Leicestershire Traded Services

Allergies & Anaphylaxis Health Document

Information and Guidance

Management of Allergies, Anaphylaxis and the Use of Adrenaline Auto Injector Devices (AAIs)

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Date Reviewed: 18.5.2026

Review Due Date: 18.10 2027

Issue No: Version 4

Foreword

This document has been developed 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 Head Teacher 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 Management of Medicines Guidance and can be found on the LTS website : www.leicestershiretradedservices.org.uk. To ensure that all relevant legislation is complied with, it is essential that this guide is read in conjunction with the LA/LTS 'Management of Medicines Guidance' and **Statutory document**; 'Supporting Children in Schools with Medical Conditions' as amended August 2017 (Other resources).

Previous Amendments: 07/03/2022 updated information to include Natasha's Law page 34

Amendments May 2025 Deletion of Emerade Adrenaline Pens and associated documentation

Amendments August 2025 Adjust links, add policy and risk assessment link, adjust review date to 18 months, enhanced details in 2 (table)

May 2026 review in line with forthcoming Benedict's Law

Govt consultation in progress re Supporting Pupils with Medical Conditions and further updates can be expected

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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 Children in Schools with Medical Conditions (amended Dec 2017) and the Leicestershire County Council's Medication Management Info and Guidance.

Sections in purple highlight content aligned with forthcoming statutory allergy guidance (*Benedict's Law*), expected to take effect from 1 September 2026.

The DfE is currently consulting on Supporting Pupils with Medical Conditions which informs LCCs guidance. LCC's Medication Management Information and Guidance will be reviewed in Summer 2026 to ensure compliance with any updated requirements.

Please see page 42 for example template policies. The Department for Education (DfE) is expected to publish a model template ahead of September 2026.

Schools must have a dedicated Allergy Safety Policy (separate from general medical conditions). It must be:

☐ Published

☐ Reviewed at least annually

☐ Led by a named senior leader and governor

Governing Bodies

☐ Ensure compliance and oversight

☐ Appoint named leads for policies

It is acknowledged that there may be other amendments published as documents remain in consultation.

1.1 What is Anaphylaxis?

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

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

- Foods (14 allergens) *see further information*
- Medicines - such as antibiotics and Ibuprofen (for pain relief - commercially known as Nurofen)
- Latex – such as rubber gloves, balloons, swimming caps
- 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 30 mins later. Severe reactions occasionally happen 1 - 2 hours after eating. 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

Airway – Persistent cough, vocal changes (hoarse voice, 'barking' cough), difficulty swallowing, swollen tongue

Breathing – Difficult or noisy breathing, wheezing

Consciousness / Circulation - Feeling lightheaded / faint, 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, mouth, throat, feeling sick, abdominal pain, being sick, diarrhoea

Other: sudden change in behaviour, hay fever symptoms-runny nose, sneezing

1.4 What is the Treatment?

The school is required to ensure that appropriate Individual Health Care Plans (IHCP) are in place, for any child known to have an allergy (IHCP's within this document are also referred to as Emergency Action Plans-EAP's). A template example IHCP is included with this guidance at the end. IHCPs are created, in collaboration, and implemented for children and young people who have a recognised or diagnosed medical condition.

Treatment usually consists of:

- Administration of an orally prescribed **antihistamine** for mild to moderate symptoms. Refer to CYP Allergy Action Plan.
- Or an injection of Adrenaline, administered in an Autoinjector for serious allergic symptoms affecting the **Airway**, **Breathing** or **Consciousness/Circulation**. Emergency services, **999** / 112 should **always** be called in these circumstances, **without delay**

1.5 Incidents of Fatalities in Schools

Evidence indicates that approximately 17% of fatal food-anaphylaxis reactions in school-aged children occur in school settings, and around 20% of reactions involve children with no known prior history of allergy.

Historically, schools have been permitted to hold spare adrenaline auto-injectors (AAIs) for emergency use. However, following recent legislative changes (*Benedict's Law*), schools in England will be required to hold spare AAIs on site, with the statutory guidance expected to come into force from September 2026.

☐	All **allergic reactions and near misses** must be recorded from 1 September 2026
☐	Serious incidents must be: • Reported • Investigated
☐	Schools must **learn lessons and improve controls**

1.6a) Legislation and Keeping Generic Spare AAI(s) in School

Since October 1st 2017, the Human Medicines (Amendment) Regulations 2017 has allowed schools to purchase their own supply of AAI(s) from a pharmaceutical supplier (such as a local pharmacy), without a prescription.

Providing emergency treatment with an AAI, is **time critical**, therefore schools must now purchase a 'generic/spare' adrenaline auto-injector (AAI).

