Allergies & Anaphylaxis Health Document

Information and Guidance

Management of Allergies, Anaphylaxis and the Use of Adrenaline Auto Injector Devices (AAIs) to be read in conjunction with the Management of Medicines guidance.

Version number	Version 3 (LTS Issue 3a)
Consultation groups	Leicester Traded Services - Health, Safety & Wellbeing Team & Director of Estates & Place Planning
Approved by	Executive Leadership Team
Approval date	July 2026 (Following revised guidance)
Adopted by	N/A
Adopted date	N/A
Implementation date	24.08.2026
Policy/document owner	Discovery Schools Trust - Health, Safety & Estates Services.
Status	
Frequency of review	Annually
Next review date	1st June 2027
Applicable to	All school settings

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Document History

Version	Version Date	Author	Summary of Changes
V1	17.6.2026	H&S Manager	Reviewed the Leicestershire Traded Services document dated 13.08.25, noting updates compared to their 2023 guidance and reviewed the template from YMD Boon, Notes from Allergy Team in respective to Benedicts L aw. 4) BSACI Proforma 6) Useful contacts & pack References changed from 2015 to 2017 amended information. Page 7 1.7 Emerade Pens no longer in circulation. Page 10 Section 2 there is additional guidance on: Education & awareness, preventing bullying and training. Page 27 Natasha Law update
V2	24.06.2026	H&S Manager	Added Lead Governor Name page 5 -Statement of Intent Added a link to school trips page 13 Added storage temperatures page 13 Changed the wording AAP & IHCP page 13 section 3.1 Added an IHCP page 34
V3	21.07.2026	H&S Manager	Changed IHCP Page 34 to DFE Template released July 26 Added the link to the new guidance in the forward & introduction page 5 Allergy safety in schools statutory guidance Section 1.4 blue wording added Section 1.5 child deaths wording Section 1.7 changed chart and wording added link Process in schools amended page 15

Foreword

This document has been developed with the aid of Leicestershire Traded Services in consultation with the Leicester Royal Infirmary's, Specialist Allergy Team, for use in educational establishments and is specifically designed to provide guidance for those supporting children in schools and academies with allergies and in, particular; the Emergency Administration of oral antihistamines and an Auto Injector (AAI), for Anaphylaxis.

The document forms part of the 'Management of Medicines' guidance and used in line with the child's allergy services. The document should be communicated to **all staff** who come into contact with children, within the setting and should be, displayed and easily accessible, at all times.

The establishment's senior leadership teams (SLT's) should agree healthcare plans that are signed off by the Headteacher and SENCO, as current and valid.

An internal review is required for individuals with any emergency Health Care Plans

Please note additional information is available relating to other specific medical conditions and healthcare needs for individual, such as Diabetes, Asthma and Epilepsy in the Discovery Management of Medicines Guidance.

To ensure that all relevant legislation is complied with, it is essential that this guide is read in conjunction with **Statutory document**; 'Supporting Children in Schools with Medical Conditions' as amended August 2017 and Allergy safety in schools statutory guidance and (Other resources).

CONTENTS

Section	Title	Page Number
1.0	Introduction & Statement of Intent	5
1.1	What is anaphylaxis	5
1.2	How long does it take to have an allergic reaction	6
1.3	Symptoms of Anaphylaxis	5
1.4	Treatment of Anaphylaxis (in schools)	6
1.5	Incidents of fatalities in schools	7
1.6	Legislation and keeping Spare Autoinjectors in Schools (links included)	7
1.7	Which pens should be purchased and how many	8
1.8	When a child needs emergency treatment	9
1.9	Training of staff	10
2.0	What can the school do to limit allergic reactions? & School Trips	11
2.1	Food Allergens (Food Standards Agency)	13
3.0	Storing of AAIs	14
3.1	Allergy Emergency Care Plans	14
3.2	Process within the school/college	15
3.3	Management of spare AAI pens	18
3.4	Management of Sharps	18
Appendices, Acknowledgement, Natasha's Law and Contacts		
4	BSACI Proforma Action Plans	20
4.A	Flow Chart- Process to enable non-medical staff to administer Adrenaline Autor Injectors ((AAIs) in response to Anaphylaxis	21

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

4.B	Types of Auto Injectors	22
4.C	Letter to Parents	23
4.D Parts 1&2	ANTIHISTAMINE-Forms	25
4.E Parts 1&2	EPIPEN -Forms	26 & 27
4.F Parts 1&2	JEXT -Forms	28 & 29
4.G	Incident Report Form	30
4.H	Head Teachers letter for purchasing generic Spare AAIs	31
4.I	Staff training record sheet	32
4.J	Acknowledgement and Further Information	33
5.0	Natasha's Law	34
6.0	Useful Contacts / Packaging	35 & 36
7.0	Individual Health Care Plan	38
	Poster	41

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

1.0 Introduction

This guidance is specifically to address the issue of the management of pupils with allergies in schools and incidents of Anaphylaxis and subsequent use of Autoinjectors. This document should be read in conjunction with current Government Advice on AAIs in Schools, the Supporting pupils at school with medical conditions, Allergy safety in schools statutory guidance and the Discovery's Management of Medicines Guidance (written with the permission of Leicester County Council)

Early years settings and schools which offer provision for "young children" (from birth until the 1st of September following their fifth birthday) should continue to apply the Statutory Framework for the Early Years Foundation Stage.

Statement of Intent

Discovery Schools Trust strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children. Each school will have an Allergy Lead as well as Designated Allergy Lead at Trust Board Level.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised. to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

Discovery Schools Lead Trustee for Allergies: Chair of the audit & risk committee.

1.1 What is Anaphylaxis?

This is potentially a life-threatening medical condition and always requires an immediate emergency response.

This could be a child, young person or adult and the same applies to all.

There are common 'allergens' that can trigger an anaphylaxis episode:

- Foods (14 allergens) *see further information section 2.1 page 11*
- Medicines-such as antibiotics and Ibuprofen (for pain relief-commercially known as Nurofen)
- Contact Allergen e.g. Latex – such as rubber gloves, balloons, swimming caps & Nickel or Animal fur
- Airborne Allergen e.g. Pollen
- Insect stings – wasp and bee stings

1.2 How long does it take to have a reaction to an allergen?

Food allergen: symptoms often begin immediately and may be mild, initially. Severe reactions can occur in minutes but often develop around 30mins later. Severe reactions occasionally happen 1 - 2 hours after eating, but can occur 4- 6 hours later. This has been reported with milk; in particular. Delayed, severe reactions can appear as severe asthmatic attacks with other allergy symptoms absent.

Insect stings: severe reactions are often faster, occurring with 10-15mins

1.3 Symptoms of Anaphylaxis and Allergies – (ABC)

Airway – Swelling in the throat, tongue or upper airways, tightening in the throat, vocal changes (hoarse voice, 'barking' cough), difficulty swallowing.

