing effective hygiene practices, including those in relation to the management of food.
  - Monitoring all food supplied to pupils by both the school and parents.
  - Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

- The **kitchen manager** is responsible for:
  - Monitoring the food allergen log and allergen tracking information for completeness.
  - Reporting any non-conforming food labelling to the supplier, where necessary.
  - Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
  - Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
  - Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

- **Kitchen staff** are responsible for:
  - Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this procedure, and the processes for identifying pupils with specific dietary requirements.
  - Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
  - Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
  - Reporting to the kitchen manager if food labelling fails to comply with the law.

- All **parents** are responsible for:
  - Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
  - Keeping the school up to date with their child's medical information.

- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

- All **pupils** are responsible for:
  - Ensuring that they do not exchange food with other pupils.
  - Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
  - Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. IDENTIFYING INDIVIDUALS WITH ALLERGIES

The school will maintain a register of all pupils, staff and other individuals known to have allergies, including details of any Care Plan and/or Allergy Action Plan in place.

For pupils with allergies, relevant information will be recorded within their Care Plan, including:

- Emergency contact details for parents/carers.
- A current photograph of the pupil.
- Details of known allergens and the method of exposure (ingestion, inhalation or skin contact).
- Confirmation of whether an Allergy Action Plan is attached to the Care Plan.
- Information about any prescribed adrenaline auto-injectors, including the brand and dosage.
- Confirmation of parental and medical consent for the use of a spare adrenaline auto-injector or emergency asthma reliever inhaler where applicable. In unforeseen emergency situations, a spare adrenaline auto-injector may be administered without prior parental consent.
- Details of any coexisting asthma diagnosis. Where a pupil has asthma, an Asthma Plan will be attached to the Care Plan, including information about consent for the use of an emergency asthma reliever inhaler.

The school will make every reasonable effort to obtain accurate and up-to-date information about known allergies. This may include seeking information from a pupil's previous educational setting and requesting relevant information from parents/carers and the pupil.

For pupils joining the school, appropriate arrangements will be established before the start of the school term wherever possible. Where a pupil joins during the academic year, every effort will be made to implement appropriate arrangements within two weeks of admission.

For staff members with known allergies, appropriate arrangements will be put in place upon commencement of employment.

Where possible, visitors will be asked in advance to inform the school of any allergies so that appropriate precautions can be considered.

The school will maintain a list of individuals with known allergies in relevant areas where food is prepared, stored or served. Such information will be kept securely and will only be accessible to members of staff who require it in order to fulfil their duties.

5. MANAGING EXPOSURE TO ALLERGENS

The school will take all reasonable steps to minimise the risk of individuals with known allergies coming into contact with allergens while on the school site or participating in school activities.

This includes considering potential exposure through food, environmental factors, classroom activities, animals and educational visits. Control measures will focus on awareness, risk assessment and appropriate risk reduction strategies, whilst ensuring that pupils with allergies can participate fully in all aspects of school life.

No pupil will be excluded from activities or experiences solely because they have an allergy or are at risk of allergen exposure. Where necessary, reasonable adjustments will be implemented to ensure activities are delivered safely, in accordance with the pupil's Care Plan.

Food allergies

The school will ensure that effective systems are in place to identify and support pupils with dietary requirements at mealtimes. Where appropriate, at least two methods of identification will be used. These may include staff awareness, allergy registers, photographs displayed in food preparation areas and visible identifiers such as white lunchtime bands.

The school and its catering provider will work together to reduce the risk of allergen exposure from food provided on site by:

- Ensuring allergen information is available for food served in accordance with food allergen legislation.
- Ensuring catering staff are aware of pupils with dietary requirements and understand the controls in place to provide allergen-safe meals.
- Checking ingredients and product information when menus or suppliers change.
- Implementing procedures to minimise the risk of cross-contamination during the preparation, handling and serving of food.
- Working with parents and pupils to provide suitable meal options for those with allergies, intolerances or coeliac disease wherever possible.

