

NEW WAVE FEDERATION

ALLERGY SAFETY POLICY 2026–2027

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Lead SLT Officer & Contacts:	Deputy Headteacher / SLT Pastoral & Welfare Lead Tel: 02088024051 Email: gboffice@newwavefederation.co.uk
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Federation Core Values:	Kindness, Focus, Creativity, Responsibility, Collaboration

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1. AIMS OF THIS POLICY

At New Wave Federation, we are committed to meeting our legal and moral obligations regarding allergy safety through a whole-school culture and ethos that values creating a safe, supportive, and fully inclusive environment for every child. The aims of this policy are to:

- **Set out our school's comprehensive framework for allergy safety**, including reducing the risk of exposure to known allergens and detailing the exact procedures in place in case of an allergic reaction or anaphylaxis.
- **Make clear how our school supports pupils with allergies** to ensure their wellbeing, health, academic engagement, physical safety, and pastoral inclusion across all educational activities.
- **Promote and maintain high levels of allergy awareness** among the entire school community, including staff, parents/carers, pupils, visitors, PSA event organisers, and third-party catering contractors.

2. LEGISLATION AND GUIDANCE

This policy reflects statutory duties and national guidance issued by the Department for Education (DfE), the Department of Health and Social Care (DHSC), the Food Standards Agency (FSA), and UK legislation:

- **Children and Families Act 2014 (Section 100)**: Imposes a legal duty on governing boards to make arrangements for supporting pupils at school with medical conditions.
- **Benedict's Law (Children's Wellbeing and Schools Act 2026)**: Provides statutory guidance reinforcing allergy safety protections and mandatory medical preparedness across schools in England.

- **Human Medicines (Amendment) Regulations 2017:** Authorises schools to purchase emergency spare Adrenaline Auto-Injectors (AAIs) from registered pharmaceutical suppliers without prescription for backup emergency use.
- **Food Information Regulations 2014 & Natasha’s Law (2019):** Mandates full ingredient listing and bold 'top 14' allergen declarations on all prepacked food for direct sale (PPDS).

3. ROLES AND RESPONSIBILITIES

3.1 The Governing Board

The governing board is responsible for ensuring:

- **Risk Management:** Risks relating to pupils with allergies are formally recorded in the school risk register and actively managed.
- **Policy Framework:** The school maintains an approved Allergy Safety Policy setting out risk-reduction arrangements and emergency reaction plans.
- **Delegation:** Day-to-day operational implementation is delegated to the nominated Allergy Safety Lead.

3.2 Allergy Safety Lead

Designated Lead: Deputy Headteacher / SLT Pastoral & Welfare Lead.

The Allergy Safety Lead is responsible for:

- **Policy Oversight:** Implementing, monitoring, and reviewing this policy annually, ensuring it is published on the school website.
- **AAI Management:** Developing arrangements for the safe procurement, unlocked storage, location tracking, and disposal of Adrenaline Auto-Injectors (AAIs).
- **Catering Liaison:** Liaising with catering contractors regarding the Allergen Matrix, daily menu safety, and cross-contamination prevention.
- **Risk Assessments:** Conducting allergy risk assessments for off-site visits, residentials, practical subjects, and school events.
- **Healthcare Plans:** Ensuring all pupils requiring support have an up-to-date Individual Healthcare Plan (IHP) and BSACI action plan.
- **Staff Training:** Coordinating annual staff allergy training with the local authority school nursing team and logging completion records.
- **Incident Logging:** Recording serious incidents and 'near misses', evaluating lessons learned, and updating policy controls accordingly.

3.3 The Headteacher

The Headteacher holds overall legal and operational accountability for school safety and medical condition management. Responsibilities include:

- **IHP Determination:** Deciding (in consultation with parents/carers and healthcare professionals) whether an IHP is required for a pupil.
- **Compliance Review:** Receiving regular compliance updates and reviewing serious incident and near-miss logs.

- **Resource Allocation:** Ringfencing sufficient budget and time for annual staff training, refreshers, and emergency supplies.
- **Catering Audits:** Verifying that catering management and kitchen cross-contamination protocols are rigorously maintained.

3.4 Monthly Compliance Volunteers

Nominated Volunteers: Senior Administrative Officer and Welfare & First Aid Officer.

