Allergy Safety Policy and Procedures

Good Shepherd Trust

Life in all its fullness

Version 2.0 · September 2026 · Issued under the DfE statutory guidance Allergy safety in schools (July 2026)

*In line with the DfE statutory guidance **Allergy safety in schools** (July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and the Food Information (Amendment) (England) Regulations 2019/2021 ("Natasha's Law").*

School name: All Saints' CE Primary School

Important note on this policy

This is a standalone allergy safety policy, published separately from the Trust's Supporting Pupils with Medical Conditions Policy, in line with the statutory guidance Allergy safety in schools (DfE, July 2026), issued under section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026.

This policy must be reviewed at least annually by the Trust Board, and sooner following any serious allergic incident, a "near miss", or an update to the statutory guidance. It should be read alongside each academy's Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, catering/food safety procedures, First Aid Policy and Anti-Bullying Policy.

Pupil health information held under this policy is special category data under the UK General Data Protection Regulation (UK GDPR) and is handled in accordance with the Trust's data protection policy.

This policy also reflects Natasha's Law (the Food Information (Amendment) (England) Regulations 2019/2021), which requires full ingredient and allergen labelling on food prepacked for direct sale on school premises.

At the time of publishing, the following roles were held:

Headteacher	Ashley Ryan
Allergy Safety Lead	Ashley Ryan
Catering Manager / Provider Contact	Louise Richardson

Link Governor / Trustee for Health & Safety	Sarah Blackburn
SENDCo	Helen Jones

Version history

Version	Description	Date
2.0	Trust-wide allergy safety policy issued in line with the DfE statutory guidance "Allergy safety in schools" (July 2026), s.100 Children and Families Act 2014 as amended by s.34 Children's Wellbeing and Schools Act 2026, Natasha's Law and the BSACI model policy for allergy management in schools. Supersedes the standalone Allergies and Use of Epi-Pens Policy and the interim V1 draft.	Sept 2026

This policy is published on each academy website in compliance with the statutory requirement. Next scheduled review: [Sept 2027].

Contents

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Our Values

Every member of the Trust family of schools will be valued and encouraged to fulfil their potential. In our Trust we believe: everyone has something to offer; trust, honesty, empathy and social responsibility are the Christian values that frame our work; we are here for the whole person – spiritually, morally, educationally and socially; and we work with transparency and openness. Keeping pupils with allergies safe, included and confident is a direct expression of these values.

Statement of Intent

The Trust is committed to keeping pupils with allergies safe, included and confident at school. This policy sets out how each Trust school prevents avoidable exposure to allergens, recognises and responds to an allergic reaction, and prepares staff, pupils and families for an anaphylaxis emergency, including through "spare" adrenaline auto-injectors (AAIs) held on every site.

Around one in five children and young people with allergy have their first allergic reaction while at school, and it is not sufficient to organise allergy safety only around pupils with a known, diagnosed allergy. This policy is written with that reality in mind: it must protect not only pupils with a known, diagnosed allergy, but any pupil, member of staff or visitor who may experience anaphylaxis for the first time on our premises.

Scope and Academy Governance

This policy applies to all academies within Good Shepherd Trust. As the governing body for each academy, the Trust Board is responsible in law for ensuring every academy has an allergy safety policy, publishes it, and keeps it under review.

- This Trust-wide policy sets out the arrangements common to every academy and must not be diluted by an individual academy.
- Each academy must have a named Allergy Safety Lead, who is a member of the senior leadership team, responsible for the day-to-day implementation of this policy on their site (see Roles and Responsibilities below). Responsibility for allergy safety must not sit with a catering manager alone.
- Each academy completes and publishes the bracketed, site-specific details in this policy (named roles, kit locations, quantities of "spare" devices, review dates) so that the published version is accurate for that school.
- Oversight of allergy safety across the Trust is exercised in line with the Trust's scheme of delegation. Each Allergy Safety Lead reports termly, through the

Headteacher, on incidents, "near misses" and lessons learned; the Trust Board receives a summary at least annually, and promptly following any serious incident.

- Risks relating to pupils with allergy are recorded on each academy's risk register and actively managed by the local governing body/Headteacher and, where escalation is warranted, by the Trust Board.

Legislation and Statutory Duties

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils with medical conditions, except for "young children" (from birth until the 1st September following their fifth birthday), who are supported under the Early Years Foundation Stage (EYFS) statutory framework. In meeting this duty, schools must have regard to the statutory guidance Supporting pupils at school with medical conditions.

Section 34 of the Children's Wellbeing and Schools Act 2026 amends this duty by requiring local-authority-maintained schools, academies and pupil referral units to have an allergy safety policy, publish it, keep it under review, and have regard to the statutory guidance Allergy safety in schools (DfE, July 2026). Regulations made under the Act permit the Secretary of State to introduce further requirements, including stocking "spare" adrenaline devices and mandatory allergy safety training – both of which this policy already implements as a matter of Trust practice.

Other statutory duties relevant to pupils with allergy include:

- the duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable to safeguard and promote the child's welfare;
- the duties to safeguard and promote pupils' welfare under sections 20 and 175 of the Education Act 2002, and the associated statutory guidance Keeping Children Safe in Education;
- the duty of the employer under section 2 of the Health and Safety at Work etc. Act 1974 to take reasonable steps to ensure that employees and non-employees are not exposed to risks to their health and safety;
- the duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled – case law (Wheeldon v Marston's plc ET/1313364/2012) has established that a severe allergy can meet the Act's definition of disability;
- the Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years;

- the Early Years Foundation Stage (EYFS) statutory framework, where an academy provides early years places;
- the common law duty of care, which requires schools to take reasonable care to avoid acts or omissions that could foreseeably cause injury or harm, including identifying, assessing and managing allergy-related risks and responding appropriately to an allergic reaction.

This policy sits alongside, and should be read together with, each academy's Supporting Pupils with Medical Conditions Policy. Coeliac disease and food intolerances (which do not cause anaphylaxis) are managed through that wider medical conditions policy, normally through dietary avoidance, and are outside the scope of this allergy safety policy save where noted.