Pupils with food allergies will not be segregated from their peers at mealtimes.

Food brought into school by pupils, parents or staff may present a risk to individuals with allergies. To help reduce this risk, the school will:

- Encourage clear labelling of lunchboxes, drinks bottles and food containers belonging to pupils with allergies.
- Promote a culture in which pupils do not share food, drinks, utensils or food containers.
- Work with parents when food is brought in for celebrations or special events to ensure that pupils with allergies can be included safely.
- Remind staff that unlabelled homemade foods may present a greater risk than packaged products that contain clear allergen information.

The school may discourage certain allergens from being brought onto site where appropriate. The school, however, recognises that it cannot guarantee an allergen-free environment and will adopt an allergy-aware approach supported by strong emergency procedures.

Environmental and contact allergens

Where pupils have known allergies to airborne or contact allergens, e.g. pollen, dust mites, animals or insect stings, the school will take reasonable steps to reduce the risk of exposure where possible. This may include:

- Monitoring environmental conditions where appropriate.
- Ensuring staff are aware of pupils with known allergies.
- Implementing appropriate control measures as identified in the pupil's Care Plan.

Classroom activities and curriculum activities

When planning lessons and activities, staff will consider the potential risk of allergen exposure. This includes activities such as:

- Arts and crafts.

- Science investigations.
- Food technology and cooking activities.
- Cultural celebrations and events.
- Activities involving animals.

Where materials or resources may contain allergens, staff will consider suitable alternatives. Reasonable adjustments will be made where necessary to ensure pupils with allergies can participate fully and safely without being excluded.

External visits and trips

When planning school trips, excursions, residential visits or sporting events, staff will consider the risk of allergen exposure and ensure appropriate risk assessments are carried out. Planning will include consideration of:

- Catering arrangements and allergen risks.
- Access to emergency medication and AAIs.
- Staff awareness of pupils' allergies and emergency procedures.

A specific risk assessment will be undertaken for any pupil at risk of anaphylaxis attending an off-site activity. Planned activities will be reviewed to identify any potential risks, and reasonable adjustments or alternative arrangements will be made where necessary to enable participation.

Pupils who are prescribed an AAI will remain under the close supervision of the designated group leader, who will carry their AAI at all times. The designated group leader will be appropriately trained and able to administer adrenaline in the event of an emergency.

The school will work in partnership with parents and carers to ensure any additional arrangements required for a visit are identified and implemented. Where necessary, a designated adult may be assigned to provide support throughout the activity.

The school will consider whether it is appropriate to take spare AAI devices in case of emergency use on the trip.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

Reasonable adjustments will be made where necessary to enable pupils with allergies to participate safely in trips and activities.

Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

Where animals are present on the school site, staff will be informed of pupils who may be at risk and will take reasonable steps to prevent contact with the relevant allergen.

The school will ensure that anyone who has handled or come into contact with an animal follows appropriate handwashing procedures to reduce the risk of allergen transfer.

Where medication is required for a pupil with an animal allergy, this will be managed in accordance with the pupil's Care Plan and the school's medication procedures. The school will not rely on general stock medication unless this is permitted under the relevant policy and consent arrangements.

6. FOOD ALLERGEN LABELLING

The school will comply with all relevant food allergen legislation, including the Food Information (Amendment) (England) Regulations 2019 (Natasha's Law), to help ensure that pupils, staff and visitors are provided with clear and accurate allergen information.

The school will ensure that food provided on site is appropriately labelled and that allergen information is accurate, up to date and readily available. Food will only be described or labelled as "free from" a particular allergen where there is robust evidence that the allergen is not present and the risk of cross-contamination has been appropriately assessed and controlled.

