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Policy Document

Allergy Safety Policy

Policy Tier	2
Policy Owner	Trust Medical Lead– Supported by the Birmingham Community Healthcare NHS Trust
Ratifying Body	Trustees
Approval Date	September 2026
Next Review Date	September 2027
Version Number	1.0

Applicability:

This policy applies to staff in accordance with its designated policy tier.

- Tier 1: Applies to all schools and centrally based staff and must be adopted in full without modification.
- Tier 2: Applies trust-wide but allows limited contextualisation to reflect individual school circumstances.
- Tier 3: Applies at school level and is approved and implemented through local governance arrangements

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1.0 Aims and Objectives

This policy outlines Leigh Trust's approach to allergy management, including how the whole-Trust community works to reduce the risk of an allergic reaction happening and the procedures in place to respond if someone does. It also sets out how we support our pupils with allergies to ensure their wellbeing and inclusion.

This policy applies to all staff, pupils, parents and visitors to the school and should be read alongside these other policies:

- Children with Medical Needs policy
- Whole School Safeguarding Policy

2.0 Legal Duty

Under Section 100 of the Children and Families Act 2014, schools must help support pupils with medical conditions. This includes ensuring that staff are trained and supported to administer care safely.

This policy should be read in conjunction with:
Allergy Safety in Schools statutory guidance (DFE July 2026)
Children's Wellbeing & School Act Part 2 Section 34 2026
Supporting Pupils at School with Medical Conditions statutory guidance (DFE 2015 updated version due 2026)
The Administration of Medicines in Schools and Settings: A Supplemental Guidance Document (Birmingham City Council and Birmingham Community Healthcare NHS Foundation Trust (February 2018 updated version due 2026)

3.0 Defining Abuse

Allergy occurs when a person reacts to a substance that is usually considered harmless. It is an immune response and instead of ignoring the substance, the body produces histamine which triggers an allergic reaction.

Whilst most allergic reactions are mild, causing minor symptoms, some can be very serious and cause anaphylaxis, which is a life-threatening medical emergency.

People can be allergic to anything, but serious allergic reactions are more commonly caused by food, insect venom (such as a wasp or bee sting), latex and medication.

4.0 Definitions

ANAPHYLAXIS: Anaphylaxis is a severe allergic reaction that can be life-threatening and must be treated as a medical emergency.

ALLERGEN: A normally harmless substance that, for some, triggers an allergic reaction. You can be allergic to anything. The most common allergens are food, medication, animal dander (skin cells shed by animals with fur or feathers) and pollen. Latex and wasp and bee stings are less common allergens.

Most severe allergic reactions to food are caused by just nine foods. These are:

Eggs, milk, peanuts, tree nuts (which includes nuts such as hazelnut, cashew nut, pistachio, almond, walnut, pecan, Brazil nut, macadamia etc), sesame, fish, shellfish, soya and wheat.

There are 14 allergens required by law to be highlighted on pre-packed food. These allergens are celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, tree nuts, soya, sulphites (or sulphur dioxide), and sesame.

ADRENALINE AUTO-INJECTOR: Single-use device which carries a pre-measured dose of adrenaline. Adrenaline auto-injectors are used to treat anaphylaxis by injecting adrenaline directly into the upper, outer thigh muscle. Adrenaline auto-injectors are commonly referred to as AAIs, adrenaline pens or by the brand name EpiPen. There are two brands licensed for use in the UK: EpiPen & Jext.

They come in two different strengths based on the weight of a child. For the purposes of this policy, we will refer to them as adrenaline auto-injectors or AAI's.

NASAL ADRENALINE

EURneffy® is a nasal adrenaline spray medication used for the emergency treatment of allergic reactions (anaphylaxis) It is used in adults and children from 4 years of age

weighing 15 kg or more. It comes in two different strengths based on the weight of a child.

EURneffy® is given into one nostril at the first sign of a severe allergic reaction. (Please notify your school nurse if you receive this medication into school as you will need specific training and allergy action plan).

ALLERGY ACTION PLAN: This is a document filled out by a healthcare professional, detailing a person's allergy and their treatment plan. A BSACI (British Society for Allergy and Clinical immunology) 'Allergy Action Plan' is completed by a healthcare professional, (usually a school nurse) which includes versions for:

- Pupils without a prescribed AAI and pupils prescribed with different brands of AAI. For an example of a 'Paediatric Allergy Action Plans – BSACI please see appendix 1.'

INDIVIDUAL HEALTHCARE PLAN

Pupils should have an Individual Healthcare Plan (IHP) completed by school if:

- They have an allergy which has a functional impact on them in school
- They are at risk of harm as a result of their allergy
- They require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in school for supporting the pupil with their medical condition or allergy, including in emergency situations and sets out how pupils with allergy who require specific support arrangements will have them documented through an Individual Healthcare Plan.

This includes pupils whose allergies require flexibility and 'reasonable adjustments', as well as those who require medication (either proactively or in an emergency situation).

Where pupils have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP should be attached to this plan. Whenever an

updated 'Action Plan' becomes available, the pupil's Individual Healthcare Plan should be reviewed to incorporate it. See appendix 2 for an example.

