Fair Ways Education
Swanwick, GLADE and Fort Wallington

Allergy Safety Policy

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Fair Ways Vision, Mission and Values

Our vision
To build a community that changes lives, makes a difference to society and leaves a legacy greater than us and our contributions.

Our mission
To grow a compassionate, resilient, and trauma-informed community, that embraces learning, so that we improve the lives and outcomes of individuals.

Our values
Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within the organisation to *play their part*:

PROFESSIONAL	**A**CCEPTING	**R**EFLECTIVE	**T**RANSPARENT
· We do what we say we will. · We approach challenges with optimism and enthusiasm. · We don't judge, we notice. · We put the needs of the service before our own personal gains.	· We don't give up on people. · We value all individuals and are willing to challenge them. · We embrace each other's differences as much as our similarities. · We accept responsibility for our actions.	· We give feedback, we invite feedback, we listen to feedback. · We look inward before we look outward. · We learn as much from our mistakes as from our successes. · We listen to each other, learn from each other and grow together.	· We are always willing to explain why. · We have the courage to be open and honest. · We earn trust through our transparency. · We live by our values even when no-one is watching.

1 Introduction

1.1 Fair Ways Schools are 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. Through our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all students

2 Equalities statement

2.1 Fair Ways Schools are clear about the need to actively support students with medical conditions to participate in school life.

2.2 The schools will consider what reasonable adjustments need to be made to enable these students to participate fully and safely in all aspects of school life.

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

3 Context

3.1 Food allergies are increasing in both developed and developing countries, especially in children, and the severity and complexity of food allergy is also increasing. Food allergy can be fatal, and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide.

3.2 Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one allergic student. These young people are at risk of anaphylaxis,

a potentially life threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of food allergy. It is essential that staff recognise the signs of an allergic reaction, symptoms and are able to manage it safely and effectively.

3.3 Schools have a legal duty to support students with medical conditions, including allergy.

4 Principles

Practice principles :

- To comply with all relevant legislation, statutory guidance and regulatory requirements relating to the safe support of students with medical conditions, food allergen management, safeguarding, equality and health and safety.
- To encourage proactive steps to keep students safe.
- To ensure students 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 student awareness programme through RHSE and other curriculum areas.

5 Allergy management checklist

- Does the child have an Individual Healthcare Plan
- Has your school purchased spare pens?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store Adrenaline Auto Injectors (AAIs)?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?

- Does the allergy policy cater for children with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricula activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

6 Practical steps (see also Appendix I and II)

In order to put these principles into practice these are the roles and responsibilities :

6.1 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 Headteacher/Head of School and their deputies.
- Ensure the school's arrangements to identify and safeguard the wellbeing of students, 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 students with allergies
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

6.2 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 students 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 students is accessible to catering teams.
- Ensure there is a workable School Emergency Plan in place that is known by all staff
- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any student joining in year
- Where the student has an Individual Healthcare Plan (IHCP), ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the student in establishing the plan, and ensure that any associated Allergy Action Plan is completed and signed by a healthcare professional, kept with the student's medication, and made available to staff who need access to it.
- Ensure effective communication of individual student medical needs to all relevant staff, including supply staff where appropriate, and ensure staff know where to access the most up-to-date Allergy Action Plan, Individual Healthcare Plan and emergency medication 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-curricular activities for students who have allergies
- Ensure records of Student medically prescribed an AAI and its use are kept correctly
- Ensure student documentation and in date medication is kept correctly and safely
- Ensure best practice in the labelling of foodstuffs and their contents
- Report to the Board of Governors/Trustees regarding the management of allergies within the school.

6.3 Member(s) of Staff responsible for medical needs

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Report to the Head regarding students/student with allergies
- Lead on the training of staff regarding allergy medical needs and their identification and management
- Work closely with in-house Catering in assisting in the support of students with known allergies (including meeting with parents/carers where requested) to discuss any special requirements
- Monitor where there is a school 'tuck shop' or home baked items are brought into school
- Liaise with parents/carers of students with known declared allergies to produce a risk assessment for their child that includes sharing of information, allergy management, risk minimisation and emergency actions.
- Wherever possible use an AAP for students with recognised allergies and keep it with their medication. Ensure copies of the AAP are available for all staff to access.
- If an additional written IHCP is not required, ensure that the AAP is viewed and treated with the same level of seriousness.
- Ensure all copies of the AAP/IHCP located around the school and/or on IT systems are identical if an updated version is received.
- Where an AAP has not been received for a student 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 students/student's name and a photograph (older students should carry their AAIs and medication with them)
- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the student's IHP and/or AAP
- Ensure that any other staff involved with those students requiring the use of an AAI are also adequately trained and competent
- Ensure all school trips, excursions or off-site extra curricula activities for students are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for students with allergies
- Ensure the school has an audited spare supply of in date AAIs that are kept in a

safe space at room temperature that is accessible, secure but not locked away and all staff are aware of the location

- Monitor the use of all AAIs to ensure they are within the expiry date including those brought into the school by students or external sources and are of the correct dosage
- Arrange for the correct disposal of out-of-date AAIs
- 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 AAIs or reports of suspected emergencies
- Ensure that if a pupil/student notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP (if applicable).