Staff involved in the storage, handling, preparation, cooking or serving of food will receive appropriate training to ensure they understand their responsibilities in relation to food allergen management and legal compliance. Training will be provided before undertaking relevant duties and will be refreshed at least annually, or sooner where there are changes to legislation, guidance, procedures or identified training needs.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information will be obtained from the supplier and recorded, upon delivery, in a food allergen log stored in the kitchen
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- The food allergen log will be monitored for completeness on a weekly basis by the kitchen manager
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any concerns, discrepancies or abnormalities relating to food ingredients, packaging or allergen labelling will be reported promptly to the Kitchen Manager, who will investigate the issue and liaise with the relevant supplier where required.

The Kitchen Manager will carry out regular monitoring of food ingredients, packaging and allergen labelling to ensure ongoing compliance with food safety and allergen legislation. These checks will be undertaken at least weekly, and any anomalies identified will be addressed immediately with the supplier and relevant staff to minimise the risk of allergen exposure.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

7. ADRENALINE AUTO INJECTORS (AAIs)

Some pupils at risk of severe allergic reactions may be prescribed adrenaline auto-injectors (AAIs) for emergency use. The school will support these pupils in accordance with their CARE PLAN and ensure that prescribed medication is readily available whenever required.

Under the Human Medicines (Amendment) Regulations 2017, schools are permitted to purchase AAIs without a prescription for emergency use. These devices may be administered to pupils at risk of anaphylaxis where their own prescribed device is unavailable, inaccessible or not functioning correctly.

The school recognises that anaphylaxis can occur in individuals without a previously diagnosed allergy. To support an effective emergency response, the school will maintain a supply of spare AAIs for emergency use.

Any spare AAI held by the school is considered an emergency backup device and is not a substitute for a pupil's own prescribed medication. Pupils who have been prescribed AAIs are expected to have access to their prescribed devices whilst at school and during school activities, in line with their Care Plan.
Spare AAIs may be used:

- For pupils who have been prescribed AAIs but whose own device is unavailable, inaccessible or ineffective.
- For pupils with known allergies who may not have been prescribed an AAI but who are experiencing symptoms of anaphylaxis.

- For any individual experiencing anaphylaxis in a life-threatening emergency, where permitted by legislation and clinical guidance.

Purchase and Supply of AAIs

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher, in conjunction with the School Business Manager, will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands pupils are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to.

Storage and Accessibility

The AAIs will be kept in the medical box in their classroom clearly labelled with the pupil's name but not locked in a cupboard or an office where access is restricted.

On trips and visits the AAIs will be carried by the designated member of staff.

When storing AAIs, they will be:

- Readily accessible and not locked away.
- Located less than five minutes away from where they may be needed.
- Stored in pairs, so that if a second one is necessary it is on hand rather than needing to be obtained from elsewhere on site.
- Clearly labelled, to avoid any confusion with AAIs prescribed to a named person.

The emergency anaphylaxis kit(s) can be found in medical room for those children requiring the adult dosage and in the school office for those pupils needed the junior dose. The dose a child requires is stated on their CarePlan and on the Allergies Register.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

Maintenance and Monitoring

The School Secretary, Justina Savory, is responsible for maintaining the emergency anaphylaxis kit(s).

Regular checks will be undertaken, including termly audits and additional checks where necessary, to ensure that:

- Spare AAIs and any associated emergency medication are present.
- All devices remain within their expiry dates.
- Used or expired devices are replaced promptly.
- Emergency kits remain complete and readily accessible.

The Headteacher, Nichola Leeson, is responsible for overseeing the implementation and monitoring of the school's AAI procedures and for maintaining the Register of AAIs.

Disposal of AAIs

Used and expired AAIs will be disposed of safely in accordance with the manufacturer's instructions and the school's medical waste procedures.

A designated sharps bin will be used for the disposal of AAIs on the school premises.

Where appropriate, used AAIs may be handed to attending paramedics following an anaphylactic emergency to assist with ongoing medical treatment.