Breathing – Sudden onset wheezing, breathing difficulty, persistent cough, noisy breathing

Consciousness / Circulation - Feeling lightheaded / faint/dizziness, pale clammy skin, confusion, unresponsive / unconscious (due to drop in blood pressure), sudden sleepiness

Anaphylaxis often occurs together with more mild symptoms of an allergic reaction, including an itchy mouth or skin rash.

Other reactions (in addition to those mentioned above):
Skin: Itchy skin, Hives (Urticaria) Swollen lips, tongue and face, itchy red eyes

Digestive: Itchy tongue, burning sensation in the mouth, throat, feeling sick, abdominal pain, being sick, diarrhoea

Other: sudden change in behaviour, hay fever symptoms-runny nose, sneezing, flushes to skin, rising anxiety, alterations in heart rate

Please note, Heat can cause an exaggerated allergic response if someone comes into contact with their allergen, and allergic reactions may be stronger.

1.4 What is the Treatment?

The school are required to ensure that appropriate Allergy Action Plans & IHCP are in place, for any child known to have an allergy, treatment usually consists of:

- Administration of an orally prescribed antihistamine for mild to moderate symptoms. This dose can safely be repeated if the child vomits after the initial administration. See appendix 4D PT1 – It is advisable to observe the person for at least 60 minutes as mild reactions can sometimes develop into anaphylaxis.

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

- Or an injection of Adrenaline, administered as in an Autoinjector for serious allergic symptoms affecting the **Airway**, **Breathing** or **Consciousness/Circulation**. Emergency services, **999 should always be called in these circumstances, without delay**

- Lie flat with raised legs (or sit if breathing is difficult – Give adrenaline straight away – Phone 999 for ambulance
- Do not leave a child unattended – Do NOT stand them up -advise parents/emergency contact
- If no improvement after 5 minutes give another dose of adrenaline using a second device
- Commence CPR at any time if there is no sign of life.

1.5 Incidents of Fatalities in Schools

About 17% of fatal food-anaphylaxis reactions in school aged children in the UK happen in schools; about 20% of anaphylaxis reactions in schools are in children with no prior history of food allergy (Ref: Turner PJ, Gowland MH, Sharma V, et al). As a consequence, actions have been taken to allow schools to have 'spare auto injectors on site', thus allowing schools to quickly access those auto-injectors, without delay. Schools are now required to purchase *spare* Autoinjectors to keep on-site or to use during an 'off-site educational visit.

See page 67 in the guidance Allergy safety in schools statutory guidance for support with Child deaths.

1.6 Keeping Generic Spare AAI(s) in School

Since October 1st 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to purchase their own supply of AAI(s) from a pharmaceutical supplier (such as local pharmacy), without a prescription, if they wish to. Leicestershire schools may contact **Dr Gary Stiefel** to see if there is funding available for devices, for their school. See appendix 4.H and Section 6 of Natashas Law for details.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be **used in an emergency**. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

Providing emergency treatment with an AAI, is **time critical**, therefore it is also strongly recommended that schools purchase enough 'spare' adrenaline auto-injector (AAI). These should be clearly labelled and readily available to be administered within 5 minutes. A spare AAI is intended to be used.

- When the child's own AAI cannot be administered without delay; for example, when their own is left at home, broken, out of date, has misfired or been wrongly administered.

- Importantly, a child who is thought to be at lower risk of anaphylaxis, who does not have their own prescribed AAI, may be given a spare AAI.

In both cases Discovery Trust would prefer to have medical approval and parental consent for a spare AAI(s) to be used in an emergency. The current action plans & IHCP have the available sections that can be signed to gain appropriate consents.

- Finally, there may be a scenario where a child, not known to have an allergy, has anaphylaxis for the ***first time*** **(**see 1.5) in school and the spare AAI may be administered, if it doesn't delay the administration, seek recommendation by the emergency services. For further information about generic AAIs please look at the "Department of Health Guidance on the use of Adrenaline Autoinjectors in Schools".

- can be accessed via:

  a) http://sparepensinschools.uk
  b) https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools
  c) For purchasing rules click on this link

  Note: New emergency action plans have been updated by the British Society for Allergy and Clinical Immunology (BASCI) to reflect the recent changes in legislation permitting schools to purchase and administer a 'spare' back-up adrenaline autoinjector.

  Spare Nasal Sprays cannot be held.

(There is ONLY a 20-30minute window of opportunity during which steps can be taken to prevent death).

1.7 Which Pens should be purchased and how many?

Please note that a school purchasing generic spare AAI(s) is not considered a replacement of the child's own supply but in addition.

Ideally the generic AAI(s) should be accessible within 5 minutes and therefore the layout of the school may determine the number required and where it should be stored.

It is recommended that AAI are stored in pairs as a 2nd dosage may be required or device failure/incorrect administration can occur. Spare AAI's must be readily available and not locked away. See pages 38 – 40 of Allergy safety in schools statutory guidance

This means that most schools will need to obtain two pairs of "spare" AAIs:

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

The guidance in documents as above, contain useful information about the following:

- Reducing the risk of allergen exposure in children with a food allergy
- Treatment for anaphylaxis
- Arrangement and supply, storage & disposal of AAI(s)
- Who the AAI's can be administered to
- Responding to symptoms of an allergic reaction
- Legislation
- Types of Pens - **Jext, & Epipen™** and doses available, for each age group
- *and to ensure that the school have, completed, signed up to date consent forms.* Source: Anaphylaxis UK

***Important notice**: Emerade Pens are no longer available, and the school should ensure that pens have been changed to either Jext or Epipen™ by contacting the child's parents / guardians*

1.8 When a Child Needs an AAI(s) as Emergency Treatment

In a non-health setting (e.g. school, nursery), the prescribing doctor will discuss this with the parents or carers and with their agreement AAI(s) will be prescribed. The decision on the number of AAI(s) is that of the healthcare professional after discussion with the child/family. Information on storage and who carries the AAI is available on the Spare Pens in Schools | Homepage webpage and needs to be individualised for each school.
It is recommended that the generic AAI is kept on the school premises and the children's own AAI supply is used for activities off the school site.

a. It is the parent's responsibility to inform the educational setting of any health-related needs that their child may have including the nature of the allergic reaction, what medication to administer, specific control methods and what can be done to prevent a reoccurrence . Raising it with Preschool Manager, School Office Lead, Pastoral Lead or Classroom Teachers, dependent on setting.

b. Keeping the school up to date with their child's medication information

c. Providing written consent for the use of spare AAI

d. When making an online 'childcare booking' for Discovery Schools Extended Services Provisions, Parents must advise & complete the medical condition's sections.

e. Ensure an Allergy Action Plan is completed (See appendices) an IHCP and/or when required administering medication document must be completed with the school and signed off by the parent together with the Headteacher/Head of setting.

f. When a child **is** to self-administer (Secondary Schools), in agreement with the Pastoral Leadership/Headteacher & with the parents/carers /guardians, a general administration of medicines form must be completed with an Allergy Action Plan. A child who has self- administered their AAI, **must** report to a member of staff as they will need to be reviewed in hospital and a Report Form completed. See Appendix 4.G

g. When the child is **unable** to self-administer, the Designated Allergy Lead/Pastoral Lead or Headteacher then identifies staff volunteer(s) who will have had the appropriate training in administration of the AAI.

h. In the unlikely event that, no staff volunteers are identified, the parent should be informed, and it is the parent who should inform the prescribing doctor. The prescribing doctor and parent may wish to reconsider and identify an alternative management plan.
Link: Treating an Allergic Reaction in School

1.9 Training of Staff

From September 2026 all staff will be trained in Allergies & Anaphylaxis, and each school will have a nominated Allergy Lead.

