

## **Durham Cathedral Schools Foundation (DCSF)**

### **ALLERGY POLICY**

#### **1. Policy aims**

1.1. The purpose of this Policy is to:

- Minimise the risk of any pupil or staff member suffering a serious allergic reaction whilst at school or attending any school-related activity. This includes in our school-based EYFS setting.
- Ensure that DCSF complies with all relevant environmental legislation, regulations and requirements;
- Encourage proactive steps to keep all members of the Foundation community safe;
- Ensure that community members from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling; and
- Ensure an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and managing serious allergic reactions should they arise.

#### **2. Policy statements**

2.1. DCSF is committed to promoting a whole Foundation approach to healthcare, welfare and wellbeing, and to the safe management of those members of the Foundation community who live with specific allergies. This includes working with our catering provider to ensure a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, and stock ordering of food/drink used at our schools.

2.2. DCSF believes that all allergies should be taken seriously and dealt with in a professional and appropriate way.

2.3. By our actions, DCSF will work proactively to:

- Minimise the risk of exposure within our schools;
- Encourage self-responsibility;
- Learn avoidance strategies;

- Have robust plans for an effective response to possible emergencies; and
- Ensure inclusivity for all pupils.

2.4. DCSF commits in this policy to observing the principles of the Equality Act 2010 and does not discriminate on any grounds.

2.5. DCSF is clear about the need to actively support pupils with medical conditions to participate in school life, and will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. This includes having measures in place to prevent all kinds of bullying, including allergy-related bullying.

### 3. Definitions

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

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

Cereals containing Gluten	Soya	Sesame seeds
Celery	Milk	Sulphur dioxide/Sulphites
Crustaceans	(Tree) Nuts	Lupin
Eggs	Peanuts	Molluscs
Fish	Mustard	

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander can also cause allergic reactions.

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

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

### 4. Allergy care plans

4.1. Prior to admission to DCSF, parents/carers of all pupils are asked to complete a medical questionnaire which includes information about any special dietary requirements, and food allergies that the child has, and any special health requirements. This is in line with the *Early years foundation stage statutory framework for group and school-based provider*.

- 4.2. Allergy care plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector (AAI).
- 4.3. It is the parent/carer's responsibility to complete the allergy care plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and to ensure that the Foundation's Medical Centre is provided with a copy of this.

## **5. Supply, storage and care of medication**

- 5.1. Depending on their level of understanding and competence, pupils are encouraged to take responsibility for, and to carry, their own two AAIs on them at all times. For younger pupils, or those not ready to take responsibility for their own medication, an anaphylaxis kit is kept safely, not locked away, and accessible to all staff at all times. The member of staff in charge of the class is responsible for ensuring that it is taken with the pupil if they leave the school site during the school day, e.g., on a school trip.
- 5.2. Medication should be stored in a suitable bag/container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:
- Two AAIs, i.e. EpiPen®, Jext® or Emerade®
  - An up-to-date Allergy care plan
  - Antihistamine as tablets or syrup (if included on the pupil's Allergy care plan)
  - Spoon if required
  - Asthma inhaler (if included on the pupil's Allergy care plan).
- 5.3. It is the responsibility of the pupil's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however expiry dates are logged in Medical Tracker allowing the School Nurses to send a reminder to parents if medication is approaching expiry.
- 5.4. Parents/carers can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.
- 5.5. Older pupils should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents/carers. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the pupil cannot.
- 5.6. AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.
- 5.7. 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 sharps bin. The sharps bin is kept in the Medical Centre at Durham School.