In addition, under the Management of Health and Safety at Work Regulations 1999, schools are required to assess risks to the health and safety of employees and others affected by their activities, including pupils, and to implement appropriate control measures. This includes assessing and managing the risks associated with severe allergies and anaphylaxis.

1.6b) Consent

Known Pupil Allergy - Consent

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 subject to consent.

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

Pupil Allergy Incident – Previously Unknown Allergy

The Medicines and Healthcare products Regulatory Agency (MHRA) regulates medicines, medical devices and blood components for transfusion in the UK.

MHRA is an executive agency, sponsored by the Department of Health and Social Care. To avoid ambiguity, they issued the following note in 2023:

"The MHRA would like to clarify that, in principle, a legal exemption under Regulation 238 permits a school's adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person **not known by the school to be at risk of anaphylaxis** (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy.

The provision under Regulation 238 should be reserved for **exceptional circumstances only, that could not have been foreseen**. The normal expectation would be for those at risk of anaphylaxis to have been clearly identified by the school in advance, to reduce the risk of equivocation, and potential delay in adrenaline auto-injector administration, in the event of an anaphylactic emergency.

"Spare" adrenaline auto-injectors held by schools are not supplied against a named prescription for an individual patient, which distinguishes them from adrenaline auto-injectors prescribed to individual pupils and that should be accessible to them at all times. The use of a school's adrenaline auto-injector, rather than using another pupil's personal auto-injector, to treat an individual not known by the school to be at risk of anaphylaxis ensures that the personally prescribed auto-injector remains available to that pupil. The schools' guidance makes it clear that the spare auto-injectors held by schools are not intended to replace children's own adrenaline auto-injectors. They are available for exceptional use as would apply in this circumstance."

23/03/2023 - Deputy Director of MHRA

(https://www.gov.uk/government/publications/clarification-of-adrenaline-autoinjector-guidance-for-schools)

1.7(a) Procurement Arrangements

Spare AAIs must be obtained in accordance with Department of Health guidance:

- AAIs should be purchased from a pharmacy or licensed pharmaceutical supplier.
- A written request must be provided to the supplier, signed by the Headteacher (or equivalent), typically on school headed paper.
- Schools must only obtain a reasonable quantity to meet emergency needs.

  A template request letter is available within the Department of Health guidance: *Using Emergency Adrenaline Auto-Injectors in Schools*. *See Appendix 4H.*

  AAIs obtained under these arrangements:

- Must not replace a pupil's own prescribed devices
- Are to be used only in emergency situations

Note: Allergy action plans continue to be updated by the British Society for Allergy and Clinical Immunology (BASCI) to reflect changes in legislation permitting schools to purchase and administer a 'spare' back-up adrenaline autoinjector. Example screen shot on final page. New devices are being added as the guidance changes.

1.7b 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 (ie there and back to the recipient in 5 mins) and therefore the layout of the school may determine the number required and where it should be stored. The following is recommended as a minimum:

Primary School – at least one -0.15mg Adrenaline and one -0.3mg Adrenaline dose AAI (the 0.3mg can be administered to children ≥ 6yrs old.

Secondary School / setting- at least one 0.3mg Adrenaline dose

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
- **Important notice**: Emerade Pens are no longer available, and the school should ensure that pens have been changed to either Jext or Epipens, by contacting the child's parents / guardians and to ensure that the school have, completed, signed up to date consent forms. Source: Anaphylaxis UK

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

In a non-health setting (e.g. school, nursery, respite facility), 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 sparepensinschools webpage and needs to be individualised for each school.

a. 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.

b. It is the parent's responsibility to raise the issue with the head of the setting e.g. head teacher, nursery manager.

c. When a **child is to self-administer**, the head of the setting with the parents/carers /guardians will decide whether training of volunteers is required. *It is recommended that in all settings where there is a child who may require an AAI, that (a) volunteer(s) are trained to administer the appropriate AAI should a situation arise where a child is too ill/unable to self- administer.* If training is not required, a general administration of medicines form must be completed. A child who has self-administered their AAI, must report to a member of staff as they will need to be reviewed in hospital.

d. When the child is **unable** to self-administer, the head then identifies (a) volunteer(s) to undertake training and subsequent administration of the AAI. It is recommended that a practice training device for the devices kept at school to support training. For advice on training, please call: 0116 305 5515 (Leicestershire County Council-Duty Officer-Health, Safety and Wellbeing) or email: healthandsafety@leics.gov.uk

e. In the unlikely event that, no 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

Schools must be able to demonstrate that training arrangements result in staff being **competent and confident** to manage allergy risks and emergency situations. Schools must therefore ensure that any gaps in competence are addressed through additional training where necessary.