Record Keeping

Whenever an AAI is administered, a written record will be completed as soon as practicable. The record will include:

- The date, time and location of the incident.
- Details of the symptoms observed.
- The medication administered.
- The name of the person who administered the medication.
- Whether a second dose was required.
- Any subsequent action taken, including emergency services involvement and parental notification.

All records will be maintained in accordance with the school's medical needs and record-keeping procedures.

8. ACCESS TO SPARE AAIs

A spare AAI can be administered as a substitute for a pupil’s own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's Care Plan.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their Care Plan.

The school uses a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up to date.

Parents can withdraw their consent at any time. To do so, they must write to the school office.

The School Secretary checks the register is up to date on an annual basis.
She will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held in the school office, which are accessible to all staff members.

9. MEDICAL ATTENTION AND REQUIRED SUPPORT

Once a pupil's allergies have been identified, a meeting will be arranged between the pupil's parents/carers, the class teacher and the SENCO. During this meeting, the pupil's allergy needs will be discussed and an appropriate support plan will be agreed.

Any medical care, including the administration of medication, will be carried out in accordance with the school's relevant policies and procedures.

Parents/carers are responsible for providing any required medication and ensuring that it is clearly labelled with the pupil's name, class, expiry date and instructions for use.

Pupils who require life-saving medication, such as AAIs, will be expected to have their medication available at school and on educational visits.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their Care Plan.

Staff providing support for pupils with allergies or other medical conditions will be familiar with, and follow, the requirements outlined in the pupil's Care Plan.

The SENCO is responsible for working in partnership with parents/carers and relevant staff to develop and maintain Care Plans for pupils with allergies. This includes ensuring that appropriate support arrangements are in place, required documentation is completed and individual risk assessments are undertaken where necessary.

The SENCO has overall responsibility for ensuring that Care Plans are implemented, regularly reviewed and communicated to relevant members of the school community.

10. STAFF TRAINING

All staff will receive regular allergy awareness training – at least annually. This training will cover all staff, including teaching staff, support staff, catering staff and others who may oversee pupils at breakfast or after school clubs.

Whole-school allergy awareness training will ensure that all staff:

- Have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage it.
- Understand that allergy includes multiple conditions, e.g. food allergy, asthma, eczema, hay fever, which can co-exist.
- Understand and can identify the main food allergens, and understand the difference between food allergy, intolerance and coeliac disease.
- Can identify the range of symptoms of allergic reactions.
- Understand and can recognise anaphylaxis.
- Know how to respond in an emergency, including:
    - Calling the emergency services.
    - How to locate and administer AAIs in a case of anaphylaxis or an asthma reliever inhaler during an asthma attack.
    - How to use the AAI devices prescribed to pupils and the spare devices stocked by the school.

- Understand the impact allergies can have on a pupil's wellbeing.
- Understand this procedure.
- Know how to check whether an individual is on the record of those with known allergies and how to use an allergy or asthma action plan.
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens.
- Understand how to report an allergic reaction or case of anaphylaxis – whether an incident or a near miss.

New staff members will receive allergy awareness training as part of their induction. Supply and temporary staff will be provided with relevant information about pupils with allergies, emergency procedures and the location of emergency medication.

Where appropriate, supply or cover staff may be asked to confirm that they have received equivalent allergy awareness training. New staff members will receive this training as part of their induction and any supply or cover staff will be required to provide evidence that they have received equivalent training.

Where gaps in staff training are identified, the school will undertake a risk assessment and take appropriate action to address them. This may include arranging additional training or ensuring that appropriately trained staff are available to support pupils with allergies during lessons, activities, trips or other school events.

11. MILD TO MODERATE ALLERGIC REACTION

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their Care Plan to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

For mild to moderate allergy symptoms, the pupil's CARE PLAN will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this procedure. Where the pupil is required to go to the hospital, an ambulance will be called.