These designated staff members are responsible for:

- **Monthly Physical Audits:** Inspecting all spare and prescribed AAls across designated storage spaces monthly, verifying that liquid is clear/colourless and caps are intact.
- **Log Keeping:** Signing monthly check logs and securing replacement AAls before medication reaches its expiration date.
- **Parent Communications:** Logging all dates, times, and details of reordering communications issued to parents/carers.
- **Escalation:** Escalating unfulfilled medication requests to the Allergy Safety Lead and Headteacher after two reminders.

3.5 Teaching and Support Staff

All teaching, supply, peripatetic, and support staff are responsible for:

- **Awareness:** Maintaining awareness of allergy policy updates, reaction warning signs, and class-specific allergy caseloads.
- **Handover Protocols:** Conducting explicit handovers when pupils move between staff (e.g. music teachers, PE coaches, canteen staff, and club leaders).
- **Medication Transit:** Ensuring medication bags move with pupils whenever they change rooms or attend outdoor lessons.

3.6 Parents and Carers

Parents/carers are responsible for:

- **Timely Disclosure:** Providing up-to-date details of their child's medical needs, dietary requirements, and allergy history upon admission or within 2 weeks of diagnosis.
- **Dual Prescribed AAls:** Providing two in-date prescribed Adrenaline Auto-Injectors (AAls) and required supplementary medication (inhalers, antihistamines), replacing them before expiry.
- **Consent:** Providing written consent for the administration of prescribed and emergency spare AAls.
- **Communication:** Reporting home exposure or delayed reactions immediately via telephone (02088024051) or email (gboffice@newwavefederation.co.uk).

3.7 Pupils with Allergies

Age-appropriately, pupils are expected to:

- **Self-Advocacy:** Recognise personal allergens, avoid exposure, and advocate for safe food alternatives.
- **Medication Awareness:** Know where their prescribed medication is stored and refrain from trading or sharing food.

- **Alerting Adults:** Inform an adult immediately during mealtimes or activities if they feel unwell or suspect allergen exposure.

3.8 Pupils without Allergies & Peers

Pupils are expected to:

- **Food Rules:** Adhere strictly to whole-school rules prohibiting the trading or sharing of food, packaging, and drink bottles.
- **Hygiene:** Wash hands before and after eating meals or handling food-based materials.
- **Empathy & Inclusion:** Treat peers with allergies with empathy, avoiding any behaviour that stigmatises, teases, or isolates classmates.
- **Reporting:** Alert an adult immediately if a classmate appears unwell or exhibits signs of an allergic reaction.

4. IDENTIFYING INDIVIDUALS AT RISK & HEALTHCARE PLANS

4.1 Identifying Pupils at Risk

- **Admission Forms:** Data collection forms are distributed to all new starters before their first term.
- **2-Week Implementation Timeline:** Arrangements, IHPs, and medical records are established within 2 weeks of receiving a new medical diagnosis.
- **Annual Updates & Channels:** Annual medical update forms are issued every September. Parents must report medical changes immediately via 02088024051 or gboffice@newwavefederation.co.uk.

4.2 Identifying Staff and Visitors at Risk

New staff, volunteers, and visitors must disclose known allergies, personal medication storage locations, and emergency management plans prior to start dates or upon arrival at the main office.

4.3 Individual Healthcare Plans (IHPs)

Pupils require an IHP if they suffer from severe allergies, anaphylaxis, or medical conditions impacting their school day. The IHP provides a legally binding record of agreed responsibilities between the school, family, and healthcare professionals, guaranteeing full inclusion in cooking, PE, and off-site trips. IHPs are formally reviewed at least annually.

4.4 Allergy and Asthma Action Plans

All pupils with food or insect sting allergies must have an official BSACI paediatric allergy action plan (EpiPen, Jext, Emerade, or No-AAI plan) completed by a medical professional and attached directly to their IHP.

4.5 Register of Pupils with Known Allergies

The school maintains a central digital register on Google Drive with restricted permissions. Teachers and first aiders access individual medical cards in classroom first aid pouches detailing allergens, medication, dosage, storage location, expiry dates, parental consent, and emergency contact details.

5. ASSESSING RISK

The school conducts mandatory written risk assessments prior to conducting food technology lessons, science experiments involving food, crafts using food packaging, off-site educational visits, baking, animal handling, or visits involving guide dogs.