Once volunteers / designated staff have been identified; they must read their setting's policy/guidelines on the Management of Medications. The head of the setting should then liaise with a health professional or a suitably competent and qualified training provider. All training must be compliant with *Benedict's Law.*

In line with *Benedict's Law* (effective from 1 September 2026), schools must ensure that **all staff** receive appropriate allergy awareness and emergency response training. Training via National College's on-line portal is being reviewed currently and soon to be available. The National College Training is supported by Anaphylaxis UK and will be compliant with *Benedict's Law*.

Content of Training

Training must ensure that all staff (including teachers, lunchtime supervisors, caretakers, drivers, contractors and supply staff) are able to:

- Recognise the range of signs and symptoms of allergic reactions, including anaphylaxis
- Understand how to manage anaphylaxis
- Respond appropriately to requests for help from colleagues
- Recognise when emergency action is required
- Understand the importance of incident reporting, recording and learning from events

Training Delivery

Training should include a practical element, particularly to support confidence in the use of adrenaline auto-injectors (AAIs). Free training AAI devices are available from the manufacturers, links below.

Training opportunities are available via the Leicestershire Traded Services website and can be accessed on request.

Practical Competence and Drills

Schools are expected to carry out periodic **allergy safety drills** to:

- Test staff readiness
- Reinforce emergency procedures
- Identify any gaps in response

Staff should be able to demonstrate:

- Recognition of symptoms
- Immediate actions to take
- Safe use of AAIs (where required)
- Knowledge of where medication is stored

Evidence of training documents (certificates) must be retained on the employee / volunteers' personnel file. To avoid staff training becoming void, re-training dates must be monitored, 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 Head of Setting.

Allergy awareness training should be reviewed regularly and refreshed in line with Health and Safety Executive requirements and food safety guidance. In practice, this training is typically refreshed on an annual basis as recognised best practice to ensure staff and volunteers remain competent and confident in managing allergies and responding to medical emergencies quickly.

Comments from First Response First Aid training (LCC provider):

- Anyone completing the full Paediatric First Aid or First Aid at Work will have completed an anaphylaxis awareness session and a competency assessment on the use of adrenaline autoinjectors and so complies with *Benedict's Law*.

- The Emergency First Aid at Work including a paediatric element course includes a short anaphylaxis awareness session, but not the competency assessment on the use of adrenaline autoinjectors.

Please see below examples of how to fill gaps in training to fit your setting. National College is being promoted by The Allergy Team as suitable for the whole school allergy awareness training.

Training – Example providers (in addition to regular sources):
https://www.anaphylaxis.org.uk/ - AllergyWise for schools - 10 total cost £105 inc VAT

Allergy School has teamed up with St John Ambulance
https://allergyschool.org.uk/resources/responding-to-an-allergy-emergency/
https://allergyschool.org.uk/resources/

Jext includes video demo https://patients.jext.co.uk/#section-4

Free training pens are available from:

https://patients.jext.co.uk/order-trainer-pen/

https://www.epipen.co.uk/

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

Training must ensure

- ☐ Whole-school awareness
- ☐ Practical emergency competence
- ☐ **Preventative** daily behaviours
- ☐ Consistency across all roles and settings

Common Gaps to Watch For

- ☐ Staff aware of allergies but unable to use an EpiPen
- ☐ Training not extended to lunchtime or temporary staff
- ☐ No clear link between IHPs and staff knowledge
- ☐ Catering teams trained separately from school systems
- ☐ No refresher schedule

Quick and Confident Response – Expect evidence that staff:

- ☐ Can recognise symptoms quickly and accurately
- ☐ Can state immediate actions without hesitation
- ☐ Know where medication is kept and how to access it
- ☐ Can demonstrate EpiPen use (where required)
- ☐ Understand pupil-specific risks in IHPs
- ☐ Apply preventative controls in daily practice

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.
2	**Prevent Bullying** • Develop and enforce a zero-tolerance policy for bullying related to allergies or medical conditions. • Ensure staff are trained to recognize 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 – Must Include modules on:** • Recognizing allergic reactions • Responding to bullying or peer pressure around food • Communicating with parents and carers
4.	**Parents provision** - Bottles, other drinks and lunch boxes provided by parents for children with food allergies must 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 must check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing.
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.
7.	**Parental permission** - Food must 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.
	• Consider reward and recognition treats

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 34*
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.
13.	**Offsite catering/activities** - 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).

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.

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** (such as barley and oats),
3. **crustaceans** (such as prawns, crabs and lobsters),
4. **eggs**,
5. **fish**,
6. **lupin***,
7. **milk**,
8. **molluscs** (such as mussels and oysters),
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

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 must 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.

- The pupil's EAP must be 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 must be recorded and signed. Spare pens must 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.

3.1 Individual Health Care Plans (IHCP)

The school / setting must ensure that 'Emergency Action Plans' 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 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.

a. If any details in the Emergency Action Plan change, it is the parent's responsibility to inform the head of the setting. If a new Emergency Action Plan is required, then the process above must be discussed by those parties and the Emergency Action Plan completed as appropriate.

b. 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.