Definitions

- Allergy is a spectrum of allergic diseases. It is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens (e.g. nickel or latex) and airborne allergens such as pollen. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.
- Anaphylaxis is a potentially fatal allergic reaction affecting the Airway, Breathing or Circulation ("ABC"). Many individuals allergic to food or insect stings are at risk of anaphylaxis.
- Asthma is a lung disease caused by inflammation and tightening of the airways. It is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, which is itself potentially life-threatening.
- Intolerance to a food or ingredient the body cannot digest is different from allergy and does not cause a serious allergic reaction, though it can cause long-term health problems if not avoided. Common food intolerances include lactose and non-coeliac gluten sensitivity.
- Coeliac disease is an autoimmune condition in which the gut is hypersensitive to gluten (found in wheat, rye and barley). It is not an allergy and cannot cause anaphylaxis, although a person with coeliac disease may separately also have an allergy.
- An Individual Healthcare Plan (IHP) is the school-held document, drawn up with the pupil and their parents, that sets out the arrangements the academy will put in place for a specific pupil, including in an emergency.

- An Allergy Action Plan (or Asthma Action Plan) is a clinical document issued by a healthcare professional, attached to the pupil's IHP, that gives step-by-step emergency instructions.
- A "spare" device is an adrenaline auto-injector (AAI) or salbutamol reliever inhaler bought and held by the academy, not prescribed to a named individual, for emergency use.
- Parents means anyone with parental responsibility, including carers.

Roles and Responsibilities

Headteacher / Principal

Has overall responsibility for this policy at their academy: for purchasing and maintaining "spare" AAI and salbutamol devices (ordered on school headed paper and signed off by the Headteacher); for ensuring all staff, including catering, site and supply staff, receive allergy awareness training; and for reporting to the local governing body and Trust Board.

Allergy Safety Lead

A member of the senior leadership team who co-ordinates the academy's day-to-day allergy safety arrangements. This role must not be combined with, or delegated solely to, the catering manager, though it may be combined with the role of SENDCo, Designated Safeguarding Lead or first aid lead provided that person is a member of the SLT. The Allergy Safety Lead:

- leads the development and annual review of this policy at academy level;
- maintains the academy's allergy and asthma registers, and the record of who holds an Individual Healthcare Plan and/or Allergy Action Plan;
- leads the development of Individual Healthcare Plans in partnership with pupils, parents and healthcare professionals;
- organises annual allergy awareness training for all staff and induction training for new and supply staff;
- checks "spare" AAI and salbutamol stock, storage and expiry dates;
- engages with catering staff/contractors to understand the controls in place to ensure food service complies with legislation;
- records, investigates and reports serious incidents and "near misses", leading the lessons-learned review after each one;
- reports termly to the Headteacher, who reports to the governing body and Trust Board.

Catering staff / contractors

Responsible for accurate allergen labelling of all food provided, including food prepacked for direct sale (PPDS) under Natasha's Law; for liaising with the Allergy Safety Lead on pupils' Individual Healthcare Plans and Allergy Action Plans; and for training all food handlers in allergen awareness and cross-contamination prevention.

All staff

Complete annual allergy and acute asthma awareness training, including hands-on practice with an AAI trainer device; know which pupils in their care have a diagnosed allergy or asthma; and know how to recognise and respond to anaphylaxis or a severe asthma attack in any pupil, colleague or visitor, whether previously diagnosed or not. This applies to permanent, temporary, supply, peripatetic and agency staff, and to regular volunteers, wherever they are present when pupils are on site.

Parents and carers

Provide full and up-to-date information about their child's allergy or asthma; contribute to their child's Individual Healthcare Plan; provide their child's own prescribed AAI(s) and/or reliever inhaler where applicable, in date and in working order; and inform the academy promptly of any change in diagnosis, medication or clinical advice.

Pupils

Are supported to understand their own allergy as far as their age and understanding allow; to avoid known allergens; to recognise the early signs of a reaction; and, where competent and agreed with their parents and, where relevant, a healthcare professional, to carry and self-administer their own medication.

Local governing bodies / Trust Board

Ensure this policy is published on each academy website, resourced appropriately, and reviewed at least annually. Receive termly reports from each Allergy Safety Lead (via the Headteacher) on allergic reactions, "near misses" and lessons-learned outcomes, and receive prompt notification of any serious allergic incident. Ensure the academy's complaints procedure permits complaints arising from a serious incident or "near miss" to be raised and investigated.

Culture

Allergy Awareness Training

Each academy welcomes all pupils, including those with allergies, and helps them achieve their full potential through a positive educational environment, procedures that control risk and manage emergencies, and well-trained staff. All staff present at times when pupils are

on site – including permanent, temporary, supply and peripatetic staff, agency workers, catering staff and regular volunteers – receive allergy and acute asthma awareness training at least annually. This does not extend to contractors with no pupil-facing role, such as builders or maintenance staff. First aid training alone is not sufficient.

Training ensures all staff:

- have an awareness of allergy and asthma, the risks they pose, and how reactions occur and are managed;
- understand that allergy covers multiple, sometimes co-existing conditions (food allergy, asthma, eczema, hay fever and others);
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information on an individual's allergy or asthma triggers;
- can identify the range of symptoms of an allergic reaction and can recognise anaphylaxis and a severe asthma attack;
- know how to respond in an emergency, including calling 999, informing parents, and locating and administering emergency medication (a pupil's own device or a "spare" device);
- understand the impact allergy can have on a pupil's wellbeing, and this academy's allergy safety policy;
- know how to check the allergy/asthma register and use an Allergy or Asthma Action Plan;
- understand their responsibility to reduce the risk of a pupil with a known allergy coming into contact with their allergen(s);
- know how to report an allergic reaction, an asthma attack or a "near miss".

New staff, temporary staff and regular volunteers complete this training as part of induction. All food handlers receive suitable allergy training on their first day of employment and before food handling duties begin. Supply agencies and self-employed individuals contracted directly by the academy must confirm their staff have already received training equivalent to this policy before starting work; peripatetic staff and other third parties working with pupils without guaranteed academy staff supervision must be checked for equivalent training before any agreement is made.

Wellbeing

Living with a serious allergy can significantly affect a pupil's emotional wellbeing, confidence and social participation, particularly where it is compounded by difficult-to-control asthma or eczema. Each academy is active in providing reassurance that risks of

allergen exposure are being minimised and that robust arrangements are in place in the event of anaphylaxis.

Examples of good practice include: regular, age-appropriate communication with pupils, parents and staff about allergy; proactively engaging with new joiners who have a known allergy to explain the academy's arrangements and support available; inviting new joiners to tour the kitchen and canteen to meet catering staff and become familiar with the mealtime environment; and "allergy champion" roles for staff and pupils who act as a point of contact and support for peers.