6. MINIMISING RISK & LUNCHTIME ARRANGEMENTS

6.1 Hygiene Procedures

- **Handwashing Routines:** Pre- and post-meal handwashing is taught in EYFS and PSHE curriculums. Pupils wash hands before eating and after allergen contact.
- **No-Food-Sharing Rules:** Trading or sharing food, food packaging, utensils, or drink containers is strictly prohibited across all year groups.
- **Personal Containers:** Water bottles and lunchboxes must be clearly labelled with the pupil's name.

6.2 Catering and Food Service & Traffic-Light System

Catering staff receive specialised allergen identification and cross-contamination training. To safeguard pupils during school meals, the Federation implements a comprehensive Traffic-Light Dietary Hierarchy combining text, geometric shapes, and distinct colours so safety does not depend on colour perception alone:

- **▲ RED Triangle (UK 14 Legal Statutory Allergens):** Celery, Gluten, Crustaceans, Egg, Fish, Lupin, Milk/Dairy, Molluscs, Mustard, Peanut, Sesame, Soya, Sulphites, Tree Nuts. Protocol: Never serve; verify every ingredient label prior to preparation.
- **◆ AMBER Diamond (Other Foods to Avoid / Intolerances):** Non-statutory medical food allergies or intolerances (e.g. specific fruits, pulses, spices, honey, chocolate). Protocol: Treat with medical importance; verify ingredients before serving.
- **● GREEN Circle (Dietary & Cultural Preferences):** Non-medical requirements (Vegetarian, Vegan, Halal, No Pork, No Beef). Protocol: Offer designated compliant alternative meals consistently.
- **!! SEVERE Banner (Anaphylaxis / EpiPen Risk):** Displayed prominently above allergen labels for pupils with active care plans and prescribed AAI. Protocol: HIGH ALERT; requires total staff awareness and double-checking before service.

6.3 Color-Coded Serving Tray Identification Scheme

To prevent meal mix-ups during lunchtime service, the kitchen and hall operate a strict dual-tray system:

- **Standard Blue Trays:** Issued to pupils with no registered dietary requirements or medical food allergies.
- **Red Trays:** Issued exclusively to pupils listed on the Allergen & Dietary Register. Red Trays signal to kitchen servers and midday supervisory staff that a child's meal selection must be cross-referenced against their profile card on the kitchen pass chart prior to handover.

6.4 Kitchen Service Point & Cross-Contamination Controls

Allergen Traffic Light Posters displaying pupil photos, names, classes, and specific allergy labels are mounted at the kitchen pass. Kitchen staff maintain separate serving utensils and preparation zones to prevent cross-contamination. Full ingredient declarations and 'top 14' food allergens are displayed on packaging per Natasha's Law regulations.

6.5 Outdoor Areas, Insect Stings & Animals

- **Insect Stings:** Premises staff conduct seasonal checks for ant hills, wasp nests, and bee hives. Lidded waste bins are managed and emptied daily. Pupils are taught to remain calm around insects.
- **Animals & Pets:** Compulsory handwashing is enforced after touching animals. Pre-visit parental consultation is required before farm visits or classroom pet sessions.

6.6 Visits and Off-Site Educational Trips

No pupil with an allergy will be excluded from taking part in off-site visits. Trip leaders complete dedicated allergy risk assessments, ensure two in-date prescribed AAIs travel with pupils under trained staff supervision, and establish off-site emergency communication links.

7. PROCEDURES FOR HANDLING AN ALLERGIC REACTION

7.1 Anaphylaxis & Reaction Symptoms

- **Severe Anaphylaxis Emergency Indicators:** Lightheadedness, faintness, fast/shallow breathing or difficulty breathing, swelling of throat/mouth, blue skin or lips, confusion, anxiety, collapse, or loss of consciousness.
- **Mild/Moderate Symptoms:** Red raised itchy rash (hives), abdominal pain, nausea/vomiting, swollen lips/face/eyes, watery eyes, sneezing, or runny nose.

7.2 Emergency Response Protocol (5-Step Injection Sequence)

If a severe allergic reaction or anaphylaxis is suspected, staff must follow this exact emergency protocol immediately:

- **Step 1: Administer AAI Immediately** — Inject the EpiPen or JEXT without delay into the outer thigh at a 90° angle (over clothing) and hold firmly in place for 3 seconds.
- **Step 2: Position Pupil Correctly** — Lie the pupil flat with legs raised. If breathing is difficult, allow them to sit upright with legs raised. Do NOT stand the pupil up.
- **Step 3: Dial 999** — Call emergency services immediately and state 'ANAPHYLAXIS'.
- **Step 4: Repeat Dose if Required** — If symptoms do not improve within 5 minutes, administer a second AAI into the opposite thigh.
- **Step 5: Contact Family** — Office staff contact parents/carers immediately following the 999 ambulance call.