RISK ASSESSMENT: A detailed document outlining an activity, the risks it poses, and any actions taken to mitigate that risk. Allergy should be included **on all risk assessments for events on and off the school site.**

SPARE AAI's:

From 2017 schools have been able to purchase spare adrenaline auto-injectors.

Spare adrenaline auto-injectors (AAIs) should be held as a back-up in case a pupil's prescribed adrenaline auto-injectors are unavailable. They should be clearly labelled as **Spare AAIs**, stored in pairs, and kept in a location that is readily accessible so they can be retrieved & administered **within five minutes**. Keeping two devices together ensures that a second dose can be administered promptly if required.

A spare AAI may also be used to treat a pupil experiencing anaphylaxis who has not been prescribed their own adrenaline auto-injector, in accordance with current legislation and the school's emergency procedures.

Leigh School keeps its spare auto-injectors in the unlocked bottom shelving of the **first-aid cupboard in the school staff room.** They are kept in a plastic container. On the shelf where they are stored is a clear label identifying them as 'Spare Auto-Injectors'.

A pair of spare auto-injectors will also be kept in the schools Emergency Grab Bag, which is available when there is a school emergency such as a fire or evacuation.

5.0 Roles and Responsibilities

Leigh Trust Schools take a whole-school approach to allergy management.

Leigh Trust Schools have a named Governor, a Senior Leader and a Designated Allergy Lead, who manage allergy safety arrangements

The Designated Allergy Lead is C Rabone. They report to senior leader A Nevin.

They are responsible for:

- Ensuring the safety, inclusion and wellbeing of pupils with allergy.
- Taking decisions on allergy management across the school with assistance from the School Nurse
- Championing and practising allergy awareness across the school
- Being the overarching point of contact for staff, pupils and parents with concerns or questions about allergy management
- Ensuring allergy information is recorded, up-to-date and communicated to all staff
- Making sure all staff are appropriately trained, have good allergy awareness and realise their role in allergy management (including what activities need an allergy risk assessment)
- Ensuring all staff including catering staff, pupils and parents have a good awareness of the school's Allergy Safety Policy, and other related procedures & this information is shared annually.
- Reviewing the stock of the school's spare AAI's (check the school has enough and the locations are correct) and ensuring staff know where they are kept.
- Keep a record of any allergic reactions or near-misses and ensure an investigation is held as to the cause and put in place any learnings
- Regularly reviewing and updating the Allergy Safety Policy at least annually.
- Ensuring that Allergy & Emergency Response training is received by all staff, including supply staff, peripatetic staff & regular volunteers at least annually & after every near miss incident.

At regular intervals the Designated Allergy Lead will check procedures and report to the SLT.

5.2 Governor's Role

The Governing body should ensure that the Allergy Safety Policy is readily accessible to parents & staff. The policy should be published on the school's website & also be available in hard copies on request.

The named Allergy/medical governor for Leigh Primary School to be appointed in **October 2026**.

5.3 New pupils

The school ensures that:

- There is a clear method to capture allergy information or special dietary information at the earliest opportunity via initial interest in the school
- There is a clear structure in place to communicate this information to the relevant parties (i.e. school nursing team, catering team)

5.4 All staff

All school staff, to include teaching staff, support staff, kitchen staff, occasional staff (including Peripatetic teachers) are responsible for:

- Championing and practising allergy awareness across the school
- Understanding and putting into practice the Allergy Safety Policy and related procedures, and asking for support if needed
- Being aware of pupils with allergies and what they are allergic to
- Considering the risk to pupils with allergies posed by any activities and assessing whether the use of any allergen in activity is necessary and/or appropriate.
- Ensuring pupils **always have access** to their medication or carrying it on their behalf
- Being able to recognise and respond to an allergic reaction, including anaphylaxis
- Taking part in allergy & emergency response training as required (at least once a year) and informing a manager if you have not received any training in the last 12 months
- Considering the safety, inclusion and wellbeing of pupils with allergies at all times.
- Preventing and responding to any allergy-related bullying, in line with the school's behaviour policy.

5.5 All parents/carers

All parents and carers (whether their child have an allergy or not) are responsible for:

- Being aware of and understanding the school's Allergy Safety Policy and considering the safety and wellbeing of pupils with allergies
- Providing the school with information about their child's medical needs, including dietary requirements and allergies, history of their allergy, any previous allergic reactions or anaphylaxis. They should also inform the school of any related conditions, for example asthma, hay fever, rhinitis or eczema
- Considering and adhering to any food restrictions or guidance the school has in place when providing food, for example in packed lunches, as snacks or for fundraising events
- Refraining from telling the school their child has an allergy or intolerance if this is a preference or dietary choice for their child
- Encouraging their child to be allergy aware

5.6 Parents of children with allergies

In addition to point 5.5, the parents and carers of children with allergies should:

- Work with the school and provide a copy of their BSACI Allergy Action Plan if they have one
- If applicable, provide the school with two labelled AAI's and any other medication, for example antihistamine (with a dispenser and spoon or syringe), inhalers. Where the family have only supplied one AAI it is recommended that the parents are advised to supply two and where there is a difficulty in obtaining this, use of a template letter to the GP can be used to request this - see appendix 3.
- Ensure medication is in-date and replaced at the appropriate time
- Update school with any changes to their child's condition and ensure the relevant paperwork is updated too
- Support their child to understand their allergy diagnosis and to advocate for themselves where possible, taking reasonable steps to reduce the risk of an allergic reaction occurring e.g. not eating the food they are allergic to or other measures.