Pupils with allergy or asthma are involved, in age- and developmentally-appropriate ways agreed with them and their family, in aspects of emergency procedures (for example a buddy role, or fetching help or equipment). This helps build peer resilience, promotes leadership, and reduces stigma.

Where a pupil is missing significant school time, appears distracted by symptoms or worry, or is frequently tired because their condition disturbs sleep, the Allergy Safety Lead and SENDCo will talk to the pupil's parents/carers, and where appropriate the school or community nurse, to develop a plan to support better management of symptoms and prevent the pupil falling behind. Academies recognise that allergy or asthma may amount to a disability under the Equality Act 2010, requiring reasonable adjustments, and may interact with a pupil's SEN.

Anti-bullying

Allergy-related bullying – including deliberately exposing a pupil to an allergen, mocking or excluding a pupil because of their allergy, or threatening them with allergen exposure – is treated as seriously as any other form of bullying under each academy's anti-bullying policy. Staff are alert to these behaviours and respond promptly. Pupils with allergies are supported to speak confidently about their condition and to report bullying without fear.

Minimising Risk of Exposure to Known Allergens

Each academy takes reasonable steps to minimise the risk of pupils, staff or visitors coming into contact with their known allergens – whether through food provided by the academy, food brought in by others, or airborne or contact allergens (such as animal dander, latex or pollen). Staff planning any activity, including craft, science, food technology, drama, PE and outdoor activities, consider the risk of allergen exposure and put reasonable adjustments in place so that pupils are not excluded from activities because of an allergy risk.

- Animals that can trigger a reaction are excluded from site unless carefully planned and fully risk-assessed; contact with disability service animals or animals encountered on educational visits is carefully managed.
- A no-smoking/no-vaping policy applies throughout each site, indoors and outdoors, and during off-site visits.
- Good ventilation is maintained to control humidity, temperature and dust, and to prevent damp and mould; premises checks treat damp and mould as a high priority.
- Local exhaust ventilation and similar equipment is maintained and used correctly; design and technology areas are wet-mopped or vacuumed rather than dry-swept.
- Control measures are agreed with contractors whose on-site work may create fumes, smoke or dust.
- Grassed areas are mown outside school hours and pollinating plants are avoided indoors.
- Changing rooms are well ventilated and unscented, non-aerosol products are encouraged.
- “spare” AAIs are positioned so that they are never more than five minutes away from any pupil, including during sport, games and physical activity, with kit checks built into activity planning.
- Activity leaders include allergen and pollen triggers in their dynamic risk assessments, and encourage a pupil experiencing worsening symptoms to stop, use their medication, and not be left alone until they recover.
- Air quality – both outdoor and indoor – is considered as part of each academy’s wider health and safety responsibilities, since poor air quality can trigger or worsen allergy, asthma and other respiratory illness.

Each academy is aware that old food packaging, some play dough, some glues and bird feed can carry traces of allergens, and takes this into account when planning craft, cooking and other hands-on activities, using non-food or allergen-safe alternatives where practicable.

The Trust does not operate blanket “nut-free” or similar “free-from” policies. The statutory guidance is clear that these can create a false sense of security, since nuts are only one of many food allergens and many products carry precautionary “may contain” labelling regardless. Instead, each academy builds an “allergy-aware” culture in which staff, pupils and parents understand allergy risk, minimise exposure, and maintain robust emergency arrangements.

Food Allergy and Food Provision

Each academy manages the risk of food allergy and provides clear information on allergens in food it provides, working with caterers, pupils and families so that risks are identified, minimised and managed, and pupils with food allergy are fully included in school meals. Compliance with the Requirements for School Food Regulations 2014 (the School Food Standards) is mandatory, and academies make reasonable efforts within those standards to cater for pupils with food allergies.

- Bottles, drinks and lunch boxes provided by parents for a child with a food allergy are clearly labelled with the child's name.
- At least two robust methods are used to identify pupils with a known allergy at mealtimes (for example a photo register held by catering staff and a class list checked by the supervising teacher). Pupils with food allergies are never segregated from their peers at mealtimes – inclusion is a priority, and adjustments are made to what is served, not to where a pupil sits.
- Where food is purchased from the canteen, catering staff are available to discuss suitability directly with parents and pupils before purchase.
- Staff are trained to read food labels and to prevent cross-contamination when handling, preparing and serving food, including preparing meals for allergic pupils first and thoroughly cleaning preparation areas and utensils.
- Food is never given to a food-allergic pupil without parental engagement and permission, including for birthday treats, food-based rewards or classroom celebrations.
- Trading or sharing of food, utensils or containers between pupils is discouraged and monitored.
- Unlabelled food is treated as posing a greater risk than packaged food carrying precautionary allergen labelling.
- Food used in crafts, cooking, science lessons and special events (fetes, assemblies, cultural events) is planned with substitutions or protective measures used where needed (for example wheat-free flour for play dough).
- Off-site activities – sport, excursions, residential visits – are planned with catering and emergency arrangements, including access to emergency medication, considered from the outset.

Statutory food labelling requirements

As a food business, each academy must provide information on the 14 regulated allergens present in food it serves, whether prepared on site or sourced from a third party. Under the Food Information (Amendment) (England) Regulations 2019/2021 (Natasha's Law), any food prepacked for direct sale (PPDS) on the same premises – for example items packaged by catering staff for a bake sale, tuck shop or packed lunch sale – must be

labelled with the name of the food, a full ingredients list, and the 14 major allergens clearly emphasised within it. Non-prepacked food, such as meals served in a canteen, must have allergen information that is clear, accurate and easily accessible to pupils and parents. Food brought in occasionally by a parents' association is unlikely to fall within this legal duty, but clear allergen information is provided as good practice wherever food is brought in by others.

Each academy that operates as a food business records and reviews allergen incidents and "near misses" and, where appropriate, seeks advice from its local authority environmental health team or Primary Authority. A legal duty to notify the relevant authority arises under Article 19 of Regulation (EC) 178/2002 where there is reason to believe that unsafe food – for example, food containing an undeclared allergen – has left the academy's immediate control and may pose a risk to others; an isolated, immediately identified and contained incident (such as a meal served in error and immediately corrected) is unlikely to require formal notification, but is still recorded and reviewed as a serious incident or "near miss" under this policy.