Staff must read their setting's policy on the Management of Medications. Training requires there to be a 'practical element' and therefore online, whilst a useful 'tool' to refresh existing knowledge, this does not fully meet recommended training requirements.

Members of staff should be trained in:

- Recognising the range of signs and symptoms of severe allergic reactions, an anaphylaxis and understand multiple conditions can co-exist, for example hayfever, food allergy, eczema asthma;
- Understand their responsibilities in reducing the risk of individuals with known allergies coming into contact with their known allergens
- Understand the difference between food allergy, coeliac disease and food Intolerance;
- Read & understood the Discovery Allergy Policy and know where to find information on allergy triggers,
- Know how to respond in an emergency situation; including calling emergency services, informing parents, how to locate AAI's and inhalers (individual and spares)
- Responding appropriately to a request for help from another member of staff;
  Recognising when emergency action is necessary; Administering AAIs according to the manufacturer's instructions;
- 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 the impact allergy can have on a child or young person's wellbeing;
- Making appropriate records of allergic reactions, who to and how to report an incident or near miss.

It is recommended that update training of staff should take place on an annual basis.

In agreement with the Headteacher, the School Office Lead will arrange appropriate training with a suitable training professional. This may be delivered as part of First Aid training, through designated AAI training, or by using a training AAI during staff training days.

Evidence of training documents (certificates) should be retained on the employee' personnel file. To avoid staff's training becoming void, re-training dates should be monitored by the School Office

Lead , and arrangements then made for further training to take place, within a month of the current expiry date. Staff must sign the forms and be endorsed by the 'responsible person'; usually the Headteacher.

It is recommended that allergy drills take place in school, these can be recorded on EVERY – see page 21 of allergy guidance.

2.0 What can the school do to limit incidents of allergic reactions

1	**Education and Awareness -** Implement regular allergy awareness sessions for pupils and staff to foster understanding and empathy. Include allergy education in curriculum, tailored to age groups. Ensure the policy is shared with all staff and all staff know where to locate a copy. Ensure staff have a good understanding of how you share information of allergies.
2	**Prevent Bullying** • Develop and enforce a zero-tolerance policy for bullying related to allergies or medical conditions. • Ensure staff are trained to recognise and respond to bullying, including subtle forms like exclusion or teasing about food. • Encourage peer support and inclusion through assemblies, posters, and student-led initiatives.
3	**Staff Training - Include:** • Recognising allergic reactions • Responding to bullying or peer pressure around food • Communicating with parents and carers • Identifying children, visitors, staff with allergies and how they access their personal AAI's • The difference between a near miss and a serious incident • Where spare AAI's are located, the process for checking they remain in date • The process for dealing with an emergency in school • Information on Allergy Plans & IHCP
4.	**Parents provision** - Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
5.	**School Canteen provision** (Parent duty) - If food is purchased from the school canteen, parents should check the appropriateness of foods by checking the ingredients on the School Grid system prior to ordering. All allergy information should be uploaded onto the School Grid system by the parent. The child should be taught to also check with catering staff, before purchasing. (Discovery use Dolce for catering in most schools)
6.	**School Canteen provision** (School duty) - 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. (Secondary and Special Schools)

7.	**Parental permission** - Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats)

8.	**Food Sharing and Safety**
	• Reinforce policies that prohibit:
	  • Sharing or trading food, utensils, or containers
	  • Bringing in unlabelled or homemade treats without prior approval - Display visual reminders in dining areas and classrooms.

9.	**Unlabelled food** - poses a potentially greater risk of allergen exposure than packaged food, which is labelled in line with regulatory food packaging requirements see Foods Standards Agency (FSA) for further information: https://www.food.gov.uk/ *see Natasha's Law page 27*
10.	**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 depending on the allergies of particular children and their age. A risk assessment will assist, template in the links (Anaphylaxis UK and Allergy UK both advise on policy and risk assessment).
11.	**Containers -** Consider replacing food-based containers with non-food alternatives to reduce the risk of allergen exposure. For example, instead of using empty yogurt pots, cereal boxes, or egg cartons for crafts or storage, opt for clean, unused plastic containers, cardboard boxes, or purpose-made educational materials that do not carry food residue.
12.	**Arts / Crafts** - In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). If wheat-free flour is used, tutors should be aware that some adaptations of recipes may be needed as they do not behave the same. See CLEAPSS model template risk assessments (Speak to H&S Manager or School Office Lead).
13.	**Offsite catering/activities/School trips** - When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and emergency planning (including access to emergency medication and medical care).

See Page 15 for the schools actual process.

Important: All activities involving the preparation, handling or consumption of food, should be suitably risk assessed. The risk assessment MUST be seen by all relevant staff and a record retained, as to who and when the document was communicated. This should be signed and dated.

School trips

- The headteacher will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a

threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

- The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip and refer to the pupils IHCP for information.

- A designated adult will be available to support the pupil at all times during a school trip.

- If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

- A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

- Two AAIs will be taken on the trip and will be easily accessible at all times – the school must request the second AAI from the parent prior to the trip. If this is not received, then one of the spare AAI's from school is to be taken.

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

2.1 Food Allergens (Food Standards Agency)

Consumers may be allergic or have intolerance to other ingredients, but only the 14 allergens are required to be declared as allergens by food law. Other foods may also cause an allergic reaction or even anaphylaxis, therefore schools must be made aware if a child is known to be sensitive to other foods

The 14 allergens are:

1. **celery**,
2. **cereals containing gluten** and wheat (such as spelt, rye, barley and oats),
3. **crustaceans** (such as prawns, crabs and lobsters),
4. **eggs**,
5. **fish**,
6. **lupin***,
7. **milk**,

8. **molluscs** (such as mussels, oysters, squid, snails),
9. **mustard**,
10. **peanuts**,
11. **sesame**, **soybeans**,
12. **sulphur dioxide**
13. **sulphites** (if they are at a concentration of more than ten parts per million)
14. **tree nuts** (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts).

This also applies to additives, processing aids and any other substances which are present in the final product.

Schools should liaise with catering staff, for meals that are both prepared on and off site, to make staff aware of which children have known allergies.

Lupin* -belongs to the legume plant family, as peanuts and can be found in a wide range of foods, including baked products (such as bread, pastries, pies), pasta or noodles, sauces, beverages, meat, based products (such as burgers and sausages).

Food 'free' of gluten, soy or genetically modified ingredients **may contain lupin** (lupine or lupinin).