12. MANAGING ANAPHYLAXIS

All staff will be aware of the 'ABC' (Airway, Breathing, Circulation) principle when recognising anaphylaxis.

Staff members will be able to recognise the following signs of anaphylaxis:

- **Airways:**
  - Tightening of the throat
  - Hoarse voice
  - Difficulty swallowing
  - Swollen tongue
- **Breathing:**
  - Sudden wheezing
  - Difficult or noisy breathing
  - Persistent cough
- **Circulation:**
  - Persistent dizziness
  - Pale or floppy
  - Suddenly sleepy
  - Collapse/unconscious

If one or more of the signs above are present, the nearest trained staff member will follow the below procedure:

1. Lay the pupil flat with their legs raised. If breathing is difficult, allow them to sit upright.
2. Administer an AAI without delay, using the pupil's prescribed device or a spare device if necessary.
3. Call 999 immediately and request an ambulance, stating that the person is experiencing anaphylaxis.

After administering an AAI device, the staff member(s) handling the situation will stay with the pupil until the ambulance arrives and will keep them lying down, even if the situation appears to be improving. They will then phone the pupil's parent or emergency contact.

If there is no improvement after five minutes, an additional dose of adrenaline will be administered using a second device.

CPR will be commenced at any time if there are no signs of life.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers a suspected severe allergic reaction, the nearest trained member of staff will administer a spare AAI without delay if anaphylaxis is suspected. Emergency services will be contacted immediately after AAI administration. Staff will be made aware that the risks associated with delaying adrenaline are greater than those associated with administering it unnecessarily.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, two members of staff will accompany them.

A copy of the Register of AAIs will be held in the medical room for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

13. WELLBEING OF PUPILS WITH ALLERGIES

The school recognises that allergies can have a significant impact on a pupil's emotional wellbeing, confidence, and sense of security. Pupils with allergies may experience anxiety due to the risk of exposure to allergens and the potential for a serious allergic reaction, including anaphylaxis. These concerns may be heightened where allergies are accompanied by related medical conditions such as asthma or eczema.

The school is committed to supporting the wellbeing of pupils with allergies by ensuring that appropriate measures are in place to minimise the risk of allergen exposure and that effective emergency procedures are established and understood by staff. Pupils and their families will be reassured that the school takes allergy management seriously and is committed to providing a safe and supportive environment.

The school will promote a culture of awareness, inclusion, and respect in relation to allergies and other medical conditions. Through ongoing communication, education, and training, pupils, parents, and staff will be encouraged to understand the risks associated with allergies and the importance of following agreed control measures.

The school will not tolerate bullying, teasing, discrimination, or social exclusion relating to allergies, dietary requirements, medication, or medical conditions. Any concerns or incidents of this nature will be dealt with promptly and appropriately in accordance with the school's behaviour and relationships procedure, which also includes anti-bullying procedures.

To support pupils with allergies, the school will:

- Provide proactive support for new pupils with known allergies as they join the school
- Explain to pupils and parents the arrangements the school will put in place to support safety and inclusion.
- Offer opportunities, where appropriate, for pupils with allergies and their families to become familiar with the dining environment and key staff.
- Identify appropriate staff members who can act as a point of contact for pupils with allergies and their parents.
- Encourage pupils with allergies, where appropriate, to share concerns and contribute to discussions about how they can be supported safely in school.

The school will, where appropriate, involve pupils with allergies and their parents in the development and review of support arrangements. The school will also consider feedback from staff and, where relevant, from other members of the school community in order to improve practice.

14. MONITORING AND REVIEW

This document will be reviewed annually by the headteacher and/or SENCO.

The effectiveness of this procedure will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this procedure and pupils' Care Plans will be updated and amended as necessary.

Any changes made to this document will be communicated to all staff, and, where necessary, parents and pupils.

Appendix A

Section of Pupil Registration form that parents complete showing collection of medical conditions.