## 6. 'Spare' AAls in schools

- 6.1. Schools can now legally purchase and store spare AAls for pupils at risk of anaphylaxis, but whose own devices are not available or not working (e.g., because they are out-of-date).
- 6.2. DCSF holds two strengths of AAls: the 0.15mg/150mcg is for pupils aged up to six years; the 0.3mg/300mcg is for pupils aged six years and above.
- 6.3. Foundation AAls are located as follows:

	0.15mg AAI	0.3mg AAI
<b>Chorister School</b>		
Bow site – Corridor leading off reception	✓	
Cathedral site – Kitchen	✓	✓
<b>Durham School</b>		
Main kitchen		✓
Medical Centre		✓

- 6.4. In exceptional circumstances, that could not have been foreseen, Foundation-held AAls can be used for the purpose of saving a life for a pupil or other person not known by the Foundation to be at risk of anaphylaxis (MHRA 2023).
- 6.5. The spare AAls are checked on a monthly basis to ensure that they are in date and replaced as needed. The people responsible for this are:
- Durham School – School Nurses;
  - Chorister School, Cathedral site – House Mothers;
  - Chorister School, Bow site – PA to Head Teacher.

## 7. Catering

- 7.1. 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.
- 7.2. DCSF uses Chartwells Independent caterers. Chartwells food service is in line with their Medical Diet Policy.
- 7.3. A three-week school menu is available for parents/carers to view on the Foundation website at: <https://www.dcsf.org.uk/our-community/parent-hub/menus>. At all sites, information on allergens is available in a folder at the entrance to the servery.
- 7.4. The School Nurse will inform the relevant Catering Manager of pupils with food allergies using the catering company's supplied form, and parents/carers are encouraged to meet with the relevant Catering Manager to discuss their child's needs.

7.5. Systems are in place to ensure catering staff can identify pupils with allergies at the Junior School. At Chorister School, Chartwells medical diet lanyards are worn by pupils with allergies, and photographs of pupils following medical diet menus are kept behind the service counter.

At Durham School, Chartwells do not prepare managed medical diet menus for pupils but instead focus on supporting pupils with medical dietary needs so that they can make safe choices. This is done through adhering to strict food safety regulations including transparency around the presence of the 14 legal allergens in every dish in menus, and encouraging pupils to ask catering staff about allergens. The name and photo of a nominated 'Allergy Champion' among the catering staff is displayed in the canteen.

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

- Bottles, other drinks or snacks provided by parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food/drink is purchased from the School tuck shop/café, parents/carers should check the appropriateness of foods by speaking directly to the Catering Manager or other member of staff who is responsible for the food/drink.
- Depending on their level of understanding and competence, pupils are taught to also check with relevant staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, catering staff are 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 Catering Manager.
- Food should not be given to Chorister School food-allergic children without parental engagement and permission (e.g., birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

7.7. DCSF supports the approach advocated by many allergy charities towards nut bans/nut-free schools. However, as nuts are only one of many allergens that could affect pupils, and no school can guarantee a truly allergen free environment for a pupil living with food allergy, DCSF also aims to create a culture of allergy awareness and education, whereby teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding pupils' allergens, the signs and symptoms of an allergic reaction, how to deal with allergic reactions, and ensuring that policies and procedures are in place to minimise risk.

## 8. School trips

- 8.1. Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- 8.2. All the activities on the school trip will be risk assessed to see if they pose a threat to pupils with allergies and, if so, alternative activities planned to ensure inclusion.
- 8.3. Residential school trips will involve careful planning and staff at the venue will be briefed early on that a pupil with an allergy is attending and will need appropriate food (if provided by the venue).
- 8.4. Pupils with allergies should have every opportunity to attend **sports trips** to other schools or external sports facilities. DCSF will ensure that the member of staff in charge of the team/pupil(s) are fully aware of the situation. A member of staff trained in administering adrenaline will accompany the trip. If another school feels that they are not equipped to cater for any food-allergic pupil, DCSF will arrange for the child to take alternative/their own food.

## 9. Staff training

- 9.1. The School Nurses are responsible for co-ordinating staff anaphylaxis training.
- 9.2. All staff will complete anaphylaxis training as part of INSET at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy;
  - Spotting the signs and symptoms of an allergic reaction and anaphylaxis;
  - Administering emergency treatment (including AAls) 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;
  - Accessing pupils' medical information and care plans on Medical Tracker;
  - A practical session using trainer devices as required.
- 9.3. In the EYFS, an appropriate number of staff have completed full Paediatric First Aid (PFA) training which includes helping a child who is having an allergic reaction. Training is in line with the criteria in Annex A of the *Early years foundation stage statutory framework for group and school-based providers*.