5.7 All pupils

All pupils at the school should:

- Be allergy aware
- Understand the risks allergens might pose to their peers
- Learn how they can support their peers and be alert to and report allergy-related bullying.

5.8 Pupils with allergies

In addition to point 5.7, pupils with allergies are responsible for:

- Knowing what their allergies are and how to mitigate personal risk, this will depend on age and may not be appropriate with our very young children.
- Avoiding their allergen as best as they can
- Understand that they should notify a member of staff if they are not feeling well, or suspect they might be having an allergic reaction
- Talking to a member of staff if they are concerned by any school processes or systems related to their allergy
- Raising concerns with a member of staff if they experience any inappropriate behaviour in relation to their allergies

6.0 Information and Documentation

The school has a register of pupils who have a diagnosed allergy. This is recorded on the medical history section of the 'Bromcom' management information system and on a separate spreadsheet which staff only have access to. This includes children who have a history of anaphylaxis or have been prescribed AAIs, as well as pupils with an allergy where no AAI's have been prescribed.

6.2 Each pupil with an allergy has a BSACI Allergy Action Plan.

The information on this plan includes:

- Known allergens and risk factors for allergic reactions
- Detail of the medication the pupil has been prescribed including the dosage, this should include AAI's, antihistamine and any other relevant medication.

- Parental consent to administer medication, including the use of spare AAIs in case of suspected anaphylaxis
- A photograph of each pupil

6.3.1 Every pupil with a medical need must have an Individual Healthcare Plan (IHP), which is completed by the school in partnership with parents/carers and relevant healthcare professionals where appropriate. The IHP must be reviewed at least annually and sooner if the pupil's health needs or treatment change.

Where a pupil has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, a copy must be attached to the IHP. The school must ensure that the IHP is reviewed and updated whenever a new or revised Action Plan is received, so that it reflects the pupil's current healthcare needs and emergency management.

7.0 Assessing Risk

Allergens can crop up in unexpected places. Staff (including visiting staff) will consider allergies in all activity planning and include it in risk assessments. Some examples include:

- Classroom activities, for example when using food packaging, completing science experiments where allergens are present and cooking. This is not an exhaustive list.
- Bringing animals into the school, for example hatching chick eggs as this can pose a risk.
- At Leigh Trust Schools we advise all external visitors that we do not hand out food to any pupils for any reason. We either ensure any food provided is safe food or consider non-food alternatives for all pupils.
- Planning special events, such as cultural days and celebrations
- Inclusion of pupils with allergies must be considered alongside their individual safety and they should not be excluded. If necessary, the activity should be adapted or advice sought from parents or professionals.

7.1 On arrival at the school site, all visitors will be asked whether they have any allergies or carry allergy medication. This information will be communicated to the member of staff responsible for overseeing the visitor while they are on site to ensure appropriate support can be provided in the event of an allergic reaction.

8.0 Assessing Risk

8.1 CATERING IN SCHOOL

The school is committed to providing a safe meal for all pupils, including those with food allergies.

- Due diligence is carried out regarding allergen management when appointing catering staff
- All staff, regardless of their employer, who work within the school environment must receive appropriate allergy awareness training relevant to their role.
- Where catering services are provided by an external contractor, the school must obtain assurances that catering staff have received appropriate allergen awareness training. In addition, all catering staff must be familiar with and comply with the school's Allergy Policy, individual healthcare plans, food service procedures, emergency arrangements, and reporting processes.
- The school remains responsible for ensuring that all staff working on site, including those employed by external organisations, are aware of their responsibilities in supporting pupils with allergies and responding appropriately in the event of an allergic reaction.
- The catering team will endeavour to get to know the pupils with allergies and what their allergies are. They should be supported by relevant school staff to undertake this understanding and manage the situation appropriately.
- The school has robust procedures in place to identify pupils with food allergies, The allergy lead will ensure the Catering team are aware of allergens. Copies of the pupils individual Allergy action plans with recent photograph will be displayed in the kitchen (with parental permission) & whenever action plans are updated, catering staff must receive an updated copy.

- Food containing the main 14 allergens (see Allergens definition) will be clearly identified for pupils, staff and visitors to see. Other ingredient information will be available on request.
- Food packaged to go for trips and visits will comply with PPDS legislation (Prepacked for Direct Sale) known as Natasha's Law) requiring the allergen information to be displayed on the packaging.