3.0 Storing AAI's – See also section 3.3 Management of AAI's.

Depending on their level of understanding and competence, children and particularly teenagers, should carry their AAI(s), on their person at all, times or they should be, quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

- It is helpful if a *copy* of the pupil's IHCP/AP is kept in the container, along -side the pen
- SPARE PENS, held by the school, must be checked to monitor expiry dates and to ensure the pen has not been tampered with or has deteriorated (become cloudy). Checks should be recorded and signed. Spare pens should be located in strategic positions across a school site, if the site is either spread-out or has several floors, which would otherwise, take more than 5mins to access the pen.
- AAI's should be stored out of direct sunlight, ideally under 25 degrees but NOT in a fridge, an insulated bag is an option and should be clearly labelled.

3.1 Individual Health Care Plans (IHCP) & Allergy Action Plans (AAP)

The school must ensure that IHCP & (AAP) are current and reviewed when the child is reassessed by their doctor, and ideally each time they obtain a new AAI prescription. If there are no changes in diagnosis or management, the medical information on the Allergy Action Plan may not need to be updated. Within the plan is an area for the child's photograph, to help identify the child in an emergency and is also useful for catering staff. When updating the plans if the child looks significantly different in the photo, it should also be updated, so they can continue to be easily identified.

- If any details in Allergy Action Plan change , it is the parent's responsibility to inform the Headteacher/School Office Lead/Class Teacher/Pre School Lead . If a new A A P is required, then the process above must be discussed by those parties and the AAP completed as appropriate as well as an amended IHCP.

- The school should take responsibility for monitoring 'expiry dates of pens, both spare and those belonging to individual children. The school should inform the parents, guardians, or carers, if the individual's pen has expired or appears cloudy. These can be recorded on EVERY and EVERY can be used as a reminder, alerting when the next review is due.

3.2 In School Processes for Managing Allergies

- Claire Mulhern, Headteacher is the current Named Allergy Lead at Kibworth CofE Primary School. Sarah Hill, Admin Assistant is responsible for the administration and replacing the AAI's which have expired.
- Children who have a known allergy and require an AAI at school are recorded on our pupil MIS. Parents are expected to notify the school in cases of known allergies and medication needs. Parents/Carers will provide the school office with their child's individual Allergy Action Plan that should have been issued to them by their medical professional. The office team will check that the form is completed in full including known allergies and AAI dosage and add a photo of the child for our records. The office will arrange to liaise with the parent/carer to complete the Individual Health Care Plan (IHCP). The IHCP needs to be countersigned by a member of SLT/Admin/Class Teacher as well as the lunchtime manager. This should be completed as a priority when the child starts at the school or as soon as a diagnosis is confirmed, or preferably before admission if health conditions are known. The completed IHCP and Allergy Action Plan are copied and shared with the class teacher along with the child's AAI for storage in their classroom for ease of access. The original documents are scanned and uploaded to our MIS, a copy is also stored in our medical folder, the class cover folder and their own personal folder. The details are updated onto the class checklist that also notes the expiry date of the medication for monitoring purposes.
- When booking supply staff, the Office Manager will ask the agency to confirm that the supply staff member has received anaphylaxis and allergen training as well as clarifying any personal known conditions.
- Visitors and supply/peripatetic staff will be asked on arrival regarding any allergies and if they hold an AAI for these purposes. We advise that this information will be shared confidentially with the staff host and the Office Manager to ensure prompt action is taken if needed in case of emergency. All staff are made aware of the location of the spare AAI devices if further needed.
- AAI's, inhalers, and all prescribed allergen medications are recorded on a shared medical document and include their expiry date. This spreadsheet and the spare School AAI's and

inhalers are monitored on a termly basis to ensure medication is in date by the school office. This information is recorded on our Health & Safety audit system; EVERY.

- Parents/Carers are contacted by telephone call and/or email via Arbor to notify them in advance of medication due to expire and are asked to replace and collect. School spare medications is taken to a local pharmacy for disposal.
- Spare AAI's and Inhalers are located in the main school office in a labelled drawer. They are stored out of direct sunlight but not refrigerated. AAI's are labelled clearly to ensure children can be given the appropriate dosage.
- All staff are required to complete mandatory FLICK training on Allergies in Education on an annual basis. Additionally, all staff are required to read a school specific training presentation shared via the Trust HR MIS; SAMpeople annually. Staff are required to confirm they have read and understood this. In addition, a number of staff are trained as First Aider at Work, Paediatric First Aider and/or Emergency First Aiders. This comprehensive face to face training includes training on Allergies and Anaphylaxis, along with Asthma and other medical conditions. Staff who attend this training are asked to provide a copy of their certificate with the Office Manager who records this information in the Kibworth HR Training First Aid folder and keeps the copy of their certificate in their personnel file. First aider trained staff lists are available in the Staff Training file held in the office. These are monitored for training due to expire by the Office Manager and are updated as training is renewed/provided.
- This Policy is read, understood, signed for by all staff including premises & lunch time supervisors, via the Trust HR MIS; SAMpeople. Reports are regularly downloaded to monitor that all staff have adhered to the agreed training.
- The Policy is uploaded to the School website for all to downloaded and/or view as required.
- Staff in school with their own AAI and/or inhaler are responsible for their own devices and are expected to be administered personally if able. Students, visitors and/or staff requiring assistance with administering these devices should be assisted by a First Aider where possible. If an AAI is administered, an additional colleague should be in attendance to call the emergency services.
- Where possible, student AAI and inhalers are kept on site at school. It is advisable that parents/carers would have an additional device for home. If students are required to bring/take a device in/out on a daily basis this must be given to a parent/carer only by a member of staff.
- If an AAI has been administered to any student, staff or visitor, this must be recorded on Lucidity. The report form must be completed in full. Staff in attendance must record the timings of when the reaction started and when doses are given. A copy of the form must be given to the emergency services, emailed to childrensallergy@uhl-tr.nhs.uk and uploaded to Lucidity along with the full incident report. This is recorded on Lucidity by the Office Manager.
- If a near miss event occurs, this must also be reported promptly to the Office Manager who will record this on Lucidity.
- In advance of a School Trip, the Trip Lead will liaise with the SLT regarding the Risk Assessment for any children known with an allergen, AAI and/or inhaler. Information is provided in advance so that the information is recorded on EVOLVE. If a child requires a personalised RA this is actioned by the Trip Leader and signed off by a member of SLT.
- On the day of the school trip, the Trip Leader is required to take the trip first aid box and spare inhaler/AAI devices. Consideration will be given to ascertain the correct dosage devices are provided based on the approximate weight/age guidelines of the year group(s) attending.
- Priority is given to ensuring the individual remains calm and clear communication is provided. The individual is laid flat on the floor and remains supervised at all times. DO NOT leave the individual. Parents/Carers are advised at the first opportunity if the individual is a student.
- All students with an allergy/AAI/inhaler are identified to all staff. Staff are required to monitor pupils with allergies, particularly during lunch, cooking activities and eating times. Students should feel supported and safe amongst their peers.
- Administering an AAI and/or an inhaler may cause unintentional distress for the First Aider

and/or supporting colleagues. School staff are encouraged to seek wellbeing support either from our EAP, staff wellbeing ambassadors and/or our mental health champions.