3.2 Management of Spare AAI Pen KITS

Schools must hold spare AAIs accessible at all times, this requirement closes previous gaps where schools could hold spares but many did not. An emergency anaphylaxis kit must include:

- 1 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 held in the Emergency Kit must be kept separate from any pupil's own prescribed AAI which might be stored nearby with the pupil; the spare AAI must be clearly labelled to avoid confusion with that prescribed to a named pupil.

This is the latest news from our local NHS contact, Gary Stiefel.

My understanding is that another child's prescribed salbutamol inhaler or adrenaline auto-injector must not be used in an emergency.

If the school holds a generic (spare) salbutamol inhaler or a generic (spare) adrenaline auto-injector, these may be used in an emergency when appropriate.

From September 2026, under "Benedict's Law," schools will be required to have access to emergency asthma and anaphylaxis medication, and it is these generic emergency devices that should be used where needed."

3.3 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 as appropriate.

The sharps bin should be 'Yellow'-*different versions are available and staff should follow the manufacturers 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 (LA Schools AssessNet and Academies or Independent Schools via their own reporting system or the HSE).

Disposal of Sharps Box

The school must contact their local district authority or a licenced clinical waste disposal company, for collection and safe disposal.

APPENDICES

BSACI PROFORMA ACTION PLANS

British Society for Allergy and Clinical Immunology (BSACI) Proforma Action Plans for Antihistamine, Epipen, Jext and EURneffy 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/2026/04/Paediatric-action-plan-EURneffy.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

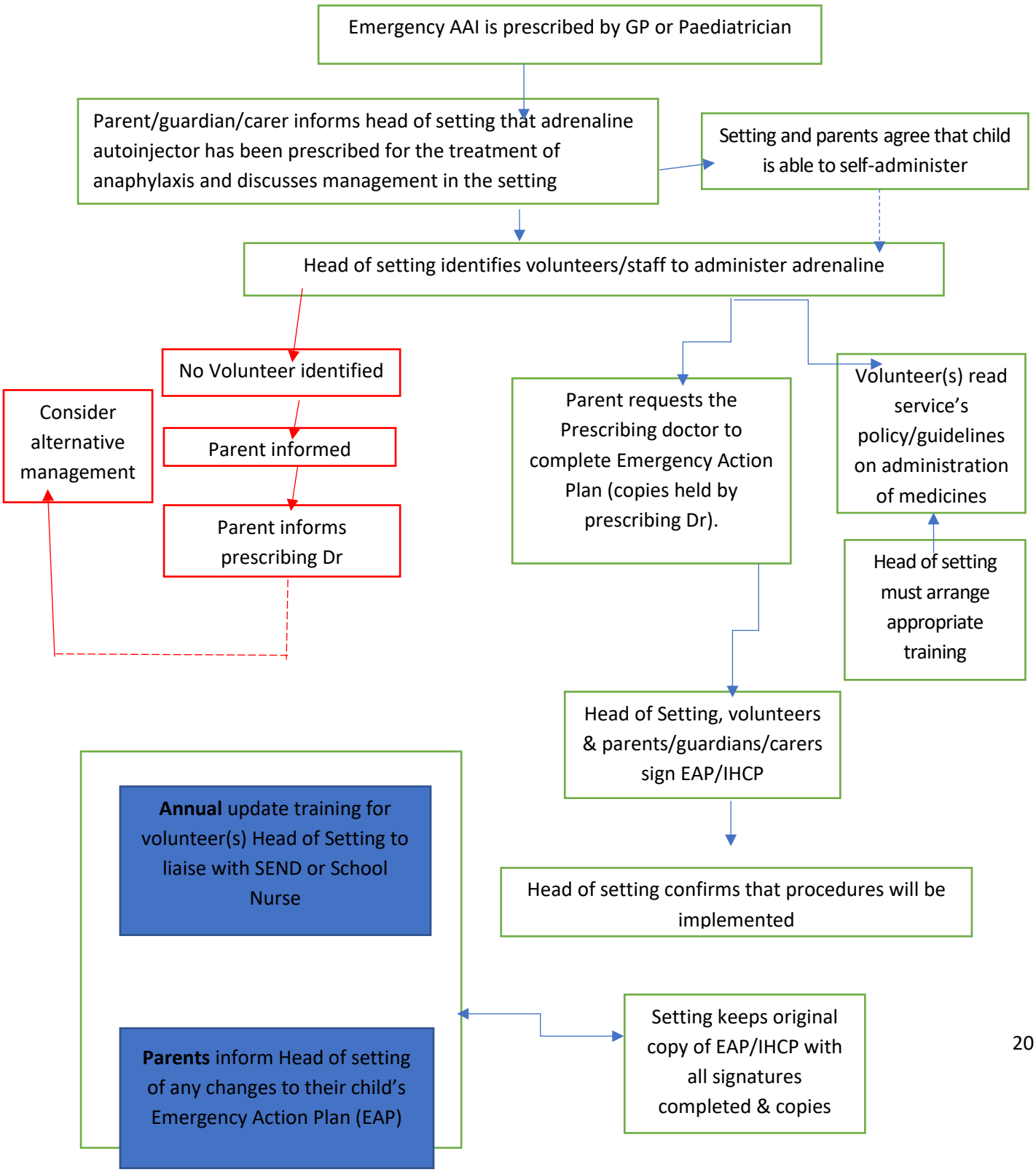
Food Protein Induced Enterocolitis Syndrome (FPIES) Form 2