Medical Contact Information			
GP Name:	[]	GP Post Code:	[]
GP Telephone:	[]	GP Practice Address:	[]

Medical Conditions (Parents/carers will be invited to complete a Pupil Care Plan with the welfare team should any information be listed below. The Care Plan will outline any medical requirements your child has and how the school will assist)								
Has your child had any of the following: *(Check box if Yes, leave blank if No)*	[□] Allergies	[□] Asthma	[□] Epilepsy or fits	[□] Heart problems	[□] Nose bleeds	[□] Speech or hearing difficulties	[□] Mobility difficulties	[□] Other
If you have ticked Yes to any of the above, please provide details:	[ ]							
Please list any other continuous medical treatment or medicines:	[ ]							

First Aid		
We have First Aiders in school to provide First Aid treatment where necessary. If we feel you need to be notified, you will receive a note or a telephone call.		
I give permission for first aid to be administered:	[□] I give permission	[□] I do not give permission

Dietary Requirements				
Does your child have any Special Dietary requirements that we need to be made aware of?	[□] Yes	[□] No	Please provide details:	[ ]

Appendix B

Whittington Primary & Nursery School	**Name:** _____ **Year:** _____ **Individual Healthcare Plan for allergy**

Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	
Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy Annex: Care or Action Plans issued by healthcare professionals	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**:

Appendix C

SPARE AAIs

Register of AAIs - Yearly Consent 26-27

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, do you provide consent for the school to administer a spare AAI to your child.

- ☐ YES
- ☐ NO

Name of Parent

Relationship to child

Contact details of parent

Please list known allergens

Please list risk factors for anaphylaxis

Please confirm exact dosage requirements

Parental Signature

Appendix D – Allergy Action Plan (For Epi-Pens)

ALLERGY ACTION PLAN

BSACI Improving Allergy Care | RCPCH | anaphylaxis UK | AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

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

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: _____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

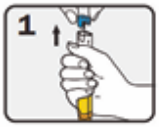
Date: .....

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

© BSACI 10/2024

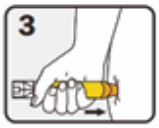
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen.
Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

.....

Date: .....

Appendix E – Allergy Action Plan (For Epi-Pens)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

This young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Mild throat tightness
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

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

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

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



2. **Use Adrenaline autoinjector without delay** (eg. JEXT®) (Dose: mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

© BSACI 10/2024

How to give JEXT®



1. Form fist around Jext® and PULL OFF YELLOW SAFETY CAP
2. PLACE BLACK END against outer thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
4. REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

Appendix F FIRST AID FOR ANAPHYLAXIS POSTER

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways

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

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

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

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

ANAPHYLAXIS: ACTIONS TO TAKE

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

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

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



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

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



3. The person should lie down immediately

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



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

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

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

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.

Appendix G– EPIPEN 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!**

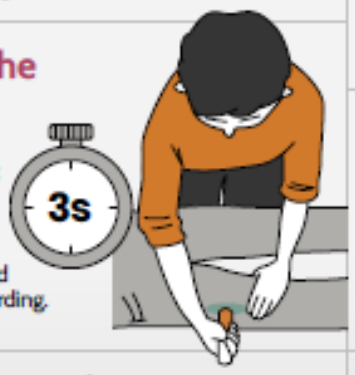


2. Position the orange tip

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

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AllergySchool.org.uk

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

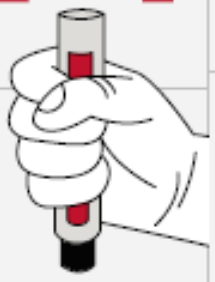
1. Hold the Jext AAI in the hand you write with