8.2 FOOD BROUGHT INTO SCHOOL

- Food provided at breakfast club and after school club will follow Department for Education Guidance: - "School food in England" June 2023.
- Food brought into school for Birthdays or other celebrations, will be refused by staff and handed back to parents. However, if this is not possible, due to parents not being present when food is brought in, the food will **not** be given to pupils, but kept in the school office or an appropriate place (such as a fridge) until the end of the day and handed back to the parent directly.
- Food brought into school for enterprise reasons or to raise money for charity, such as charity cake sales, will be strictly controlled and must be clearly labelled **in line with Natasha's Law.**

8.3 FOOD BANS OR RESTRICTIONS

- Leigh Trust Schools are Allergen Aware schools. We have pupils' with a wide range of allergies to different foods, so we encourage a considered approach to bringing in food.

All staff should check the label on all foods brought into school. For example, common foods that contain nuts as an ingredient include packaged nuts, cereal bars, chocolate bars, nut butters, chocolate spread, sauces.

8.4 FOOD HYGIENE FOR PUPILS

- Pupils will wash their hands with soap & water before and after eating

- Sharing, swapping or throwing food is not allowed
- Lunch boxes & Water bottles are clearly labelled
- No sharing of lip balms/creams

9.0 School Trips and Sports Fixtures

- Staff leading the trip will have details of pupils with allergies, together with their Allergy medication and Allergy action plans.
- Allergies will be considered on the **risk assessment** and catering provision put in place
- Consult with the parents if the trip requires an overnight stay
- Staff accompanying the trip will be trained to recognise and respond to an allergic reaction

See AAI's section for School Trips and Sports Fixtures

10.0 Insect Stings

Pupils with a known insect venom allergy should:

- Avoid walking around in bare feet or sandals when outside and when possible, keep arms and legs covered.
- Avoid wearing strong perfumes or cosmetics
- Keep food and drink covered

The school Caretaker will monitor the grounds for wasp or bee nests

11.0 Animals

- Animals are not allowed onsite unless prior arrangement
- Anyone in contact with an animal will wash their hands after contact
- School trips that include visits to animals will be carefully risk assessed

12.0 Allergic Rhinitis/Hayfever

Pupils who have Allergic Rhinitis, triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Should be issued with an IHP and plus or minus a BSCAI allergy action plan (child dependent).

13.0 Inclusion and Mental Health

Allergies can have a significant impact on mental health and wellbeing. Pupils may experience anxiety and depression and are more susceptible to bullying.

- No pupil with allergies should be excluded from taking part in a school activity, whether on the school premises or a school trip.
- Pupils with allergies may require additional pastoral support including regular check-ins from their teacher or DSL
- Affected pupils will be given consideration in advance of wider school discussions about allergy and school Allergy Awareness initiatives
- Bullying related to allergy will be treated in line with the Leigh Trust Behaviour policy

14.0 Adrenaline Auto- Injections [AAI]

14.1 Storage of individual pupil's adrenaline AAI's

- Pupils prescribed with AAI's will always have easy access to two, in-date AAIs.
- All pupil's prescribed AAI's should also have oral antihistamine medication kept together with their AAI"s
- The pupils AAI's are stored in their classes 'Medication Bag' and clearly labelled together with a copy of the pupil's allergy Action Plan & IHP.
- Spot checks will be made to ensure AAIs are where they should be and in date
- AAI's must not be kept locked away
- AAIs should be stored at moderate temperatures (see manufacturer's guidelines), not in direct sunlight or above a heat source (for example a radiator)
- Out of date AAI's will be returned to parents to be returned to the pharmacy.

14.2 Spare AAI's

This school has two spare 'sets' of AAIs too be used in accordance with government guidance. Each 'set' contains two AAI's one for under 6 and one for pupils aged 6 to 12. There is also a spare 'set' of AAIs in the 'emergency grab bag' in the school office.

The emergency spare AAIs are clearly labelled and are stored in the medical cupboard in the staffroom. This cupboard is never locked.

The Headteacher is responsible for:

- Deciding how many spare AAIs are required
- What dosage is required, based on the Resuscitation Council UK's age-based guidance (see appendix 4)
- Which brand(s) to buy. Schools are recommended to buy a single brand, if possible, to avoid confusion.
- The purchasing of spare AAI's which can be obtained at a cost from a local pharmacy. See government guidance above

14.3 AAIs on school trips

Pupils with a prescribed AAI who go on a school **trip must always have their two prescribed AAIs with them.**

- AAI's will be always kept close to the pupils. They should not stored in the hold of the coach when travelling or left in changing rooms
- AAI's will be protected from extreme temperatures
- Staff accompanying the pupils will be aware of pupils with allergies and be trained to recognise and respond to an allergic reaction
- Consider whether to take school's Spare AAI's to sporting fixtures and on trips