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

Appendix A

Adapted from Department of Health (2017), **Guidance on the use of adrenaline auto-injectors in schools**, *including flow-chart for non-medical staff response to anaphylaxis.*

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



Types of Auto Injector Devices

Appendix B

EpiPen®

Jext®

EURneffy® A needle-free nasal spray has been developed and was approved in 2025 by the MHRA. This will filter through the system in due course and be weaved into the training and governance requirements - EURneffy

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 LA, Academies and Independent Schools responsibility (as applicable) to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan.

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

Please click to access the BSACI Child, YP form

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

Please click to access the BSACI Adult form

https://www.bsaci.org/wp-content/uploads/2024/09/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 LA, Academies and Independent Schools responsibility (as applicable) to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan

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

https://www.bsaci.org/wp-content/uploads/2024/09/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 LA, Academies and Independent Schools responsibility (as applicable) to ensure there is adequately trained staff able to carry out the actions required in the Emergency Action Plan

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 Jext 300mcg Jext 150mcg	Adrenaline given by: 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***	

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. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand Name* (see below)		Dose* (state milligrams or micrograms)	Quantity Required
	Adrenaline Autoinjector Device		
	Adrenaline Autoinjector Device		

Signed: _____ Date: _____

Print name:

Head Teacher/Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15mg) **or** • Jext 150 microgram	• Epipen (0.3 milligrams) **or** • Jext 300 microgram	• Epipen (0.3 milligrams) **or** • Jext 300 microgram

The guidance is available at:

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

Further information can be found at http://www.sparepensinschools.uk

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	

☐ Whole-school awareness
☐ Practical emergency competence
☐ **Preventative** daily behaviours
☐ Consistency across all roles and settings

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

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

LA & Academies LTS schools): Management of Medications Guidance (available on LTS website)

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

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 Benedict's Law

May 2026 – information and guidance (still in Govt progress)

"*Benedict's Law"* is an informal term used to describe a package of measures embedded within the **Children's Wellbeing and Schools Bill** and associated statutory guidance. It is not a standalone Act but represents a strengthened legal framework requiring schools to adopt consistent, auditable systems for allergy management.

Benedict's Law represents a significant step change in how schools manage and respond to allergies. Developed following extensive campaigning by families and national allergy organisations, the forthcoming statutory guidance (**expected to come into force from September 2026)** will place clear legal expectations on all schools in England to strengthen allergy safety arrangements. [gov.uk]

Under this new framework, schools will be required to implement consistent, whole-school systems to support pupils with allergies. This includes:

- Having a published allergy and anaphylaxis policy
- Ensuring staff are trained to recognise and respond to allergic reactions
- Maintaining individual healthcare plans for pupils with allergies
- Holding in-date spare adrenaline auto-injectors (AAIs) for emergency use [gov.uk], [narf.org.uk]

While the statutory guidance will formalise expectations, schools are not starting from scratch. A wide range of high-quality resources already exists, developed collaboratively by national charities, clinical bodies, and sector organisations. These resources are designed to support schools in implementing best practice and preparing for compliance with the new requirements.

Available Support and Resources

Schools can draw on a comprehensive suite of materials, including:

- Model policies and guidance
  - Whole-school allergy policy templates and best practice guides
- Risk assessment tools
  - Whole-setting and individual pupil allergy risk assessment templates
- Checklists and audit tools
  - Practical checklists to assess readiness and identify gaps
- Individual healthcare plans and action plans
  - Templates to support consistent, personalised care planning
- Training and awareness resources
  - Staff training materials, presentations, and awareness posters

These resources are widely available through organisations such as Anaphylaxis UK, Allergy UK, the Natasha Allergy Research Foundation, and the Benedict Blythe Foundation, and are specifically designed to help schools translate guidance into practical, auditable systems. [anaphylaxis.org.uk]

Key Message

Taken together, *Benedict's Law* and the associated resources provide schools with:

- A clear legal direction
- A consistent national framework for allergy safety
- Practical tools to support implementation, assurance, and continuous improvement

Schools are therefore encouraged to actively engage with the available charity materials, using them to review and strengthen current arrangements in advance of the statutory requirements coming into force.