Free school meals

Where a pupil eligible for free school meals has a food allergy, the academy makes reasonable adjustments so the pupil can access their entitlement, working with the caterer, the pupil and their family within the School Food Standards. Any adjustment is recorded in the pupil's Individual Healthcare Plan.

Early years and safer eating (where an academy offers early years provision)

Where an academy provides places for "young children" under the EYFS, a member of staff holding a valid paediatric first aid certificate is present whenever babies and young children are eating. Before admission, the setting obtains information about any special dietary requirements, allergies and intolerances, shares this with all staff who prepare or handle food, and is clear at each mealtime who is responsible for checking food meets each child's requirements. Ongoing discussions with parents and, where appropriate, health professionals inform the child's Individual Healthcare Plan, which is kept up to date and shared with all relevant staff.

Individual Children, Young People and Others

Identifying Pupils, Staff and Visitors with Allergy

Each academy gathers information about known allergy from admission forms, the local authority admissions system, pupil records, previous schools or settings, and directly from pupils, families, and childcare or healthcare providers. Copies of any existing Individual

Healthcare Plan and/or Allergy Action Plan are sought when a pupil joins. For pupils starting at the start of a term, arrangements are in place by the start of term; for pupils joining mid-term, every effort is made to have arrangements in place within two weeks. For staff, arrangements are in place when they start work; for visitors, information is sought in advance of their visit wherever possible.

Pupils who may need adrenaline in an anaphylaxis emergency are recorded on the Anaphylaxis Register; pupils who may need salbutamol in an acute asthma emergency are recorded on the Asthma Register. Each register records the pupil's name, an optional current photo, whether they carry their own device, whether they hold an Individual Healthcare Plan and/or Allergy or Asthma Action Plan, and whether parental consent is held for the academy's "spare" device(s) to be used. A copy of each register is kept with every emergency kit and with the central reference copy of each Individual Healthcare Plan, in an area accessible to staff only, in line with data protection requirements.

It is good practice to keep a list of pupils with known allergy, including up-to-date photos and known allergens, in areas where food may be served or handled (including food technology, science, craft and art classrooms), kept accessible to staff only.

Staff and visitors

The measures intended to keep pupils with allergy safe apply equally to adults. As part of recruitment, staff are asked to disclose significant medical conditions that could lead to serious outcomes at work, so a risk assessment can be put in place; existing staff are reminded of the need to tell the academy about any new or higher risk at work. Staff newly diagnosed with, or prescribed adrenaline or a reliever inhaler for, allergy or asthma may be asked for a completed Action Plan so a risk assessment can be carried out; support may include limited, consented information-sharing with colleagues on a need-to-know basis. Visitors are asked, when a visit is arranged and again on arrival, whether they have an allergy or medical condition the academy should be aware of, particularly where they are likely to be served food.

Individual Healthcare Plans

A pupil should have an Individual Healthcare Plan (IHP) if: their allergy has a functional impact on them at school; they are at risk of harm as a result of their allergy; and they require arrangements additional to or different from those made generally. It is not necessary for a pupil to have a formal diagnosis for an IHP to be appropriate – the academy is guided by functional impact and risk of harm, whether allergy is diagnosed or suspected. Where a pupil's needs can be met entirely through adjustments already available to any pupil, or through non-prescription medication they can self-administer under the medical conditions policy, an IHP may not be required; this is agreed between

the Headteacher, parents and, where relevant, healthcare professionals. A pupil must never have more than one IHP – where a pupil already has an IHP for another medical condition, allergy information is added to that plan.

The academy – not a healthcare professional – draws up the IHP, since it is responsible for the arrangements it makes to support the pupil in education; this does not transfer clinical responsibility. IHPs are developed in partnership with the pupil and their parents, taking full account of any advice or Action Plan from a healthcare professional, and are not themselves clinical documents – an IHP refers to and attaches the relevant Action Plan, care plan or medication information rather than restating clinical instructions, to avoid the risk of transcription error.

Each Individual Healthcare Plan for allergy records (see the template at Appendix A):

- key information – the pupil's name, date of birth, class, a current photo, emergency contact details, and who the plan is shared with;
- the pupil's known allergens, and whether they are likely to recognise a reaction and alert others;
- how the allergy is managed – any Action Plan or prescribed medication, adjustments to practice, and how far the pupil can take responsibility for managing their own allergy;
- the potential impact on the pupil's health, education and wellbeing, including any interaction with SEN;
- arrangements for support – adaptations in place, how food allergy is managed at meal and snack times, and how educational progress is maintained if allergy-related absence occurs;
- arrangements and risk-assessment prompts for visits, trips and off-site activities;
- emergency response – signs and symptoms, what to do, who to contact, and where "spare" devices are located;
- medication – what is prescribed, where it is stored, how and when it may be needed, and whether and when parental consent was given, including consent for a "spare" device to be used;
- any attached Allergy Action Plan, Asthma Action Plan or care plan, noting who issued it and when;
- review information – when issued, last discussed with the pupil and family, and when next due for review.

IHPs are reviewed at least annually and are treated as "live" documents, updated whenever new clinical advice, a changed diagnosis, a serious incident or a "near miss"

indicates a review is needed. As pupils get older, they are supported to take increasing responsibility for managing their allergy where safe to do so, with the IHP amended accordingly. Where a pupil moves to a new school or setting, their IHP is shared as part of transition; the new setting draws up its own IHP, informed by the previous one.

Allergy and Asthma Action Plans

Pupils with a known allergy to food or insect stings are issued with an Allergy Action Plan by their healthcare professional (a template is available from the British Society for Allergy and Clinical Immunology, BSACI). Pupils with asthma are provided with an Asthma Action Plan by their healthcare professional (a template is available from Asthma + Lung UK). Both are attached to the pupil's Individual Healthcare Plan and include parental and medical consent for staff to administer emergency medicines. Whenever an updated Action Plan is received, the Allergy Safety Lead ensures the pupil's IHP is reviewed to incorporate it.