- Lesson planning including food technology should ensure that individuals are not excluded and alternative allergy-free products can be considered. All food tasting dietary sheets will be completed and sent out to parents in advance to confirm any additional allergies or information needed.
- Children with known allergies who attend after-school clubs must ensure that any prescribed emergency medication, such as inhalers, is taken from the classroom and kept in a safe, easily accessible location throughout the club session. If additional medical support is required during an after-school club, staff should use the walkie-talkie on Channel 7 to request assistance. A member of the office team will respond and provide support as required.
- Regular communication to parents/carers is shared via Arbor email, display posters, Class Dojo and social media to remind all that we are allergy aware.
- The school kitchen is managed by Dolce. All kitchen staff have received additional allergen training and all ingredients for school lunches are shared on the School Grid ordering system. Children will specific allergies are encouraged to contact Dolce directly and can have a specific menu tailored to their dietary needs if applicable.
- Dolce share allergen information on all food items during any food tasting sessions and/or cookery clubs.
- Parents are asked not to bring in cakes/sweets for children's birthdays.
- All charity cake sales will be supervised by members of staff. Any homemade baked goods offered for sale must be clearly labelled with a full list of ingredients. For pupils with known allergies, parents are encouraged to provide commercially produced cakes or treats that have clear ingredient and allergen information displayed on the packaging. Parents may also provide an alternative cake or treat for their child if they have an allergy. These items must be clearly labelled with the child's name and will be stored safely and given directly to the child by a member of staff.

Managing Anaphylaxis:

- In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible. If the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. If lying down isn't possible the individual will remain in sitting position.
- A further staff member will be called for help and the emergency services contacted immediately.
- The staff member will administer AAI to the pupil if they are unable to do so themselves.
- If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available. Guidance should be sought from the emergency services who should remain on the telephone until the paramedics arrive. Ensure times of dosages are recorded.
- Where a student is assigned a designated member of staff, if there is any delay in contacting an assigned staff member, the nearest staff member will administer the AAI.
- If necessary, other staff members may assist the designated staff members with administering AAIs.
- A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.
- The Headteacher/Allergy Lead will be contacted immediately, as well as a suitably trained individual, such as a first aider.

- If the pupil stops breathing, a suitably trained member of staff will administer CPR. Current First Aiders are listed below;

Michele Cording	Katharyn Shuker	Lottie Berman	Laura Boulter
Charlotte Rowland	Savi Kandola	Jess Hopper	Emmy Patriente-Bird
Jo Marsh	Nadine Thompson	Jo Venables	Lorriane Martin
Steve Yowhans	Vicky Kirkpatrick	Steve Frain	Sian Foster
Sarah Youngs	Amy Battison	Amy Groom	Catherine Goss
Sophie Spooner	Rachel Keogh	Catherine Law	Victoria Lum
Vanessa Spencer	Florence Payne	Jola Kostecka	Alexandra Scott
Sarah Hill	Mimi Tran	Lindsay Booth	Emily Barratt
Lisa Donoghue-Parker	Charlotte Lievesley	Amber Lovegrove	Kate Giles
Jenny Pickering	Emma Hirst	Ruth Fowler	Caroline Geddes
Marie Darlison	Rachel Jones	Kolby Little	Hannah Robinson
Rachel Hodgetts	Claire Nicholson	Michelle Hills	
Allison Gibbons	Emily Edwards	Claire Cole	
Gillian Sanderson	Lukasz Kostecki	Catherine Bisson	

- In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI should not be administered in these situations without contacting the emergency services, however this is time critical and the adrenaline needs to be administered within 5 minutes ideally, where possible seek advice from Allergy Lead/Headteacher.
- A designated staff member will contact the pupil's parents as soon as is possible.
- Upon arrival of the emergency services, the following information will be provided:
    - Any known allergens the pupil has
    - The possible causes of the reaction, e.g. certain food
    - The time the AAI was administered – including the time of the second dose, if this was administered
- Any used AAIs will be given to paramedics or parents following use on school site.
- Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.
- Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.
- A member of staff will accompany the pupil to hospital in the absence of their parents.
- If a pupil is taken to hospital by ambulance, two members of staff will accompany them.
- A Report form (Appendix 4G) must be completed.
- A register of pupils with an AAI or medical condition will be held in each classroom for that class for easy access in the event of an allergic reaction.
- Following the occurrence of an allergic reaction, the SLT, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

Kitchen staff awareness:

- To ensure that catering staff can appropriately identify pupils with dietary needs and are fully informed. Their medical needs are identified on the digital food ordering system which is displayed when the children enter the kitchen. School staff accompanying the children are also fully aware of dietary needs. There is always a paediatric trained first aid member of staff in the school hall when EYFS and Preschool children are eating. For children in Years 1-6 there is a member of staff who is first aid trained.
- Any child with a known allergen such as a dairy or wheat will have their lunch pre-plated and served to them by the same member of kitchen staff to ensure continuity.
- All food tables will be cleaned before and after being used.
- There is a bucket of water with sanitiser and multiple clothes in it for midday supervisors and kitchen staff to use on tables and chairs throughout lunch service.
- There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.
- The chosen catering service of the school (Dolce) is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHCPs, taking into account any known allergies of the pupils involved.

3.3 Management of Spare AAI Pen KITS

Under Benedicts Law – School Allergy Safety Bill, schools need to hold spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 2 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information.
- A checklist of injectors identified by their batch number and expiry date with monthly - checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record

Any spare AAI devices are held in 3 different locations. 2 x 150mg are kept in Preschool, 2 x 300mg AAI Devices are kept in Year 6 and 4 x AAI Devices (2 x 150mg & 2x 300mg) are kept in the school office. All devices are stored in a labelled drawer/cupboard.

3.4 Management of Sharps

Follow these guidelines, when you work with sharps:

- DO NOT uncover or unwrap the sharp object until it is time to use it.
- Always keep the object pointed away from yourself and other people.
- Never recap or bend a sharp object.

- Keep your fingers away from the tip of the object.
- Put it in a secure, closed container after you use it or hand it to the paramedic
- Never hand a sharp object to someone else or put it on a tray for another person to pick up.
- Tell the people you are working with when you plan to set the object down or pick it up.

Once an AAI has been administered and an ambulance or paramedic has arrived, the used AAI should be given to the emergency services personnel, to record the dose given. The pen can then either be disposed of by the paramedics / hospital or by the school by taking it to a pharmacy or in the sharps bin as appropriate.

The sharps bin should be 'Yellow'-*different versions are available, and staff should follow the manufacturer's instructions for its use.*

- Temporary lids should be used until it is ready for disposal.

- Staff must not try to retrieve items from the container and the container should not be filled above the manufacturers marked line.

- The container must be kept in a safe location and out of reach of children.