Allergy Management Checklist (adopted in a slightly different order)

- ☐ Does the child have an Individual Healthcare Plan (IHP)?
- ☐ Does each child have a completed and signed Allergy Action Plan? (BSACI signed by healthcare professional)
- ☐ Has your school purchased spare pens suited to school setting?
- ☐ Does the school allergy policy include where and how to store AAIs?
- ☐ Have ALL school staff been suitably trained in allergy and anaphylaxis?
- ☐ Has the school completed an allergy risk assessment? (cc Wiltshire Children Trust Anaphylaxis Risk Assessment)
- ☐ Does the allergy policy include risk assessment of extra-curricular activities (inc in Wiltshire r/a)?
- ☐ Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- ☐ Does the allergy policy cover catering for children with allergies?
- ☐ Does the allergy policy include pupil allergy awareness?
- ☐ Does the allergy policy cover safeguarding children with allergies, including bullying?
- ☐ While this guidance primarily focuses on pupil safety, schools should also consider the needs of adults. Similar arrangements and information should be reviewed and implemented, where appropriate, to ensure the safety of staff, visitors and others on site.
- ☐ Have after school clubs and activities been considered including Forest Schools? It is the school's responsibility to ensure that the providers of the activities have received the training. This will necessitate the reviewing of the school's hiring policy and contractor checks.
- ☐ Does your school carry out periodic allergy safety drills?

7.0 Useful contacts:

BSACI - Leicester Children's 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).

Paediatric Allergy Consultant: gary.ghs.stiefel@uhl-tr.nhs.uk

Useful Teaching Videos - Awareness of Allergies

Various including BBC Bitesize for Teachers - 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 16 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

8 Acknowledgement Note (15 May 2026)

The introduction of strengthened allergy safety measures, commonly referred to as *Benedict's Law*, and the earlier implementation of *Natasha's Law*, reflect the tragic loss of young lives and the determination of families and campaigners to improve protection for others.

It is important to recognise that there have been a number of individuals who have sadly died as a result of allergic reactions, often highlighting the critical importance of awareness, preparedness, and timely response in education settings.

Over a number of years, national charities and organisations have developed a comprehensive range of guidance, tools, and resources to support schools. LCCs most recent guidance includes links to model policies, checklists, and risk assessment templates to help schools more easily align with current best practice and the evolving statutory requirements associated with *Benedict's Law*.

Further tributes and information can be found via Anaphylaxis UK:

https://www.anaphylaxis.org.uk/statement-following-death-james-turnbull/

These cases serve as a powerful reminder of why robust systems, clear communication, and confident emergency response are essential in all education settings.

DfE Consultation (until 15/5/2026)

At the time of writing, the Department for Education is consulting on supporting pupils with medical conditions and so further updates to this and LCCs associated information, guidance and templates may be further updated as the consultation progresses. Implementation to be effective 1/9/2026.