## 10. Responsibilities under this Policy

### 10.1. Governors

- Delegate the day-to-day responsibility for the effective delivery of this Policy to the Principal/Head Teacher of Chorister School.
- Ensure the Foundation'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 Foundation provides appropriate training, information, instruction, induction and supervision on a regular basis to enable everyone to stay safe regarding allergies and their management.
- Ensure adequate resources for managing allergies are available
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose

### 10.2. Principal/Head Teacher of the Chorister School

- 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 etc. are made aware of the Foundation'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.

### 10.3. School Nurses

- Follow all legal requirements, recommended best practice and Foundation procedures pertaining to allergies within the school context.
- Work closely with the Catering Managers in assisting in the support of pupils with known allergies (including meeting with parents/carers where requested) to discuss any special requirements.
- Seek up-to-date medical information for pupils with an allergy on an annual basis and for any pupil joining in year.
- Where the pupil has a care plan, ensure the involvement of healthcare and welfare professionals, teaching and catering staff, parents/carers and the pupil in establishing this.
- Ensure all copies of a pupil's care plan located around the School and/or on IT systems are identical if an updated version is received.
- Ensure medication is stored in an appropriate container and clearly labelled with the pupil's name and a photograph (older pupils should carry their AAls and medication with them).
- Ensure that any other staff involved with those pupils requiring the use of an AAI are also adequately trained and competent.
- Ensure effective communication of individual pupil medical needs to all staff, including catering staff, and that they know how and where to check for up-to-date information.
- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences.
- Lead on and ensure that First Aid staff training includes anaphylaxis management, including awareness of triggers, anaphylaxis and first aid emergency procedures.

- 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.
- Report to the Health, Safety and Welfare Committee of Governors regarding the management of allergies within the school.
- 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 pupils, and are of the correct dosage.
- Arrange for the correct disposal of out-of-date AAIs.
- Record all emergency uses of AAIs or reports of suspected emergencies.
- Ensure that, if a pupil notifies School that they are no longer allergic to a food, this information is checked prior to updating records and their care plan (if applicable).

#### 10.4. Educational Visits Coordinator (EVC)

- 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 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.

#### 10.5. All staff

- Follow as directed all the requirements of the Foundation, including all legal requirements, recommended best practice and Foundation procedures pertaining to allergies within the school context.
- Complete appropriate anaphylaxis training and be confident to respond to an allergy emergency.
- 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 allergies.
- Be aware of the pupils in their care (including regular cover classes) who have known allergies.
- Supervise any food-related activities 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).
- Staff leading a school trip, excursion or off-site extra curricular activity must ensure they carry all relevant emergency supplies with them.

#### 10.6. Parents/carers

- Notify the Medical Centre of the pupil's allergies, and inform the Medical Centre of any changes to a pupil's medical condition/allergies 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, and how and when to tell an adult if experiencing an allergic reaction.



- Provide/contribute to the provision of a care plan in partnership with the Foundation Medical Centre and other relevant healthcare professionals, where required.
- Provide the Medical Centre with any other written medical documentation, instructions and medications as directed by a health professional.
- If required, meet with the Catering Manager to discuss any specific requirements relating to their child's allergy.
- Provide appropriate in date medication (two AAls) of the correct dosage for any pupils who are prescribed an AAI, and register their AAls on the manufacturer's websites to receive text alerts for expiry dates.
- Replace medications after use or upon expiry.
- Review the incident with the Medical Centre, the pupil's doctor and the pupil (if age appropriate) after a reaction has occurred.

#### 10.7. Pupils 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, 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, ask staff for advice or 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 appropriate adult.