In the unfortunate event that a member of staff is injured by a used sharp; if the skin is punctured, the individual must seek immediate medical advice, by either contacting A/E or their own G.P. The first aid should be:

- **Squeeze it - Bleed it – Wash it – Cover it – Report it**

Managers must record this as a RIDDOR reportable injury, as soon as possible -Discovery use Lucidity initially and then seek advice from YMD Boon as competent person or liaise with the Trust H&S Manager. RIDDOR reporting can be done directly through the HSE. Schools to keep a record of the form

Disposal of Sharps Box

The school must contact their licenced clinical waste disposal company, for collection and safe disposal.

Schools, colleges and early years settings acting as food businesses must report any allergen-related food safety incidents to their local authority

Find your local food safety team - GOV.UK

- You can report:
- suspected food poisoning
- a foreign object found in your food
- dirty premises
- poor hand hygiene
- poor food handling
- food with visible signs of mould or decay
- food sold past its use-by date
- unavailable or incorrect allergen information

4.00 APPENDICES

BSACI PROFORMA ACTION PLANS (AAP)

British Society for Allergy and Clinical Immunology (BSACI) Proforma Action Plans for Antihistamine, Epipen and Jext may be found below: CAUTION – ENSURE DOSE IS STATED IN THE ACTION TO TAKE BOX.

Original pdfs also available from the below website – containing drop down selections for dose.

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-EpiPen-OCTOBER-24.pdf

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-Jext-Final-OCT-24.pdf

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-OCT-24.pdf

Food Protein Induced Enterocolitis Syndrome (FPIES) – Form 1

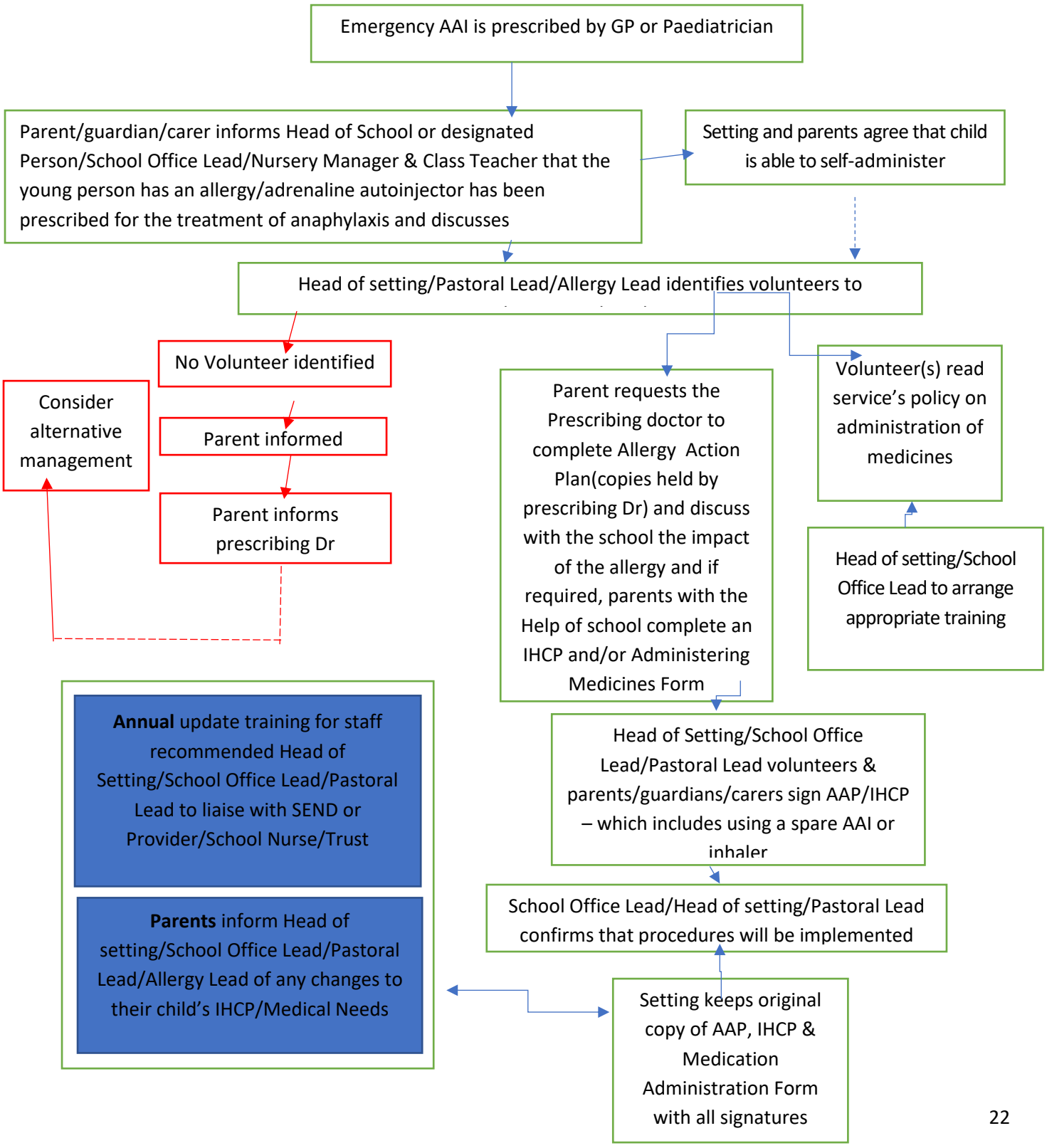
https://www.bsaci.org/wp-content/uploads/2024/10/PAG-BSACI-FPIES-action-plan-1-OCT-24.pdf

Food Protein Induced Enterocolitis Syndrome (FPIES) Form 2

https://www.bsaci.org/wp-content/uploads/2024/10/PAG-BSACI-FPIES-action-plan-2-OCT-24.pdf

Appendix A

FLOW-CHART OF PROCESS TO ENABLE NON- MEDICAL STAFF TO ADMINISTER ADRENALINE AUTOINJECTORS (AAIs), IN RESPONSE TO ANAPHYLAXIS



Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Types of Auto Injector Devices

Appendix B

EpiPen®



Jext®



Appendix C

Letter for parents/carers regarding the administration for anti-allergy medicine

(to be completed on school headed paper)

Dear Parent(s), Guardian or Carer of:

Your child has an 'Emergency Action Plan' to enable the administration of an oral anti-allergy medicine (an antihistamine) if your child was to have a mild/moderate allergic reaction. You and your child may also have an adrenaline autoinjector (EpiPen or Jext) to be used to manage a severe allergic reaction (anaphylaxis).

The actions plan also permits the school to administer a 'spare' back-up adrenaline autoinjector if available.

The emergency action plan has already been signed by the head teacher and volunteers that will have been trained and will administer the medication if required.