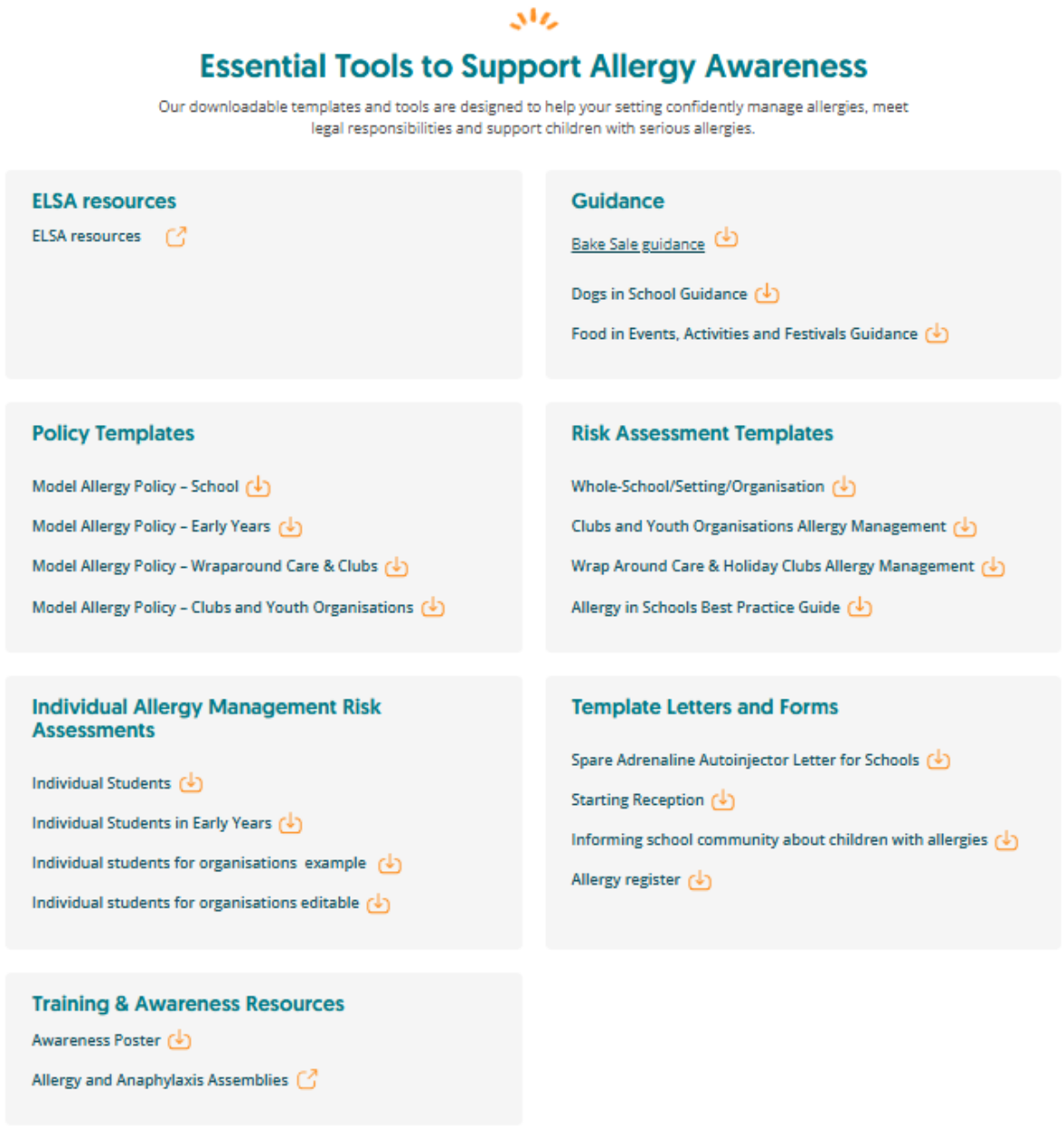
Description

The consultation seeks views on proposals to strengthen the way children and young people with medical conditions and allergy are supported and kept safe, by:

- requiring every setting to have a published medical conditions policy
- strengthening Individual Healthcare Plans (IHPs)
- strengthening recording, reporting and learning from serious incidents and 'near misses'
- introducing a new requirement for a separate, published allergy safety policy, including training and the use of adrenaline devices

9 Example Support Info - Essential tools are available from the following link by providing your email address. There are various allergen specialist websites to choose from, this is one example. Others are in the links listed above – the main allergen charities are recommended to be followed.

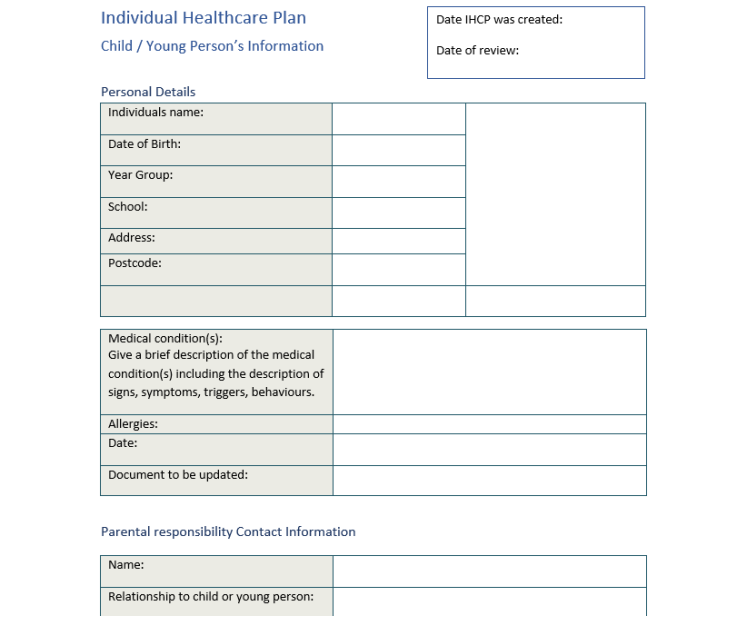
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/



Individual Health Care Plan / Consent Documentation – these 2 docs sit hand-in-glove. IHCP may be updated slightly following DfE ongoing review. Anaphylaxis UK hold a template also.