### **11. Relationship to guidelines, procedures, other policies and legal requirements**

11.1. This Policy has been developed to be comply with:

- *Supporting Pupils at School with Medical Conditions*, DfE, December 2015
- *National Minimum Standards for Boarding Schools*, DfE, September 2023
- *Early Years Foundation Stage Statutory Framework*, DfE, November 2024
- *Guidance on the Use of Adrenaline Auto-Injectors in Schools*, Department of Health, September 2017
- *Food Allergy Quality Standards*, NICE, March 2016
- Human Rights Act 1998
- Chartwells Independent Medical Diet Policy, February 2021

11.2. This Policy should be read in conjunction with the following other policies:

- First Aid and Healthcare Policy
- Safeguarding Policy
- Educational Visits Policy
- Equality, Diversity and Inclusion Policy

- Special Educational Needs and Disability Policy
- Anti-Bullying Policy
- Accidents and Incidents Policy
- Intimate Care Policy
- EYFS Policy

## **12. Oversight of the Allergy Policy**

Oversight of this Allergy Policy is undertaken by the Health, Safety and Welfare Committee. The Policy will be reviewed by the Senior School Nurse annually.

**Policy written by:**

Mrs C. Hodge (Senior School Nurse), May 2025

## Appendix A: DCSF Anaphylaxis Risk Assessment



### Durham Cathedral Schools Foundation - Anaphylaxis Risk Assessment

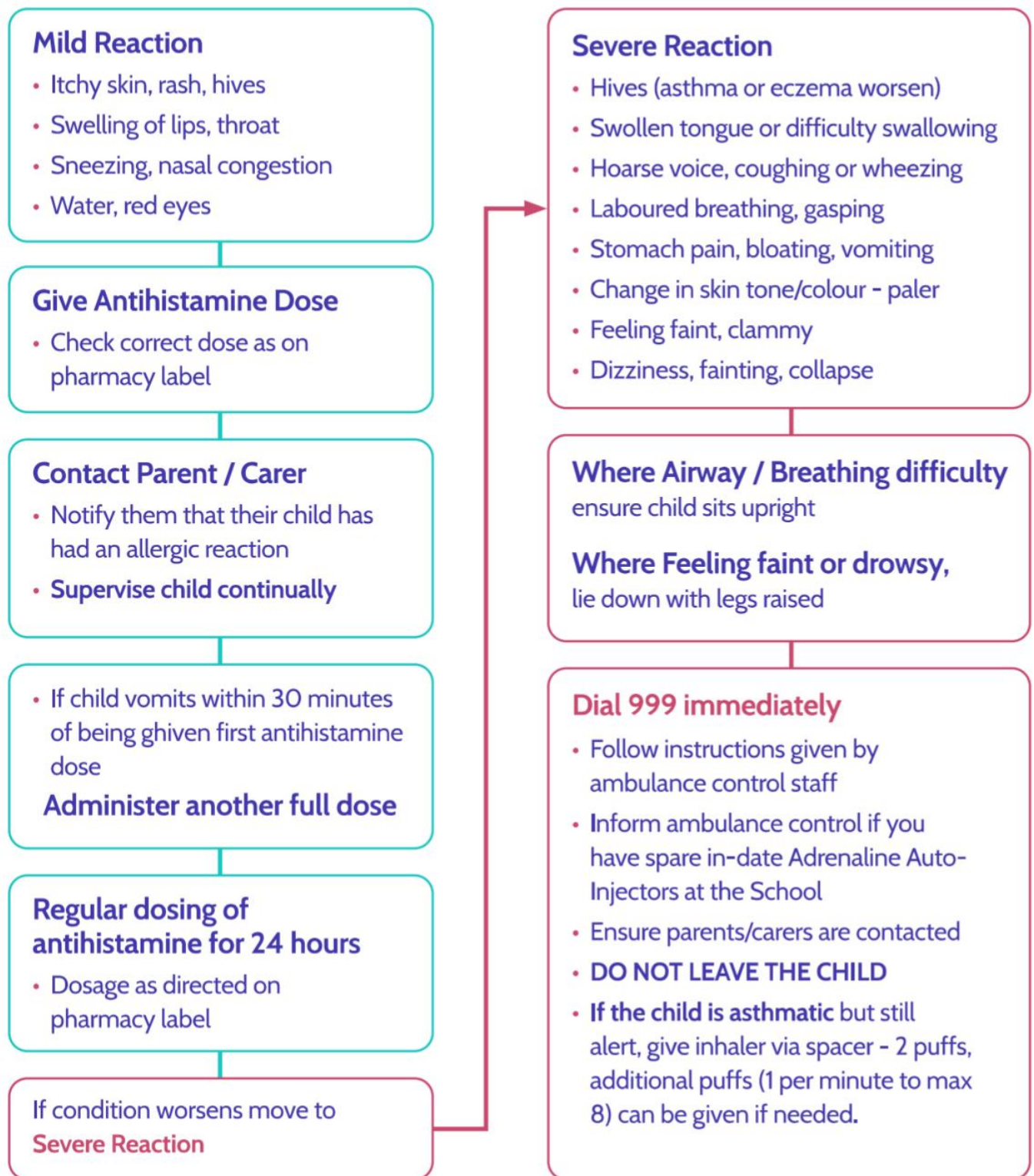
This form should be completed by the setting in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:	Date of Birth:
School:	Key Worker/HM/Teacher/Tutor:
House:	
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
<b>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</b> <b>Signatures:</b> Setting Manager/Head teacher: Date  Parents/Carers Date  Child/Young Person Date	
What is this child/young person allergic to?	