Please can you:

- Attach a passport sized photograph of your child.
- Sign the form yourself on the second page.
- Arrange for your child's doctor to complete and sign the remaining sections of the Emergency Action Plan:

  - If your child is looked after by the allergy service at the hospital please post your care plan to: **Children's Allergy Specialist Nurse, Leicester Royal Infirmary, LE1 5WW**. The signed action plan will be posted back to you within two weeks. Please include details of the type and dose of AAI prescribed for your child and a return address.
  - If your child's allergy is looked after by your GP, ask your GP to complete and sign the new action plan. Please give your GP surgery at least two weeks' notice before you collect the new action plan.

Don't forget to:

- Check that your child's adrenaline autoinjectors have not gone out of date, as they will not be as effective after this date.

- Make a note of the expiry date(s) as this is your responsibility; even for the medication kept at school. If your child has a Jext® or an EpiPen® you can set up an expiry date alert, to be sent to you by email or text – visit their website www.jext.co.uk http://www.epipen.co.uk

- Ensure the new Emergency Action Plan (EAP) is handed into the school on the first day of the new autumn term, together with the medication required.

- Keep a copy of the 1st page of the form for yourself so that you also have a written action plan. This should always be kept with the emergency medications.

Emergency Action Plan – with Antihistamines - Appendix D Part 1

Please click on the link below to access the child form

https://www.bsaci.org/wp-content/uploads/2024/10/BSACIAllergyActionPlan-OCT-24.pdf

Must be completed by Healthcare Professionals (with the exception of other signatories)

Allergy: Emergency Action Plan with *Antihistamines* appendix D Part 2

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: …… Tel No: ……

Signature: …… Date _____ / _____ / 20_____

Emergency telephone contact number……

HEAD OF ADMINISTERING SETTING

NAME: ……

Signature: …… Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE

NAME: ……

Signature: …… Date _____ / _____ / 20_____

NAME: ……

Signature: …… Date _____ / _____ / 20_____

NAME: ……

Signature: …… Date _____ / _____ / 20_____

NAME: ……

Signature: …… Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: …… Tel No: ……

Signature: …… Date _____ / _____ / 20_____

Designation ……

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Academies responsibility to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan.

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026

Emergency Action Plan – with EPIPEN Appendix 4.E Part 1

Please click to access the BSACI Child, YP form

BSACI-AllergyActionPlan-EpiPen-OCTOBER-24.pdf

Please click to access the BSACI Adult form

BSACI-Adult-action-plan-Epipen-Sept-24.pdf

Allergy: Emergency Action Plan with *EpiPen*® Appendix 4.E Part 2

Must be completed by Healthcare Professionals (with the exception of other signatories)

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: …… Tel No: ……

Signature: …… Date _____ / _____ / 20_____

Emergency telephone contact number……

HEAD OF ADMINISTERING SETTING

NAME: ……

Signature: …… Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND EPIPEN®

NAME: ……

Signature: …… Date _____ / _____ / 20_____

NAME: ……

Signature: …… Date _____ / _____ / 20_____

NAME: ……

Signature: …… Date _____ / _____ / 20_____

NAME: ……

Signature: …… Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: …… Tel No: ……

Signature: …… Date _____ / _____ / 20_____

Designation: ……

I have prescribed a second EpiPen® to be given (circle) Yes No The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Academies and responsibility to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Emergency Action Plan – with JEXT Appendix 4.F Part 1

Please click to access the BSACI Child, YP form

https://www.bsaci.org/wp-content/uploads/2025/07/BSACI-AllergyActionPlan-Jext-Final-OCT-24.pdf

Please click to access the BSACI Adult form

BSACI-Adult-action-plan-Jext-Sept-24.pdf

Allergy: Emergency Action Plan with *Jext*® 4.F Part 2

Must be completed by Healthcare Professionals (with the exception of other signatories)

This plan has been agreed by the following: (Block Capitals)

PARENT/GUARDIAN

NAME: …….. Tel No: ……..

Signature: …….. Date _____ / _____ /20_____

Emergency telephone contact number…….

HEAD OF ADMINISTERING SETTING

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

VOLUNTEERS TO ADMINISTER ANTIHISTAMINE AND JEXT®

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

NAME: ……..

Signature: …….. Date _____ / _____ / 20_____

PRESCRIBER COMPLETING EMERGENCY ACTION PLAN

NAME: …….. Tel No: ……..

Signature: …….. Date _____ / _____ / 20_____

Designation: ……

I have prescribed a second Jext® to be given (circle) Yes No

The signature above only indicates that you have prescribed the medicine within this emergency action plan for the child. It is the Academies responsibility to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Appendix 4.G - REPORT FORM

Following administration of adrenaline autoinjectors in response to anaphylaxis / suspected anaphylaxis

NAME OF CHILD: Date of birth:	Date of allergic reaction: _/___/____ Time reaction started: ____:_____hrs. Time 1st dose adrenaline given:_____:_____hrs. Time 2nd dose adrenaline given:_____:_____hrs* *If prescribed
NB ***Please copy this form and send to hospital with child if possible.*** ***Fax a copy to the allergy team 0116 2586694***	Time ambulance called: _____:_____hrs Time ambulance arrived: _____:_____hrs
Trigger for reaction (i.e. food type / bee-sting) Description of symptoms of reaction: Any other notes about incident (e.g. child eating anything, injuries etc.) Witnesses to incident: (Position in setting)	
Please circle the prescribed devise used: Epipen Auto-injector 0.3mg Epipen Jr Auto-injector 0.15mg (under age 6) Jext 300mcg Jext 150mcg (under age 6)	Adrenaline given by: (Name of staff or self-administered by student) Site of injection: Problems encountered:
FORM COMPLETED BY: **NAME (print): .....SIGNATURE: .....** Job title: **.....**Telephone no: **.....** DATE:__/_____/ 20___ **Please complete this Report Form, giving clear account of events and fax it to 0116 2586694 or email to childrensallergy@uhl-tr.nhs.uk** ***Please keep original copy in setting records and give copy to parent***	

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026

Appendix 4.H - Head Teachers letter for Purchasing a Generic AAI

[To be completed on headed school paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/ college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis.

Please supply the following devices:

Brand Name		Dose (milligrams)	Quantity Required
Jext 150	Adrenaline Autoinjector Device	0.15mg	
Jext 300	Adrenaline Autoinjector Device	0.3mg	

*If you are a primary school we recommend at least 1 x 0.15mg and 1 x 0.3mg dose. If you are a secondary school, we recommend at least 1 0.3mg dose.

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

Email to gary.ghs.stiefel@uhl-tr.nhs.uk/or a **Local Pharmacy**/Allergy Team or paul.venables2@nhs.net who is Pharmacy Projects Manager, **Leicestershire Partnership NHS Trust,** LPT Pharmacy Department

Anaphylaxis in Schools' staff training record Appendix 4.I

Name of school/setting	
Name of pupil	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member/s of staff] has received the training detailed above and is competent to carry out any necessary treatment. It is recommended that training should be updated once per academic year.

Trainer's signature _____ _____

Date _____

I confirm that I have received the training detailed above.