- **Supported by the appropriate BSACI Allergy Action Plan –** completed by "healthcare professional"

https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/



Individual Healthcare Plan

Child / Young Person's Information

Date IHCP was created:

Date of review:

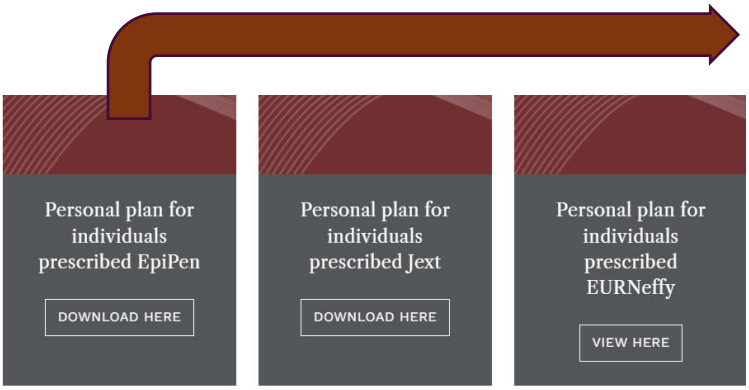
Personal Details

Individuals name:		
Date of Birth:		
Year Group:		
School:		
Address:		
Postcode:		

Medical condition(s): Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

Parental responsibility Contact Information

Name:	
Relationship to child or young person:	



Personal plan for individuals prescribed EpiPen

DOWNLOAD HERE

Personal plan for individuals prescribed Jext

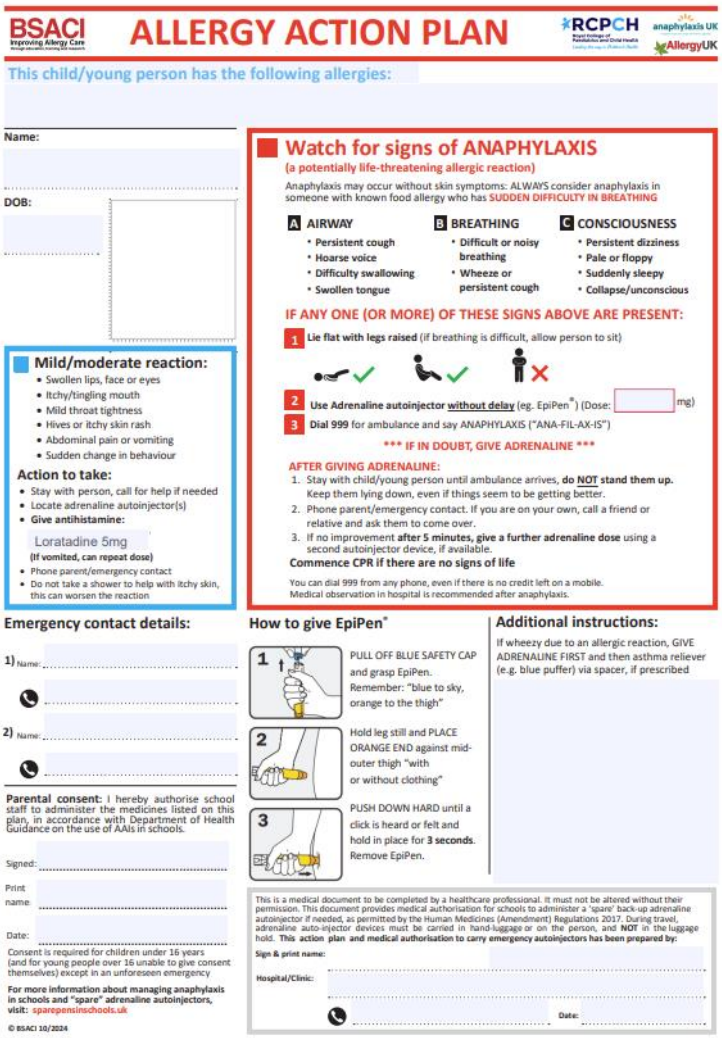
DOWNLOAD HERE

Personal plan for individuals prescribed EURNeffy

VIEW HERE

A generic plan for individuals assessed as not needing AAI

DOWNLOAD HERE



BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

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

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

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

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

2 **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)

3 **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

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

AFTER GIVING ADRENALINE:

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

Commence CPR if there are no signs of life

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

Mild/moderate reaction:

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

Action to take:

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

Loratadine 5mg

(If vomited, can repeat dose)

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

Emergency contact details:

1) Name:

2) Name:

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

Signed:

Print name:

Date:

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

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

© BSACI 10/2024

How to give EpiPen®

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

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

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

Additional instructions:

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

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

Sign & print name:

Hospital/Clinic:

Date:

Example Policy Templates – the DfE is expected to provide a template in time for the new legislation coming into effect.

The following templates in the links have been available for some time.

https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/

https://www.allergyuk.org/wp-content/uploads/2024/01/Model-Policy-for-Allergy-at-School-v2.1.pdf

Allergy School – Model Allergy Policy