Responsible staff member for all staff and student medical needs, including allergies:

- **Swanwick School: Deputy Headteacher – Sarah Forrest**
- **Fort Wallington School: Deputy Headteacher -Jim Lee**
- **GLADE School: Deputy Headteacher - Lily East**

6.4 All Staff

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency
- Raise awareness about allergies and anaphylaxis amongst their students in the classroom and around school, especially in dining areas
- Encourage self-responsibility and learned avoidance strategies amongst students living with allergies
- Help all students understand which foods are safe for those with allergies and how they can support other students with specific dietary needs to stay safe
- Highlight the need for anti-bullying of students with the condition
- Be aware of the students in their care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes

- Any food-related activities must be supervised with due caution whilst following best practice for storing, preparing, cooking and serving food
- Any staff leading on a school trip must check that all students with medical conditions, including allergies, carry their medication (those unable to produce their required medication would not be able to attend the excursion)
- Staff leading a school trip, excursion or off-site extra curricula activity must ensure they carry all relevant emergency supplies with them

6.5 **Parents/Carers**

- Notify the school of the student's allergies.
- Inform the school of any changes as soon as known
- Talk with your child about allergy self-management, including what foods are safe and unsafe, how to read food labels, strategies for avoiding allergens, how to spot symptoms of allergy, how and when to tell an adult if experiencing an allergic reaction.
- Provide an AAP completed by a healthcare professional that can be kept with their medication and help the school support the student
- Contribute to the provision of an IHCP 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 SLT to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by SLT)
- Be aware of the school Allergy Policy and any arrangements for managing children with allergies and at risk of anaphylaxis
- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction
- Provide appropriate in date medication (two AAIs) of the correct dosage and register their AAIs on the manufacturer's websites to receive text alerts for expiry dates
- Providing appropriate foods to be consumed by the child if necessary
- Replace medications after use or upon expiry
- Review the Policy and procedures with the school's Head/Principal and/or Member of Staff responsible for medical needs, the student's doctor and the student (if age appropriate) after a reaction has occurred

6.6 Students with allergies (as age appropriate)

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

7 Supply, storage and care of medication

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

7.2 For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

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

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

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

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

7.6 **Older children and medication**

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

7.7 **Storage**

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

7.8 Disposal

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

The sharps bin is kept in the First Aid Room.

7.9 **Spare AAIs**

Schools can now legally purchase and store spare Adrenaline Auto-Injectors (AAIs For children at risk of anaphylaxis). Immediate access to an AAI can be lifesaving. While it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies. An emergency allergy response kit is located in the first aid room and includes two spare Epi-Pens and inhaler.

8 Catering

8.1 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.

8.2 Parents/carers are encouraged to meet with the SLT team to discuss their child's needs.

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

- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with SLT.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

9 Allergy awareness and nut bans

9.1 The school supports the approach advocated by many allergy charities towards nut bans/nut free schools. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

9.2 A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff are aware of what allergies are, the importance

of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

10 Risk assessment

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

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

11 Training

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

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

12 Allergies and bullying

12.1 By law, all state schools must have a behaviour policy in place that includes measures to prevent all forms of bullying among students, and this is a policy decided by the school. All teachers, students and parents must be told what it is, and allergy bullying should be treated seriously, like any other bullying. Schools must, under Section 100

of the Children and Families Act 2014, aim to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

12.2 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

13 Associated Documentation & Legislation

www.allergyschool.org.uk/wp-content/uploads/2025/02/Allergy-Policy.pdf

Appendix I: First Aid for Anaphylaxis poster

Appendix I - 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 RSACI and 2023 MHRA guidance.

making a difference, not a profit

Appendix II – EpiPen AAI and Jext AAI instructions

Appendix II - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

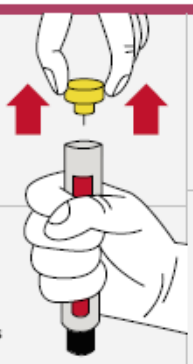
HOW TO USE JEXT AAIS

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 >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