Staff signature / & PRINT _____ _____ __

Staff signature / & PRINT _____ _____

Staff signature / & PRINT _____ _____

Staff signature / & PRINT _____ _____

Date _____

Suggested review date _____

- A copy of this is to be kept within the child's personal and schools training files

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

4.J Acknowledgement

The LA Health and Safety Team would like to thank the Specialist Allergy Team based at the Leicester Royal Infirmary (LRI), for their assistance & guidance in developing this document

Supporting Documents & Useful Information

Government Document: Supporting Children in Schools with Medical Conditions

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Other useful links:

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2

See Natasha's Law - next page

5.0 Natasha's Law

Following the tragic death of Natasha Ednan-Laperouse, the teenager who died after suffering an allergic reaction to a Pret a Manger baguette, the government confirmed stronger laws would be implemented to protect those with allergies and give them greater confidence in the food they buy. Natasha's Law was officially enacted on **1st October 2021.**

Any business that produces Pre -Packed food for Direct Sales (PPDS) is required to label it with the name of the food and a **full ingredients list**, with allergenic ingredients emphasised within the list.

What is PPDS food?

Pre**p**acked for **D**irect **S**ale or PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected.

Labels **must** display name of the food & the ingredients list with the **14 allergens required to be declared, by law**: https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses It can include food that consumers select themselves (e.g. from a display unit), as well as products kept behind a counter and some food sold at mobile or temporary outlets.

Use this checklist Tool: to see if it applies to your school **or** service:

https://www.food.gov.uk/allergen-ingredients-food-labelling-decision-tool

Allergy Guidance for Schools:

https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Business Guidance for PPDS Sales:

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-event-caterers

Changes to allergen labelling for school's colleges and nurseries:

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#changes-to-allergen-labelling-for-schools-colleges-and-nurseries

14 Allergens:

https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

6.0 Useful contacts:

BSACI - Leicester Childrens Allergy Service:

https://www.bsaci.org/allergy-clinic/leicester-royal-infirmary-leicester-childrens-allergy-service

0116 258 5147 (always call 999/112 in an emergency without delay).

BSACI – University Hospitals Leicester (UHL) -Allergy Clinic

0116 256 3651 (always call 999/112 in an emergency without delay).

Free Autoinjectors (Paediatric Allergy Consultant): gary.ghs.stiefel@uhl-tr.nhs.uk See appendix 4I for information (at the time of writing this policy funding had been withdrawn)

Useful Teaching Video's - Awareness of Allergies

https://www.sparepensinschools.uk/teaching-videos/

Allergy UK -Helpline

01322 619898 https://www.allergyuk.org/

Anaphylaxis UK - Helpline: 01252 542029

Support for Education Settings: https://www.anaphylaxis.org.uk/education/

Offer on-line training and resources including child friendly information, videos and webinars etc.

Model Template Policy (includes risk assessment template and allergy management checklist) Allergies in the Workplace - https://www.anaphylaxis.org.uk/downloads-form/

Useful Allergens CHART

https://www.totalfoodservice.co.uk/data/ckeditor/Pdfs/14-Allergens.pdf Also see page 10 within this document

School packed lunches

https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#school-packed-lunches

Food Labelling Guide for prepacked for direct sales food:

https://www.food.gov.uk/business-guidance/labelling-guidance-for-prepacked-for-direct-sale-ppds-food-products

Definition of Packaging:

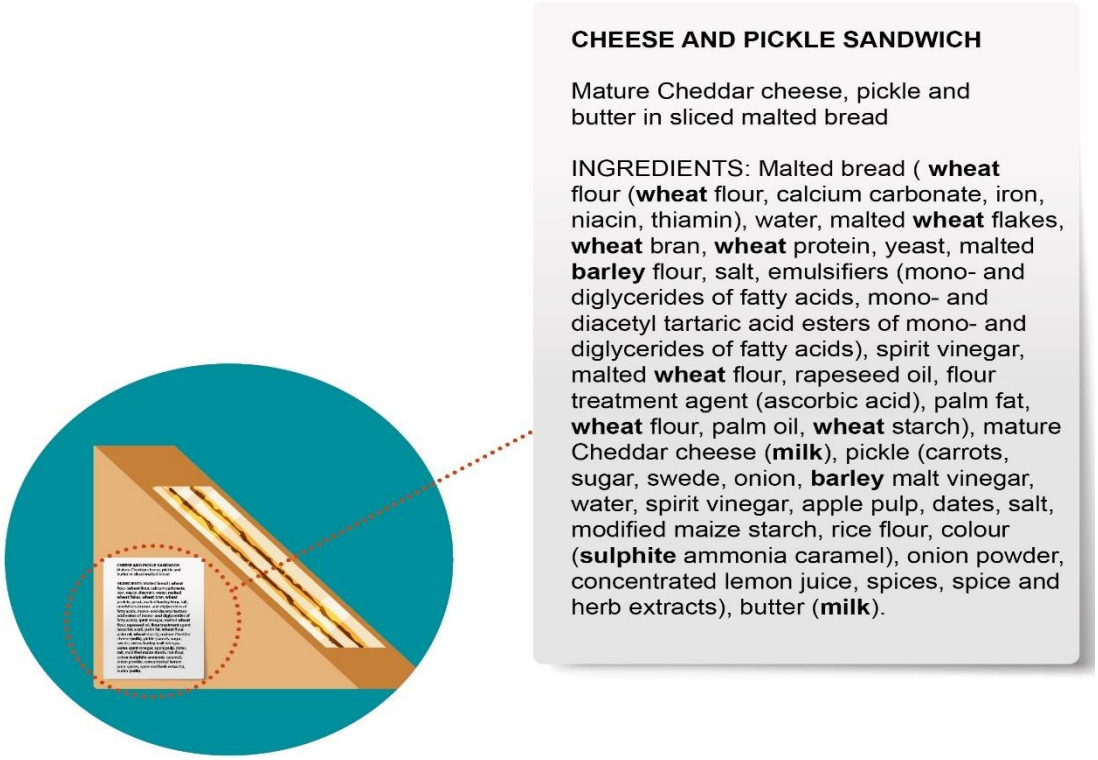
https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#definition-of-packaging

Examples of Food that are not Prepacked: https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries#examples-of-food-that-is-not-prepacked-for-direct-sale

For further guidance, please see:

https://www.food.gov.uk/safety-hygiene/food-allergy-and-intolerance

EXAMPLE Labelling



7.0 IHCP

NAME – Individual Healthcare Plan for allergy	
Date of Birth	Current Photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: *Note what allergy the child or young person has:* *Note any known allergens:* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others:*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals:* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here:* *Note the extent to which the child or young person is able to take responsibility for managing their allergy:*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly:* *Indicate how the allergy may impact on the child or young person's learning:* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN:*	

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit:

Outline measures to reduce the risk of contact with known allergens:

Give details of the specific support or adaptations to manage food allergy at meal and snack times:

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy:

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered:

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including whom to contact.

If relevant, note where "spare" adrenaline devices are located:

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026
R3

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

Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3

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

Poster



Prepared with the kind permission of Leicestershire Traded Services, Discovery H&S Manager 23.07.2026 R3