Prescribed Adrenaline Devices

People at risk of anaphylaxis are usually prescribed adrenaline for self-administration, as an adrenaline auto-injector (AAI) or non-injectable nasal adrenaline device. Clinical advice recommends carrying two devices at all times, since two doses may be needed. Pupils prescribed an AAI have rapid access to it at all times, including while travelling to and from school, at lunch, in the playground and on sports fields, and on visits and trips:

- pupils are encouraged to keep their AAI(s) with them, including in their school bag, even in primary school;
- where a pupil cannot keep their AAI(s) with them in class (due to age or other considerations), the device is stored in an unlocked, accessible central location known to all relevant staff;
- each academy also stocks "spare" AAIs for use if a pupil's own device is unavailable or misfires;
- adrenaline must be administered within five minutes of the need arising – a pupil's own AAI, or a "spare", must always be close enough to achieve this;
- if a pupil is prescribed a non-injectable (nasal) adrenaline device that is unavailable, the academy's "spare" AAIs may be used instead;
- a copy of the pupil's Allergy Action Plan is kept together with their medication.

Arrangements are in place for parents to take a pupil's individually prescribed AAI(s) home (for example at the end of each day) and to check they remain in date; the Allergy Safety Lead keeps a record of which pupils have been provided with prescribed adrenaline and hold an Allergy Action Plan. Holding a pupil's device at school does not release parents

from their responsibility to ensure it is in date, in working order, and promptly replaced if used, damaged or lost.

Storage of adrenaline devices

All adrenaline devices – a pupil's own and any "spare" – are stored at room temperature in line with manufacturer guidance and never refrigerated or left in direct sunlight.

Adrenaline devices are never locked away or kept in an office with restricted access: severe anaphylaxis is time-critical and any delay in reaching adrenaline has been linked to fatal reactions. Where a device may pose a risk to pupils because it contains a needle, it is stored out of their reach, but still readily accessible to staff.

"Spare" adrenaline devices are accessible at all times in a safe, central location (for example reception, the school office or the staff room).

Disposal of adrenaline auto-injectors

A used AAI cannot be reused and is disposed of according to the manufacturer's guidelines, separately from general or clinical waste because it contains a needle.

A used AAI can be given to ambulance paramedics on arrival, taken to a pharmacy, or placed in a pre-ordered sharps bin for council collection. An expired, unused AAI is disposed of the same way.

Summary of Emergency Action – Anaphylaxis

A mild-to-moderate allergic reaction (swollen lips, face or eyes; itchy or tingling mouth; mild throat tightness; hives or itchy rash; abdominal pain or vomiting; a sudden change in behaviour) can usually be managed with the pupil's antihistamine as set out in their Allergy Action Plan. Staff stay with the pupil, telephone their parent or emergency contact, and monitor them in a safe place for at least 60 minutes, since a mild reaction can develop into anaphylaxis.

Anaphylaxis affects the Airway, Breathing or Circulation – for example throat or tongue swelling, a hoarse voice or difficulty swallowing; sudden wheeze, breathing difficulty or persistent cough; or dizziness, sudden sleepiness, confusion, pale clammy skin or loss of consciousness. If in doubt, always treat as anaphylaxis.

1. Lie the pupil flat with legs raised (or allow them to sit if breathing is difficult). Bring help and medicines to the pupil – never send them to find help.
2. Give the adrenaline device without delay: the pupil's own AAI first if available, otherwise the academy's "spare". Do not wait to contact emergency services before giving adrenaline.
3. Immediately dial 999, ask for an ambulance, and say "ANAPHYLAXIS."
4. Stay with the pupil until the ambulance arrives; keep them lying down even if they seem to improve.

5. If there is no improvement after five minutes, give a further dose of adrenaline using a second device if available.
6. Begin CPR at any point if there are no signs of life.
7. Telephone the pupil's parent or emergency contact as soon as possible after calling 999.
8. Record the administration (Appendix C) and dispose of any sharps in the designated sharps container.

Staff are reassured that mistakes, hesitation or imperfect technique in a genuine emergency do not amount to serious or wilful misconduct: the law protects anyone who takes reasonable action, in good faith, to save a life. If a pupil is having more frequent or more severe reactions, the Allergy Safety Lead reviews the IHP with the family and may suggest a GP review.

Summary of Emergency Action – Asthma

1. Establish, as far as possible, that the pupil is having an asthma attack, and keep them calm.
2. Help the pupil use their own reliever inhaler (and spacer), their personal spare, or – where the pupil is on the Asthma Register and written parental consent is held – the academy's "spare" inhaler and spacer.
3. Check the medication is correct, in date, and given at the right dose.
4. Support self-administration, or administer, in line with training and the pupil's Asthma Action Plan/IHP.
5. Call 999 if symptoms are severe, do not improve, or the pupil has not responded to their reliever within the time set out in their plan.
6. Record the administration (Appendix D) and inform parents/carers as soon as possible.

The academy's "spare" salbutamol reliever inhaler may only be used for a pupil who has themselves been prescribed a reliever inhaler, whose own inhaler is not available, and for whom written parental consent for use of the "spare" is held – unlike "spare" adrenaline, the law does not permit a "spare" inhaler to be used on a pupil without that consent in place, even in an emergency. Where a pupil known to have both asthma and food allergy suddenly develops severe breathing difficulty, staff always consider anaphylaxis and give adrenaline, since the reliever inhaler is never given instead of adrenaline to treat a suspected anaphylactic reaction.

School-Wide Policies

"Spare" Adrenaline and Salbutamol Devices

Anaphylaxis is unpredictable, and up to one in five anaphylaxis reactions in schools happens in a pupil with no pre-existing allergy diagnosis. Every academy stocks "spare" AAIs of the correct dosage for its pupils, purchased without prescription under the Human Medicines (Amendment) Regulations 2017, for use in an emergency. A "spare" device is never a substitute for a pupil's own prescribed device – pupils at risk of anaphylaxis still bring their own AAI(s) to school.

Only AAIs may currently be purchased as "spare" devices – non-injectable (nasal) adrenaline cannot. Where a pupil prescribed nasal adrenaline suffers anaphylaxis and their device is unavailable, the academy's "spare" AAIs may be used instead. Minimum stock levels, based on Department of Health and Social Care guidance, are:

Academy type	AAIs for under 6s (150 micrograms, e.g. EpiPen Jr, Jext 150)	AAIs for age 6+ (300 micrograms, e.g. EpiPen, Jext 300)
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs*
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

** Secondary schools with large sites should consider two pairs, so that a pair is always within five minutes of any pupil. Academies operating across more than one site keep the appropriate stock on every site.*

A school's "spare" AAI kit may only be used on a pupil for whom both medical authorisation (an Allergy Action Plan) and written parental consent are held, unless the pupil is experiencing an unforeseen, previously unrecognised anaphylactic reaction – the Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline to be used to save any life in these circumstances, without prior consent. This is an exceptional safeguard, not a substitute for identifying pupils at risk of anaphylaxis in advance, which remains the normal expectation.