15.0 Responding to an Allergic Reaction/Anaphylaxis

[See appendix 5] on recognising and responding to an allergic reaction

- If a pupil has an allergic reaction they will be treated in accordance with their Allergy Action Plan and a member of staff will instigate the school's Emergency Response Plan
- If anaphylaxis is suspected adrenaline will be administered without delay, lying the pupil down with their legs raised as described in the [Appendix 6 allergy flow chart]. They will be treated where they are and medication brought to them.
- A pupil's own prescribed medication will be used to treat allergic reactions if immediately available.
- This will be administered by a member of staff, that has accessed training.
- If the pupil's own AAI is not available, then the school spare AAI will be used.
- If anaphylaxis is suspected but the pupil does not have a prescribed AAI or Allergy Action Plan, a member of staff will ensure the pupil is lying down with their legs raised, call 999 and explain anaphylaxis is suspected. They will inform the operator that spare AAI are available and follow instructions from the operator. **The MHRA says that in exceptional circumstances, a spare AAI can be administered to anyone for the purposes of saving their life.**
- The pupil will not be moved until a medical professional/ paramedic has arrived, even if they are feeling better.
- Anyone who has had suspected anaphylaxis and received adrenaline **must go to hospital, even if they appear to have recovered**. A member of staff will accompany the pupil in an ambulance and stay until a parent /carer arrives.

16.0 Training

16.1 Leigh Trust Schools are committed to providing compliant Allergy & Emergency Response training to all staff annually to give them a good understanding of allergy. This includes:

- Understanding what an allergy is
- How to reduce the risk of an allergic reaction occurring
- How to recognise and treat an allergic reaction, including anaphylaxis
- How the school manages allergy, for example Emergency Response Plan, documentation, communication etc

- Where AAIs are kept (both prescribed AAIs and spare AAIs), how to access them & how to administer them.
- The importance of inclusion of pupils with food allergies, the impact of allergy on mental health and wellbeing and the risk of allergy related bullying
- Understanding food labelling
- Taking part in an anaphylaxis drill annually.

16.2 The school will carry out an anaphylaxis drill annually. This includes:

- An exercise simulating an event where a pupil or member of staff has an allergic reaction and testing the whole school response.

17.0 Asthma

Many food-allergic children also have asthma. "Wheeze" is a common symptom of asthma and also happens during food-induced anaphylaxis.

The Allergy Action Plan may include instructions to give a reliever medicine (e.g. using a salbutamol inhaler) after giving a dose of adrenaline if the person is still wheezing. Leigh Primary School keeps an emergency asthma reliever inhaler containing a salbutamol inhaler device and spacer in the bottom shelf of the medical cupboard in the staffroom. This cupboard is never locked. The Department of Health and Social Care (DHSC) has published guidance on Emergency asthma inhalers for use in schools. **Never give the reliever inhaler instead of adrenaline to treat anaphylaxis.**

All pupils that present an inhaler for use within school, must have a corresponding Asthma action plan.

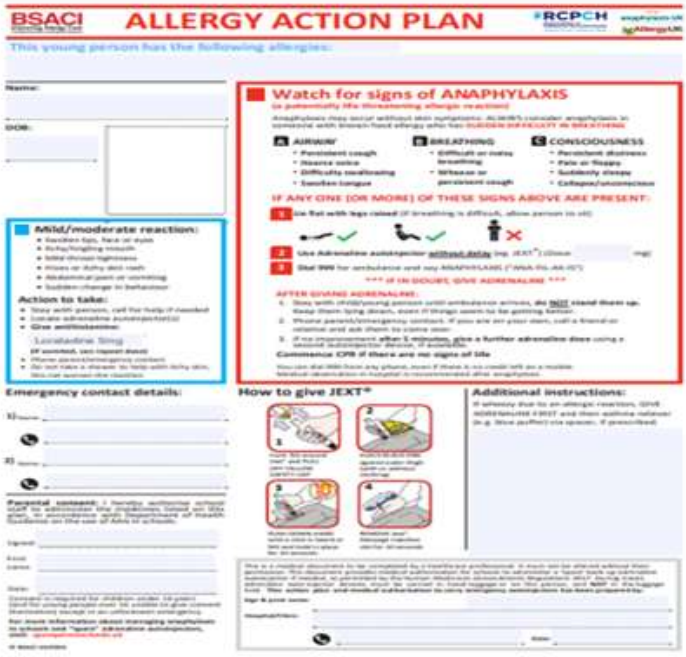
See school Asthma Policy for more details

18.0 Appendices

1. BSACI Allergy Action plans
2. IHP template
3. Letter for GP for second AAI.
4. Resuscitation Council UK's age-based guidance

5. Responding to Anaphylaxis
6. Allergy Flowchart

Appendix 1


BSACI ALLERGY ACTION PLAN

This young person has the following allergies:

Name:

DOB:

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 disease 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: spareepinephrinefordsi.ed

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. JEXT®) 150mcg mg)
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AK-SI")

*** 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.

How to give JEXT®

Additional instructions:

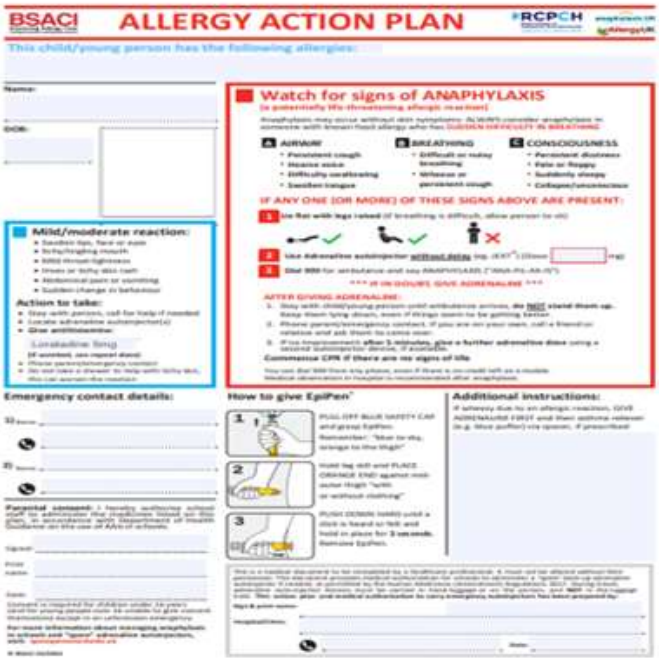
If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed.

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-injectors 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: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(if vomited, can repeat dose)

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

Emergency contact details:

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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:

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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.

How to give 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-injectors 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:

BSACI ALLERGY ACTION PLAN

This child/young person has the following allergies:

Name:

DOB:

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 disease 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: spareepinephrinefordsi.ed

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. JEXT®) 150mcg mg)
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AK-SI")
4. In school with "spare" back up adrenaline autoinjectors, ADMINISTER the BLUE AUTOINJECTOR (JEXT®) FIRST
5. Keep child/young person and ambulance arrives, do NOT stand them up
6. Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
7. Commence CPR if there are no signs of life

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

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. For more information about managing anaphylaxis in schools and "spare" back up adrenaline autoinjectors, visit: spareepinephrinefordsi.ed

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE using a "back up" adrenaline autoinjector if available, then use asthma reliever (e.g. blue puffer) via spacer, if prescribed

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children/young adults at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjection. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 food allergy in children and young people at guidance.nice.org.uk/cg116

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Sign & print name:

Hospital/Clinic:

Date:

BSACI ALLERGY ACTION PLAN

This child/young person has the following allergies:

Name:

DOB:

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:

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.

Emergency contact details:

1) Name

2) Name

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-injectors 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:

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 [Clinically] nasal device without delay
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AK-SI")

*** 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 [clinically] device into the same nostril. Further adrenaline can also be given using a "spare" adrenaline autoinjector device, if available.

1. Hold the nasal device as shown with your thumb on the bottom of the plunger.

2. Insert the tip of nasal spray into the nostril until your fingers just touch your nose. Point as shown.

3. Press plunger firmly UPWARDS, telling the person to breath normally.

Additional instructions:

If there is any wheezing or difficulty in breathing, GIVE ADRENALINE FIRST followed by a person/band reliever, (with a spacer if needed or available)

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-injectors 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:

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

Appendix 2

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.*	
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**:

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-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**:

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**:

Appendix 3

Letter 1

Dear Parent/Carer,

Re:

We as a school are aware that your child has known allergies and therefore prescribed adrenaline in the event of a severe allergic reaction[anaphylaxis].

We have recently received allergy training and were reminded about the importance of any pupils who have adrenaline pens that the Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should always carry two of the devices. This is so that in the event of a serious allergic reaction they may require a 2nd injection if they do not respond to the first and deteriorate further.

We therefore request that you please supply the school with 2 Adrenaline auto-injectors. This is a very important request to help us to keep your child safe in school.

If you have any difficulties getting the extra auto-injectors from your GP, please show this letter to the surgery who should be aware of the current guidelines.

The letter below must be put onto the school's headed paper and given to all parents (September 2026)and moving forward become part of the school's admissions pack as we move forward to ensure all parents are aware and have a copy.

Letter 2

Dear Parents and Carers,

First Aid and Medical Care in School

At Leigh Trust, keeping children safe, healthy and happy is at the heart of everything we do. The wellbeing of our pupils and staff is our highest priority.

During the school day, children sometimes have minor accidents, such as cuts, grazes, bumps and falls. Our trained first aid staff will provide appropriate care when needed.

This may include:

- Cleaning and covering small cuts and grazes.
- Applying plasters and dressings.

- Treating bumps and minor injuries.
- Providing basic first aid and care.

After such an incident you will either be contacted or receive a first aid slip at the end of the day to explain what has happened.

Occasionally, a child may become unwell or experience a more serious medical situation, including one that we were not previously aware of, such as breathing difficulties or a severe allergic reaction.

In these situations, staff will always act in the best interests of the child and seek advice from emergency services and healthcare professionals.

This may include:

- Providing emergency first aid – using wipes to clean wounds and plasters/bandages as needed
- Calling 999 for emergency assistance.
- Using an emergency adrenaline auto-injector (AAI) for a severe allergic reaction.
- Using an emergency salbutamol inhaler for breathing difficulties or an asthma attack.
- Following advice given by healthcare professionals and emergency services until further help arrives.