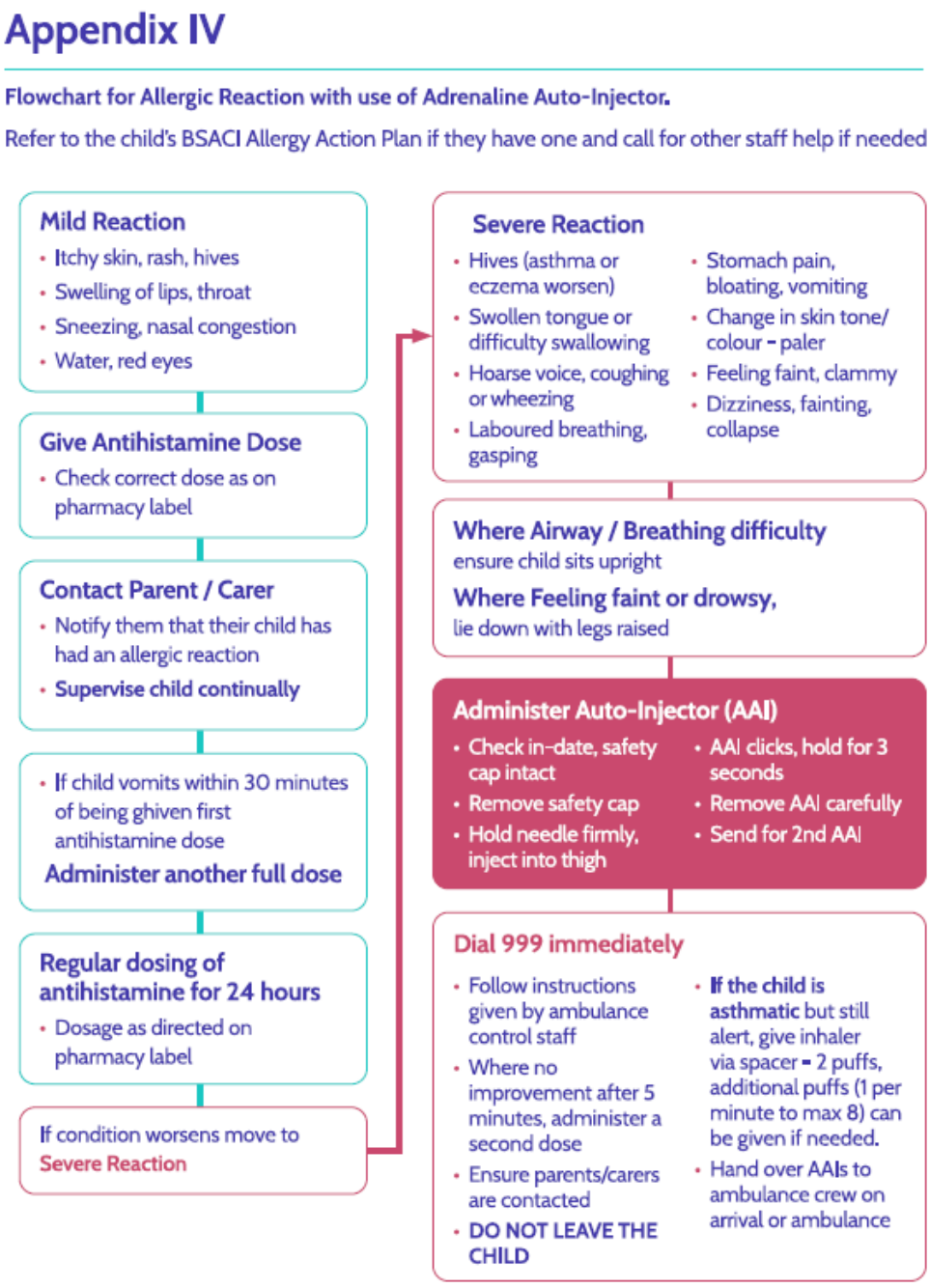
Empower • Include • Protect
AllergySchool.org.uk

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

Appendix III : Flow Chart of Allergic reactions WITHOUT use of Auto-injector



Appendix IV: Flowchart of Allergic reaction WITH use of Adrenaline Auto-injector



Appendix V : Information on Allergies

Appendix V

Information on allergies

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

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

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

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

Symptoms

Mild to moderate symptoms include:

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

Severe symptoms include:

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

Appendix VI: Other support and resources

Appendix VI

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 VII; Top 14 Allergens

Appendix VII - Top 14 Allergens poster



www.allergyschool.org.uk/wp-content/uploads/2025/02/Allergy-Policy.pdf