The academy's "spare" salbutamol reliever inhaler may be purchased without prescription under the Human Medicines Regulations 2012 (as amended in 2014). It can only be used

for a pupil already prescribed a reliever inhaler, whose own inhaler is unavailable, and where written parental consent for use of the "spare" has been given – this legal position is different from "spare" adrenaline, and consent must always be in place before the "spare" inhaler is used. "Spare" reliever inhalers are kept alongside "spare" adrenaline devices.

Storing "spare" devices

- "Spare" AAIs must be readily accessible and never locked away.
- "Spare" AAIs are stored in pairs, so a second dose is on hand if needed without a delay in fetching one from elsewhere on site.
- In larger academies, more than one set of "spare" devices is held (for example one near the dining hall and another near the playground or sports fields) so that a device is always within five minutes of any pupil.
- "Spare" devices are clearly labelled to avoid confusion with a device prescribed to a named individual. Many academies keep a clearly marked "emergency anaphylaxis kit" containing the "spare" AAIs, an emergency salbutamol inhaler and spacer, and instructions for their use.
- Devices are stored at room temperature, protected from direct sunlight and extremes of temperature, never refrigerated.

Obtaining and Replacing "Spare" Devices

Each academy purchases AAIs and salbutamol inhalers from a licensed UK pharmaceutical supplier, confirmed in writing on school headed paper, signed by the Headteacher, stating the academy's name, the total quantity required, the dose(s) needed for the ages of pupils on roll, and confirming the product is for supplying or administering to pupils in an emergency. The Department of Health and Social Care's template letter (Using emergency adrenaline auto-injectors in schools) or the template available from Spare Pens in Schools is used for AAIs; an equivalent locally-held template, modelled on the same format, is used for salbutamol inhalers.

[Insert each academy's local arrangements for triggering re-ordering – e.g. named role responsible, and how expiry dates are monitored so replacement stock is ordered in good time.]

School Emergency Kit Contents

Every academy holds at least one emergency adrenaline kit and at least one emergency salbutamol kit (larger sites hold more than one of each – see above). Each emergency adrenaline kit contains: a pair of "spare" AAIs at the dose appropriate for the pupils on

roll; instructions on use and storage; manufacturer's information; the issuing pharmacist's contact details; a checklist of devices by batch number and expiry date, with monthly checks recorded; a note of the arrangements for replacing used devices; a sharps container; a copy of the Anaphylaxis Register; the Allergy Safety Lead's name and contact details; an administration record (Appendix C); and a pen.

Each emergency salbutamol kit contains: two salbutamol metered-dose inhalers; at least two single-use spacers compatible with the inhaler; manufacturer's information and administration instructions; advice that disposable inhalers and spacers are for use by one person only, to avoid cross-infection; storage, cleaning and disposal instructions; the issuing pharmacist's contact details; a checklist of inhalers by batch number and expiry date, with monthly checks recorded; a note of replacement arrangements; a copy of the Asthma Register; the Allergy Safety Lead's name and contact details; an administration record (Appendix D); and a pen.

[Insert the location(s) of each academy's emergency kit(s) and the name(s) of the staff responsible for the monthly stock check.]

Disposal

Each academy is registered as a waste carrier (www.gov.uk/waste-carrier-or-broker-registration) so it can lawfully dispose of spent, expired or faulty adrenaline devices, inhalers or other medicines it is responsible for. Where a device can be returned to the manufacturer for recycling, that route is followed; otherwise the pharmaceutical supplier's guidance is followed. A sharps container is always available to staff and to any pupil who is self-injecting.

Visits, Trips and Off-Site Activities

A specific risk assessment is carried out for any pupil at risk of anaphylaxis taking part in an off-site visit. The visit leader identifies, at the earliest planning stage, which pupils have an allergy, the severity of their symptoms, relevant triggers, their care/Action Plan (including any out-of-hours arrangements), their competence in carrying and administering their own medicines, and the distance from emergency services at each point of the visit – seeking advice from the Allergy Safety Lead as needed.

- Pupils at risk of anaphylaxis take their own prescribed adrenaline device(s) on every visit, and there is always a member of staff present who is trained to administer adrenaline.
- The visit leader considers, with the Allergy Safety Lead, whether it is appropriate to take "spare" adrenaline or salbutamol devices on a visit; this must never leave the academy site without adequate "spare" stock.

- Parental consent to a residential visit includes any review of, or addition to, a pupil's IHP where a medicine or treatment not normally managed by the academy will be needed; this is agreed with the Allergy Safety Lead in advance.
- All medicines provided for a visit are handed to the academy clearly labelled with the pupil's full name.
- Pupils are never excluded from a visit, or required to have a parent accompany them, purely because of their allergy – reasonable adjustments are considered first.

Serious Incidents and "Near Misses"

However effective an academy's arrangements are, they can never remove the risk of a serious incident involving a pupil, member of staff or visitor with an allergy – including a pupil with no prior history of allergy who reacts for the first time on site. Every academy approaches serious incidents and "near misses" in a "no-blame" spirit, focused on learning lessons and reducing the risk of recurrence, consistent with the legal protection given to anyone who takes reasonable action, in good faith, to save a life.

What counts as a serious incident or "near miss"

A serious incident is any event directly relating to a medical condition (including allergy) in which a pupil, member of staff or visitor is harmed, or placed at immediate and significant risk of harm, including any event requiring emergency medication, urgent clinical intervention or attendance by emergency services. A "near miss" is an event that did not result in harm but had the clear potential to – for example an error, omission or system failure that could reasonably have led to a serious incident had circumstances been only slightly different. "Near misses" are recorded and reviewed with the same seriousness as actual incidents, since they highlight weaknesses before they cause harm. Because the effects of an allergen exposure can be delayed, reports of a possible incident or "near miss" are welcomed from pupils, parents and healthcare professionals, not only from staff who witnessed an event on site.

Recording

Every serious incident or "near miss" is recorded as soon as feasible in the academy's accident book, setting out: who was affected; what happened, when and where; why it happened, as far as is known; how staff and pupils responded, including whether emergency services were called; and how the incident concluded. Reports are kept concise and are completed while events are still fresh in the minds of those involved.