In the event of an emergency, staff will take any reasonable action necessary to protect a child's health, safety and wellbeing whilst seeking advice from emergency services and healthcare professionals. Where significant first aid or medical treatment is required, parents and carers will be informed as soon as reasonably practicable, taking account of any advice provided by emergency services or healthcare professionals.

Please ensure that the school is informed of any medical conditions, allergies, asthma, medication or healthcare needs and that this information is kept up to date. Where necessary, an Individual Healthcare Plan will be developed in partnership with parents and healthcare professionals. By working together, we can ensure that all children receive the care and support they need whilst attending our schools.

Leigh Trust Schools will administer medication where it has been prescribed by an appropriately qualified healthcare professional, or where an over-the-counter medication is supported by an appropriate care plan completed by a registered healthcare professional. Medication will only be administered where it is essential for it to be given during the school day. Wherever possible, parents and carers should arrange for medication to be administered outside of school hours. Medication will only be administered in school where failure to do so is likely to have a significant impact on the pupil's health, wellbeing, or ability to access and participate fully in their education.

If you have any questions or concerns about first aid or medical care arrangements in school, please speak to the Headteacher or the school's medical lead.

Thank you for your support as we work together to keep all children safe and well.

Appendix 4

Dosage based on the Resuscitation Council UK's age-based guidance

For children age under 6 years	For children age 6-12years	For teenagers age 12+ years
Epipen junior [0.15mg]	Epipen [0.3mgs	Epipen [0.3mgs]
Jext [0.15mgs]	Jext [0.3mgs]	Jext [0.3 mgs]

NB: these age-based recommendations are consistent with the UK Resuscitation Council guideline for anaphylaxis. This is considered appropriate in the context of supplying schools with AAIs for use in an emergency.