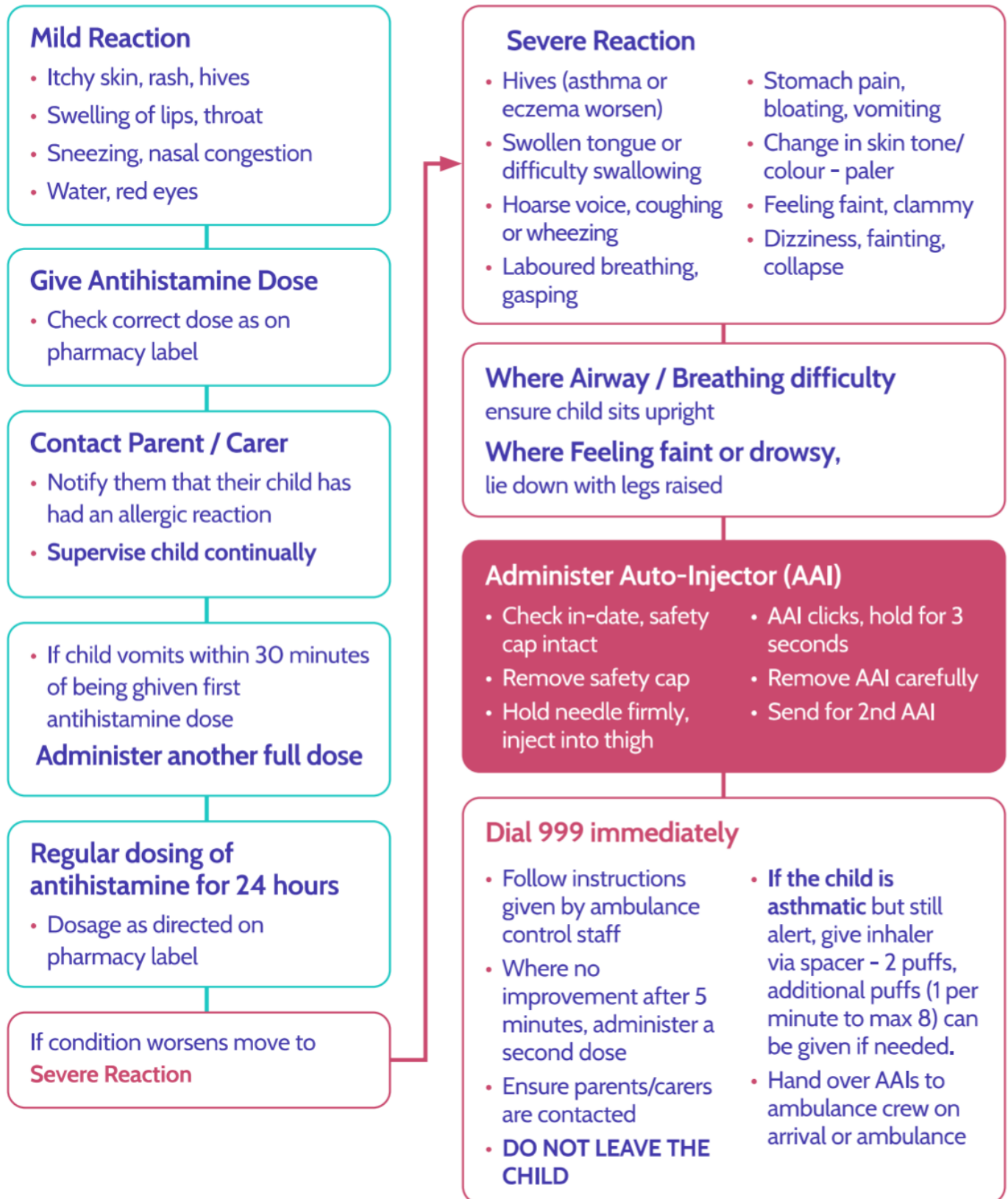
Allergen exposure risks to be considered Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/>
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.
<b>Activities</b>
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child):
Outdoor play/PE (AAIs to be with the child):
School field (AAIs to be with the child):
Forest school (AAIs to be with the child):
Offsite trips (are staff who accompany trip trained to use AAI?):
<b>Allergy Management</b>

Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
Does the child have two of their own prescribed AAIs?
How many staff need to be trained to meet this child's need?
Are there backup spare AAIs available and where are they located?
<p style="text-align: center;"><b>Outcome of Risk Assessment</b></p> <p> <b>New Allergy Action Plan/Individual Healthcare Plan required?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> </p> <p> <b>Existing Allergy Action Plan/Individual Healthcare Plan to be updated?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> </p>

## Appendix B: Flow chart for allergic reaction without the use of an AAI



## Appendix C: Flow chart for an allergic reaction with the use of an AAI



# FIRST AID FOR ANAPHYLAXIS



## Recognise the Signs of Anaphylaxis...

### A Airways

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

### B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

### C Circulation

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

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

## ANAPHYLAXIS: ACTIONS TO TAKE

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

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

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



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

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



### 3. The person should lie down immediately

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



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

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

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



# ANAPHYLAXIS

## HOW TO USE EPIPEN AAI

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

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

### 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!**

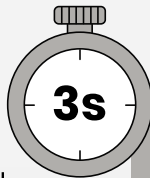


### 2. Position the orange tip

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 AAI >>



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



# ANAPHYLAXIS

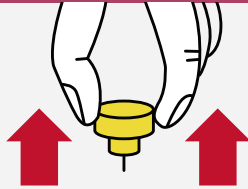
## HOW TO USE JEXT AAIS

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

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

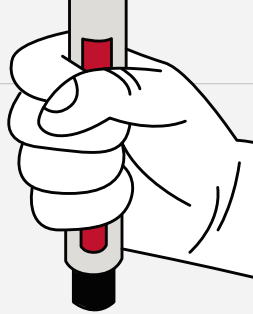
### 1. Hold the Jext AAI in the hand you write with

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.

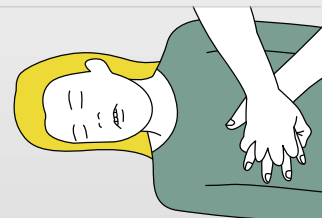


### 7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

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 AAI >>



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