Reporting

- The parents/carers of a pupil aged under 16 are notified of an incident or "near miss" as soon as possible; for a young person aged 16 or over, the academy confirms with them that their parents/carers should be informed.
- The report is shared with the pupil's parents (or the young person), who are given the opportunity to discuss what happened and to contribute to the lessons-learned review; the academy confirms what it has learned and any resulting actions.
- Every report is shared with the Allergy Safety Lead, who considers what lessons should be learned and whether the allergy safety policy and/or the pupil's Individual Healthcare Plan needs to change. Relevant learning is shared with staff.
- Where the academy operates as a food business, an allergen-related food safety incident is reported to the local authority; where an incident arose directly from the way a work activity was carried out and resulted in death or hospitalisation, it is reported to the Health and Safety Executive under RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) — a pupil taken to hospital purely as a precaution, or because of a medical condition rather than a work activity, is not RIDDOR-reportable.
- Where an incident or "near miss" relates to the delivery of a care plan or Action Plan issued by a healthcare professional, that professional or team is notified.

Medical conditions and safeguarding

An incident relating to the management of a pupil's allergy does not, of itself, warrant a safeguarding referral. A referral is made only where an incident raises a concern that a pupil may be at increased risk of neglect, abuse or exploitation because of their medical condition — for example, where essential information is withheld from the academy, or a pupil is repeatedly sent to school without necessary medication.

Supporting wellbeing after a serious incident

The academy considers the impact of a serious incident or "near miss" on the pupil and their family, on staff who responded, and on any pupils who witnessed it. The academy reviews the incident with the pupil and their family, since they may be understandably concerned about whether the environment is safe, and involves them in reviewing the arrangements in the IHP. Staff involved are given time and support to reflect constructively — carelessness, inadvertence or a simple mistake in an emergency does not amount to serious or wilful misconduct. Any wider communication about the incident is handled sensitively, respecting the privacy of the pupil involved.

Learning lessons

The Allergy Safety Lead and any staff involved consider: could the incident reasonably have been foreseen; could reasonable preventative steps have avoided it; was the incident

covered by a policy or plan (this policy, the medical conditions policy, an IHP, or a care/Action Plan) that set out how to respond; if so, was it followed, and if not, are there training, capability or disciplinary issues to address; was the policy or plan adequate, and if not, what should change. The pupil and their parents, and any healthcare professional involved, are included in reviewing the arrangements. The governing body receives periodic reports on serious incidents and "near misses", and any recent incidents are considered when this policy is next reviewed. It is not expected that policy is revisited after every single incident where it is judged fit for purpose.

Complaints

Each academy's complaints procedure permits a complaint to be raised and investigated following a serious incident or "near miss" relating to a pupil's allergy, including a complaint about a prolonged failure to put agreed arrangements in place.

Specialist provision

Where an academy supports a significant proportion of pupils with complex medical conditions, including allergy, serious incidents or "near misses" may occur more frequently. This is not, of itself, a reflection on the quality of the academy's support, but each incident and "near miss" is still recorded and reviewed with the same rigour; where incidents are frequent, it may be more proportionate to review cumulative lessons over a term rather than after every single event.

Child deaths

The death of a pupil with a medical condition while at school is rare and a tragedy for the whole community. Any unexplained death may be investigated by the police and be subject to a Coroner's inquest; materials such as food residue or fluid samples may constitute evidence and need to be retained. Academies follow the statutory guidance Working together to safeguard children and the Child death review: statutory and operational guidance (England), and consider how to support pupils, staff and the grieving family, including through organisations such as Child Bereavement UK.

Information Sharing and Data Protection

A pupil's medical information, including allergy, is special category data under UK GDPR, requiring additional legal protection. Each academy has a lawful basis to hold, use and share this data where necessary to keep a pupil safe and included, but always does so in a controlled and respectful way – unnecessary sharing can be embarrassing for a pupil and reduce their confidence in staff.

At the start of each school year, or when a pupil joins, parents are asked about any medical condition on the enrolment form, and this is recorded on the school information management system. Parents of a pupil requiring emergency medicine complete an Individual Healthcare Plan, with advice from their GP or community nurse where needed. Plans are kept easily accessible to staff who may need them in an emergency, in a location that is never left accessible to unattended visitors.

Every use of emergency medicine is recorded, including where and when the reaction took place, how much medicine was given and by whom, how and when the pupil was transferred to hospital if applicable, and when and how parents were informed. Discharge documentation from hospital is shared with the pupil's GP.

Extra-curricular activities and clubs run by, or on behalf of, the academy are open to all pupils equally; leaders of these activities are made aware of relevant pupils' allergies, how to minimise triggers, and where emergency devices are stored. Where appropriate, and only with the pupil's and their parents' agreement, it may be appropriate for a pupil's close friends to know how to seek help in an emergency – this never replaces staff emergency response arrangements.

Awareness and Publication of this Policy

This policy is published on each academy's website and made available in hard copy on request, and all staff are made aware of it as part of annual allergy awareness training. Awareness among pupils is raised in age-appropriate ways – for example through PSHE, assemblies, and small supporting roles for peers set out in an IHP – to build understanding and help prevent allergy-related bullying. Where friends of a pupil prescribed adrenaline are made aware of how to seek help, this is only with the pupil's and parents' agreement and never replaces staff emergency response arrangements.

Unacceptable Practice

The statutory guidance identifies certain practice as unacceptable. No member of staff should:

- prevent a pupil from easily accessing their medication, including a prescribed adrenaline device;
- ignore the views of a pupil, their parents or carer;
- ignore medical evidence, or the opinion and advice of healthcare professionals;
- assume every pupil with allergy requires the same support, or that an older pupil no longer needs support because they can take on more responsibility;

- assume a pupil does not have an allergy because they do not yet have a formal diagnosis, while investigation is under way;
- send a pupil who becomes unwell to an office or medical room without suitable supervision – in an allergic emergency, help must come to the pupil, not the other way round;
- discriminate against a pupil with allergy by sending them home frequently for allergy-related reasons, or excluding them from normal school activities, extracurricular activities or lunch;
- penalise a pupil's attendance record for allergy-related absence (for example hospital appointments), including excluding them from attendance rewards;
- require or make parents/carers feel obliged to attend the academy to administer medication or provide medical support to their child, or allow this to impact their work or other responsibilities;
- prevent, or create unnecessary barriers to, a pupil participating in any aspect of school life, including visits and trips, for example by requiring a parent to accompany them.

