

The Ridgeway CE Primary School

'Building for Life'

Allergy Safety Policy

Approved by: Full Governing Board

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Next review due by: September 2027

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 The Allergy Governor

Within the role of Health and Safety Link Governor.

The Governing Body's named representative below is responsible for overseeing all safety policies and procedures and reporting any allergic near misses/incidents to the Governing Committee is:

Kris Dower, Health & Safety Governor – contact would be via the school office (01235 751254/office.3231@ridgeway.oxon.sch.uk).

This person is responsible for:

- Overseeing the school management of allergy risk assessment and emergency procedures.
- Overseeing the effective delivery of this policy by the Allergy Lead.
- Overseeing the school's arrangements to identify and safeguard the wellbeing of pupils, because of their own or someone else's allergy.
- Overseeing the school training, information, instruction, induction and supervision via the Local Governing Committee Meetings to enable everyone to stay safe regarding allergies and their management.
- Supporting with monitoring the effectiveness of this Policy to ensure it remains fit for purpose.

3.3 Allergy safety lead

The nominated allergy safety lead is the Headteacher, Felicity Blockley.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
 - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
 - All staff receive regular allergy awareness training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
 - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.4 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.5 Office Staff

Anna Cassidy and Louise Buxton are responsible for:

- Checking spare AAls are present and in date on a monthly basis
- Making sure that replacement AAls are obtained when expiry dates approach

3.6 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead
- Class Teacher will check the medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

3.7 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, parents/carers must provide the school with **two in-date adrenaline auto-injectors (AAls)** and any other prescribed or agreed medication, such as inhalers or antihistamines. Parents/carers are responsible for ensuring that all medication remains in date and is replaced promptly when required. **Class teachers will check medication termly and remind parents/carers when replacements are needed as a supportive measure; however, this does not replace the parent/carer's responsibility to ensure that all medication provided to school is in date and replaced promptly.**
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.8 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose

- Understanding how and when to use their AD

3.9 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school (01253 751254) or an email to the School Office (office.3231@ridgeway.oxon.sch.uk) if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

We will:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed ADs (and if so, what type and dose)
 - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
 - A photograph of each pupil to allow a visual check to be made
- The register is kept on the school drive, in the staff room with the spare autoinjectors and in the kitchen and can be checked quickly by any member of staff as part of initiating an emergency response

All prescribed Adrenaline Devices will be stored in the pupils classroom. They will be taken out onto the school field when the pupil is taking part in outside learning/PE etc. They will be held by staff on duty during breaks and lunchtimes.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology

- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

We will:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- No external bins to minimise insect attraction

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
 - The pupil does not have a prescribed AD
 - The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed ADs have their devices stored with them in the classroom. The devices are stored: in unlocked cupboards then the devices will be:

- Stored in classrooms. Classrooms are unlocked and accessible at all times. They will remain there during lunchtimes as they are less than 5 minutes from the dining hall.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.
- When pupils are learning outside staff will take ADs out with the children.
- When playing outside at break/lunch staff will take the ADs out with them.
- When on a school trip a member of staff who is appropriately trained will carry the AD and remain with the child on the visit.
- When travelling to and from school parents are responsible for ensuring that the child has an AD. If parents require the school AD to go home with the child they are responsible for collecting the device at the end of the day and returning it to the class teacher or the school office at the start of the school day.
- The allergy register will identify pupils who have been provided with a prescribed adrenaline (and an allergy action plan).

8.2 Spare ADs and inhalers

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

- ADs will be sourced from a local pharmacy (i.e. Boots)
- 4 ADs are required
- Where possible single brands (either EpiPen or Jext) will be purchased. Single brands will be purchased to minimise confusion.
- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg) or Jext 150 microgram device). For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg) or Jext 300 microgram device) (based on Resuscitation Council UK's age-based criteria).

Spare ADs will be stored:

- In the staff room in the unlocked medical cupboard with the defibrillator. This space can be accessed at all times.
- This space is no more than 5 minutes away from any other part of the building. It is less than 5 minutes away from the end of the school grounds.
- ADs will be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare AAls will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Anna Cassidy and Louise Buxton are responsible for:

- Checking monthly that spare ADs are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, handed over to a paramedic or placed in a sharps bin for collection by the local council).

8.4 Using spare ADs in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Staff members will carry the ADs for pupils at risk of anaphylaxis with them on school trips and off-site events

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded on the OCC portal, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the allergy safety lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See [how to make a RIDDOR report](#)]
- the local authority: any allergen-related food safety incidents. [See [how to report a food safety issue](#)]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practice safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, 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')

The appendices contain useful guidance and reminder sheets on first aid for anaphylaxis and the use of adrenaline auto-injectors (AAIs).

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

The school will promote age-appropriate awareness and understanding of allergies, including how pupils can help keep themselves and others safe. This will be delivered through the school's PSHE programme.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher or a key person
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Positive behavior policy
- Antibullying Policy

15. Appendices

15.1 Appendix 1: First Aid for Anaphylaxis

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.

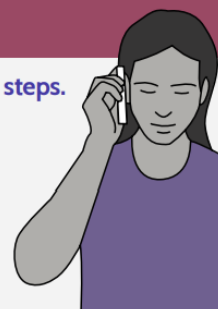
1. Administer an Adrenaline Auto Injector (AAI) without delay

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.



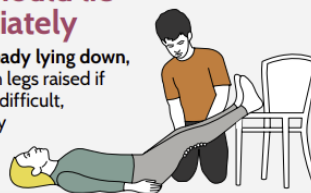
2. Dial 999 and say anaphylaxis ('ana-fill-axis')

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.

15.2 Appendix 2: How to use EpiPen AAls

ANAPHYLAXIS

HOW TO USE EPIPEN AAls

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 AAls >>



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

Empower • Include • Protect
AllergySchool.org.uk

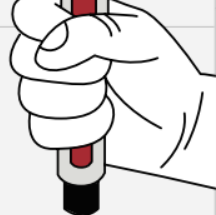
Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone 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.		5. Once the Jext AAI has been administered call 999 Ask for an ambulance and say "ana-fill-axis".	
2. Place the black injector tip against the outer thigh Hold the injector at a right angles (approx. 90°) to the thigh.		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.	
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.		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.	
4. Massage the injection area for 10 seconds		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 >>