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 >>

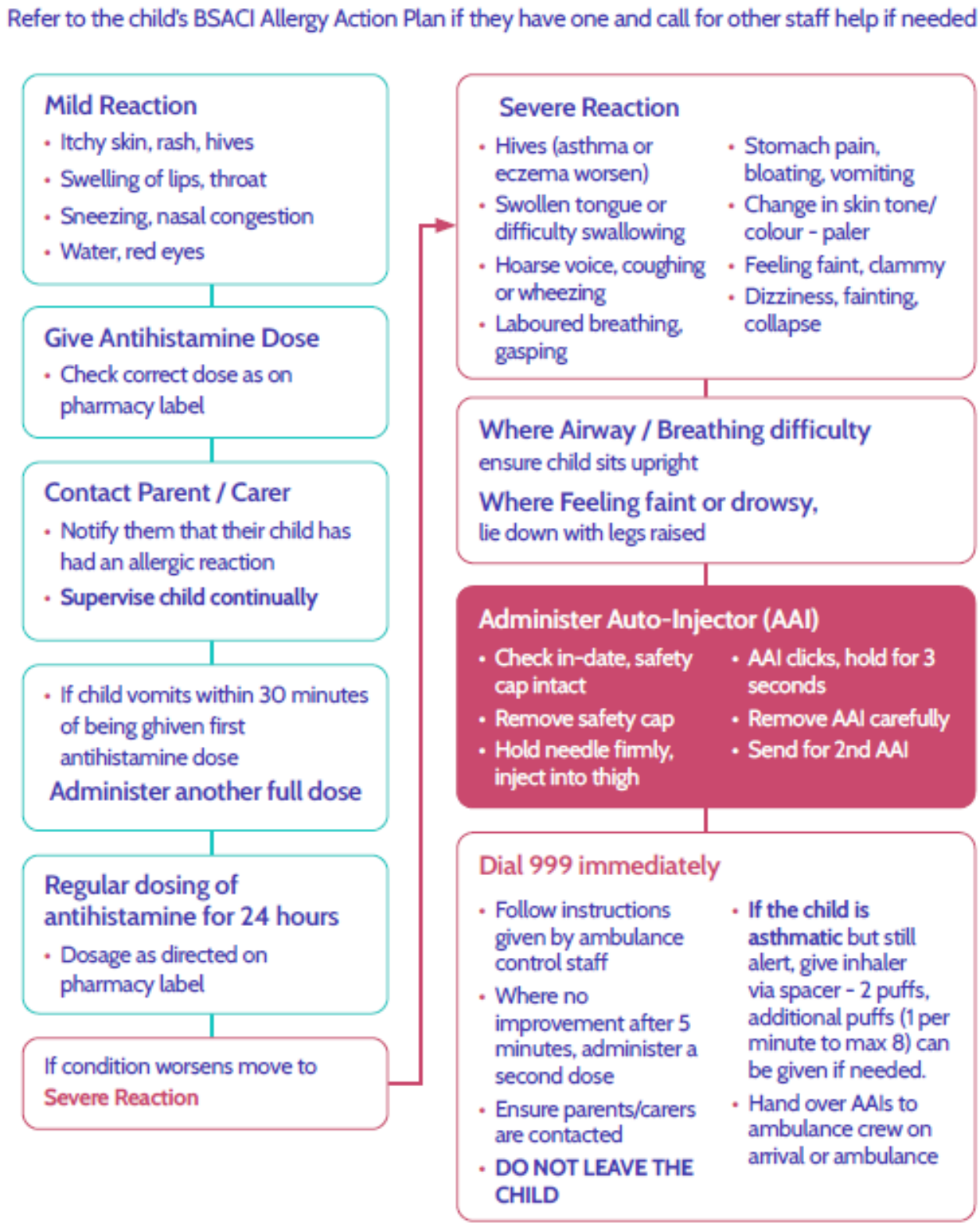
Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

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Registered charity England & Wales (1180998) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: jext.

APPENDIX H – FLOWCHART FOR ALLERGIC REACTION WITH USE OF AAI



APPENDIX I – FLOWCHART FOR ALLERGIC REACTION WITHOUT USE OF AAI