Staff who witness or become aware of any such practice report it to the Headteacher.

Liability and Insurance

The Trust ensures appropriate insurance, including liability cover for staff administering medication, is in place for staff supporting pupils with allergies, in line with each academy's Supporting Pupils with Medical Conditions Policy. This cover applies provided staff act reasonably and in good faith; it does not extend to serious and wilful misconduct, though ordinary carelessness or an honest mistake made in an emergency does not amount to this.

Monitoring and Review

This policy is reviewed at least annually by the Trust Board. It is also reviewed when the statutory guidance Allergy safety in schools (DfE, July 2026) is updated, after any serious allergic incident, or when a significant change in practice is identified through the lessons-learned process. Each Allergy Safety Lead reports termly to their Headteacher on the number and nature of allergic reactions, "near misses" and lessons-learned outcomes; the Headteacher reports this to the local governing body, which in turn reports to the Trust Board. Findings inform future updates to this policy and to individual Healthcare Plans.

Useful Links and Sources of Support

- DfE, Allergy safety in schools – statutory guidance (July 2026) – www.gov.uk
- DfE, Supporting pupils at school with medical conditions – www.gov.uk
- DHSC, Using emergency adrenaline auto-injectors in schools – www.gov.uk
- DHSC, Emergency asthma inhalers for use in schools – www.gov.uk
- Spare Pens in Schools – www.sparepensinschools.uk
- British Society for Allergy & Clinical Immunology (BSACI), Allergy Action Plans – www.bsaci.org
- Anaphylaxis UK, Safer Schools Programme and AllergyWise for Schools training – www.anaphylaxis.org.uk
- Allergy UK, resources for schools, parents and pupils – www.allergyuk.org
- Asthma + Lung UK, asthma action plans and inhaler technique videos – www.asthmaandlung.org.uk
- Benedict Blythe Foundation, Schools Allergy Code – www.benedictblythe.com
- Food Standards Agency, allergen guidance for food businesses – www.food.gov.uk

Appendix A: Individual Healthcare Plan (Allergy) Template

Attach any Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional to this plan.

Academy	
Pupil's name / DOB / class	
Photograph (attach/reference)	
Emergency contact details	
Who this plan is shared with	
Known allergen(s)	
Other diagnosed conditions (e.g. asthma, eczema)	
Can the pupil recognise a reaction and alert others?	
Signs and symptoms this pupil typically experiences	
Mild/moderate reaction – what to do	
Severe reaction (anaphylaxis) – what to do	
Medication held, and location (own AAI / antihistamine / inhaler)	
Can the pupil self-administer / self-carry? (Y/N, with support)	
Consent held for "spare" device use? (Y/N, date given)	
Impact on health, education and wellbeing (incl. any SEN interaction)	
Dietary and catering arrangements	

Arrangements for trips, sport and off-site activities	
Emergency response – who is responsible (state if different off-site)	
Location of "spare" adrenaline/salbutamol devices	
Attached Action/care plan(s) – issued by, role, date	
Plan developed with (pupil / parents / healthcare professional)	
Staff training needed / undertaken	
Date issued / last discussed with pupil and parents	
Review date (at least annually, or sooner if circumstances change)	
Form copied to	

Appendix B: AAI Administration Record

Academy	
Name of pupil (or 'unknown – first reaction')	
Date and time of reaction	
Where the reaction took place	
Signs and symptoms observed	
AAI used: pupil's own / academy "spare"	
Number of doses given	
Time 999 called	
Staff administering	
Witness	
Parent/carer informed (time and method)	
Outcome	

Appendix C: Emergency Salbutamol Administration Record

Academy	
Name of pupil (or 'unknown – first reaction')	
Date and time of reaction	
Where the reaction took place	
Signs and symptoms observed	
Inhaler/spacer used: pupil's own / academy "spare"	
Number of doses given, and name/strength of medicine	
Expiry date	
Time 999 called (if applicable)	
Staff administering	
Witness	
Parent/carer informed (time and method)	
Outcome	

Appendix D: Staff Training Record – Allergy and Anaphylaxis

Staff name	Type of training received	Date completed	Training provider	Hands-on AAI trainer practice? (Y/N)	Review due

I confirm that the named member(s) of staff have received the training detailed above. Trainer's signature: _____ Date: _____

Appendix E: Notice to Parents – Use of Emergency AAI or Salbutamol

To be copied onto academy headed paper and adapted as needed.

Dear Parent/Carer,

I am writing to let you know that your child was given [emergency adrenaline / the academy's emergency salbutamol inhaler] today, [date], at approximately [time], after [brief description of symptoms observed].

[Ambulance was called and your child was taken to hospital as a precaution. / Your child has recovered and returned to normal activities.] Please contact the academy office as soon as possible so we can discuss this further and, if appropriate, review your child's Allergy Action Plan and Individual Healthcare Plan.

Yours sincerely,

Appendix F: “Spare” AAI Kit Checklist

Kept with each “spare” AAI kit and checked monthly by a named member of staff.

Item	Present / in date? (✓)
2 (a pair) “spare” AAIs at the dose appropriate for the pupils on roll	
Instructions on how to use the device(s)	
Instructions on storage	
Manufacturer’s information and instructions	
Issuing pharmacist’s contact information	
Checklist of devices by batch number and expiry date, with monthly checks recorded	
Note of arrangements for replacing used devices	
Sharps box or container	
Copy of the Anaphylaxis Register	
Name and contact details of the Allergy Safety Lead	
Administration record (Appendix B)	
Pen	

Checked by: _____ *Date:* _____ *Next check due:* _____

Appendix G: "Spare" Salbutamol Kit Checklist

Item	Present / in date? (✓)
2 salbutamol metered dose inhalers (MDI)	
At least 2 single-use spacers compatible with the inhaler	
Manufacturer's information and instructions on using the inhaler and spacer	
Instructions on administering via spacer	
Advice that disposable inhalers/spacers are for use by one person only	
Storage, cleaning and disposal instructions	
Issuing pharmacist's contact information	
Checklist of inhalers by batch number and expiry date, with monthly checks recorded	
Note of arrangements for replacing inhaler and spacers	
Copy of the Asthma Register	
Name and contact details of the Allergy Safety Lead	
Administration record (Appendix C)	
Pen	

Checked by: _____ *Date:* _____ *Next check due:* _____