Appendix 5

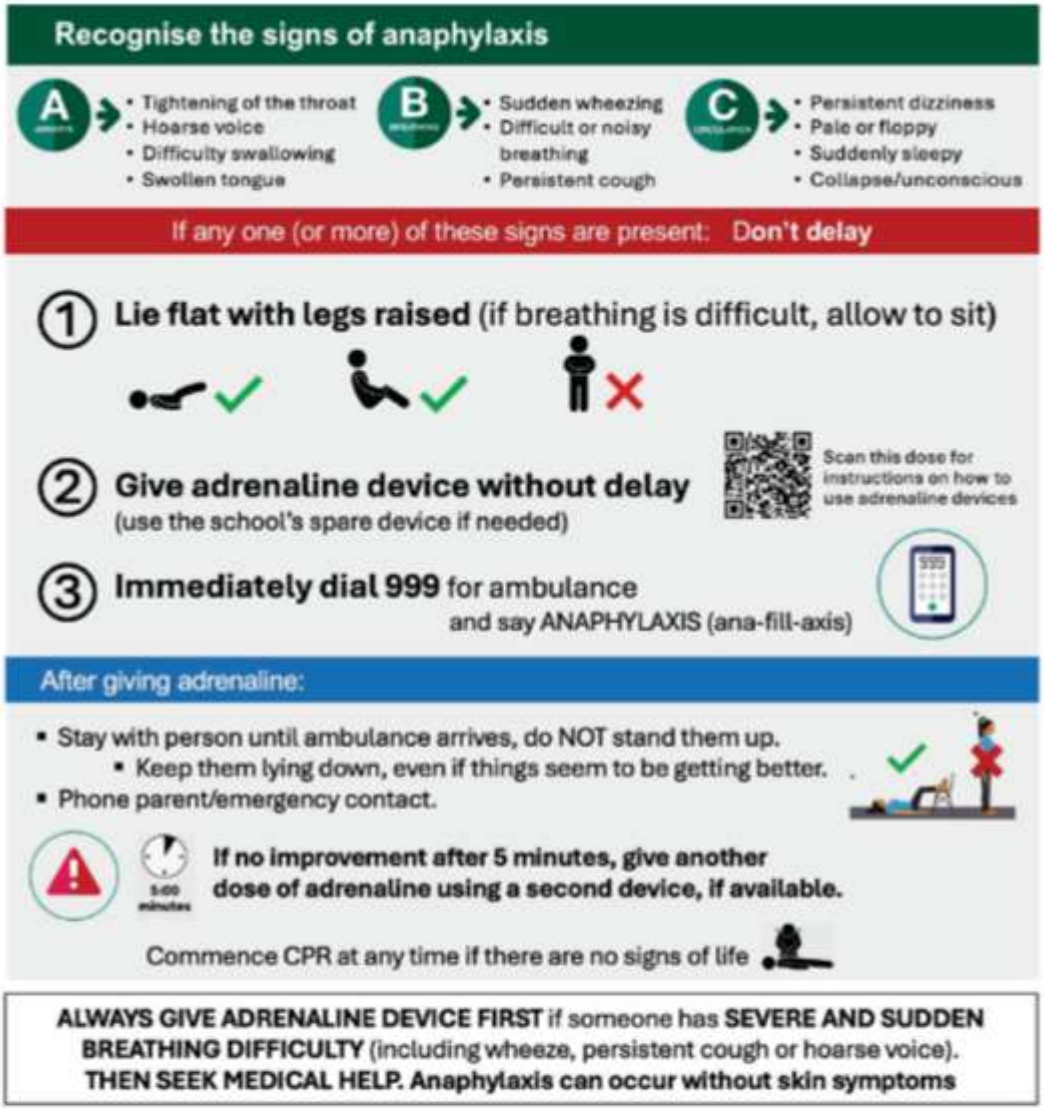
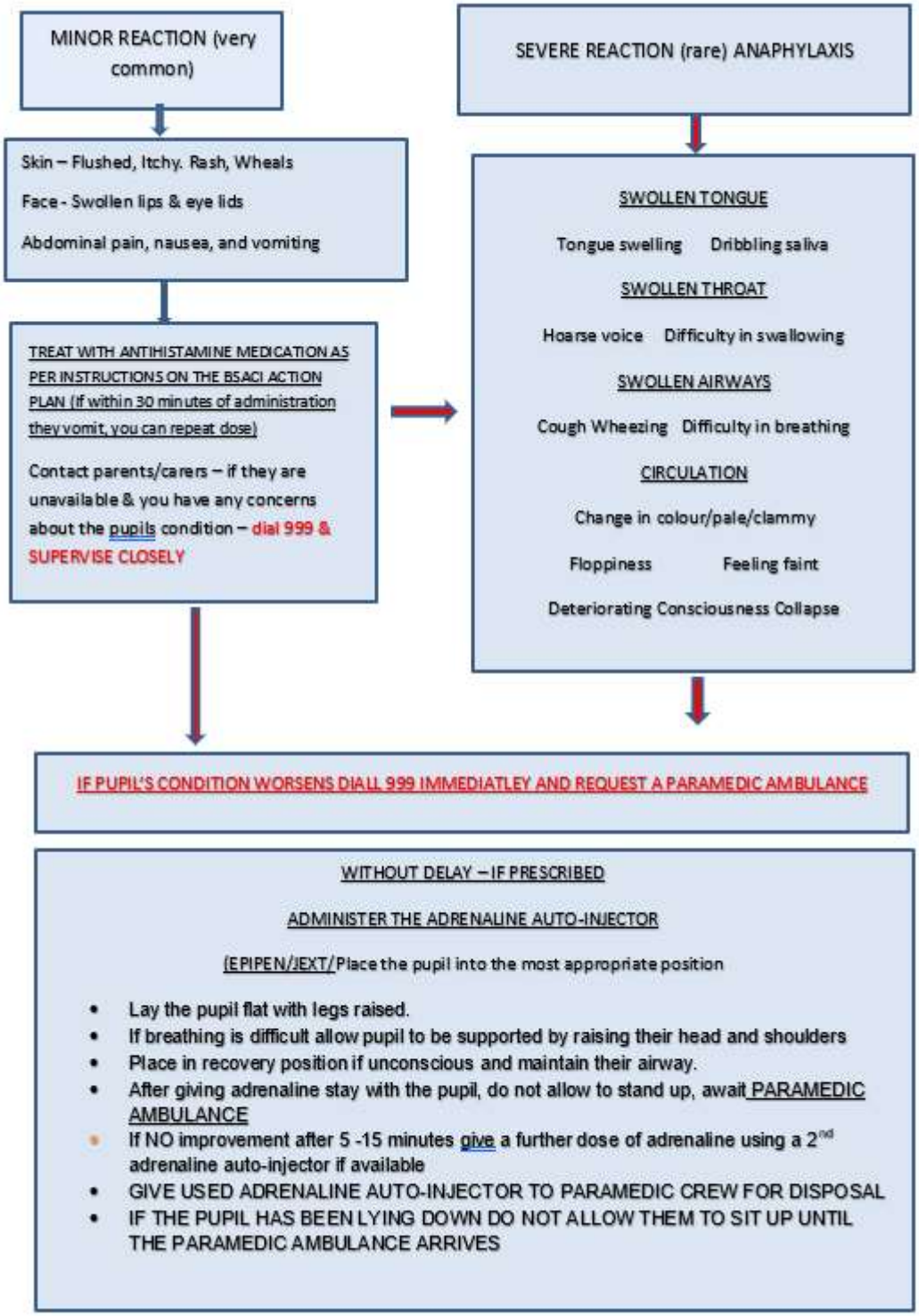


Figure 2: Management of anaphylaxis

Responding to an allergic reaction and anaphylaxis

Mild to moderate allergic reactions which do not involve **A**irway/**B**reathing/**C**irculation can be treated with oral antihistamines. For a child or young person, telephone their parent or emergency contact to tell them about the reaction. Do not leave the child or young person unattended. The child or young person does not normally need to be sent home or require urgent medical attention. They should be observed in a safe place for at least 60 minutes after reaction, as mild reactions can sometimes develop into anaphylaxis.

ALLERGY FLOW CHART



Medical Needs training team BCHC Plus, Children & Families Division Birmingham Community Healthcare NHS Trust ©
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This document was reviewed and revised to meet the specific needs of Leigh Trust.