Accidental Self-Injection: Seek immediate emergency medical care; apply warm compresses and gentle massage if the digit feels cool or dusky.

8. ADRENALINE DEVICES (ADs / AAIs)

8.1 Prescribed ADs

Pupils prescribed AAIs must have two in-date devices stored in an unlocked, central classroom location accessible to staff at room temperature, protected from direct sunlight, stored in pairs, and located no more than 5 minutes away.

8.2 Spare ADs Procurement (Eureka) & Storage

Under the Human Medicines (Amendment) Regulations 2017, the school purchases emergency spare AAIs without prescription directly from Eureka (registered NHS pharmaceutical supplier). Procurement requires a

signed request letter from the Headteacher. Emergency spare AAls are stored in pairs in unlocked central locations (medical room, dining hall, playground entrance). Spare AAls may be administered to any pupil at risk of anaphylaxis whose prescribed pen is unavailable, misfires, or requires a second dose.

8.3 Disposal Procedures

AAls are single-use only. Used AAls are handed directly to attending paramedics; if not taken, they are placed in a yellow clinical sharps bin. Expired prescribed AAls are returned to parents for pharmacy incineration; expired spare AAls are placed in the school clinical sharps bin.

8.4 Emergency Use Without Prior Consent

Under life-saving emergency principles and the Human Medicines (Amendment) Regulations 2017, reasonable action may be taken by anyone to save a life without checking prior consent, preventing fatal treatment delays.

8.5 Use of ADs Off School Premises

Lead staff carry medication bags during off-site trips. If a reaction occurs off-site, staff administer the AAI immediately, lie the pupil flat, call 999, and contact parents directly from the trip location.

9. SERIOUS INCIDENTS AND 'NEAR MISSES'

- Incident Recording: A serious incident involves harm or immediate significant risk requiring emergency medical intervention; a near miss is an event with potential for harm due to an error, omission, or system failure. All incidents are recorded promptly in the accident book in a 'no blame' learning spirit.
- Reporting & RIDDOR: Parents/carers are notified immediately. Reports are reviewed by the Allergy Safety Lead to update IHPs and policy controls. Incidents resulting from work-related food preparation errors leading to hospitalisation are reported to the HSE under RIDDOR; food safety issues are reported to Local Authority Environmental Health.

10. ALLERGY AWARENESS AND EDUCATION

- Staff Training: All staff present during school hours receive annual allergy awareness training delivered by local authority school nurses (coordinated by the SENCO). Training includes practical drills using EpiPen and JEXT trainer pens and annual simulated anaphylaxis drills.
- Pupil Education: This policy is published on the school website. Pupils learn about allergy awareness, Natasha's Law labelling, empathy, and food safety rules through EYFS, PSHE, and Science units.

11. WELLBEING AND ANTI-BULLYING

- Mental Health Support: Pupils with allergies receive pastoral support to manage anxiety or hyper-vigilance, including IHP co-creation, regular check-ins with safe adults, and access to WAMHS and school nursing services.
- Inclusivity vs Singling Out: Allergy UK guidelines mandate that allergic pupils must never be isolated or singled out. Safety measures are integrated seamlessly into daily routines.
- Zero-Tolerance Anti-Bullying: Teasing, tricking, or threatening a child with an allergen is treated as a severe, life-threatening safety violation managed strictly under the Federation Behaviour Policy.

12. INFORMATION SHARING

Individual health data is handled as special category data under UK GDPR and the Data Protection Act 2018.

13. MONITORING ARRANGEMENTS

This policy is reviewed and approved annually by the Allergy Safety Lead and Governing Board.

14. LINKS TO OTHER POLICIES

This policy links directly to the Health and Safety Policy, Supporting Pupils with Medical Conditions Policy, School Food Policy, Data Protection Policy, and Behaviour Policy.

15. APPENDICES

APPENDIX 1: Template Pharmacy Order Letter to Eureka

(To be produced on official New Wave Federation letterhead)

To: Eureka (Pharmaceutical Supplier / Community Pharmacy)

Date: September 2026

RE: Purchase of Emergency Spare Adrenaline Auto-Injectors (AAIs) under the Human Medicines (Amendment) Regulations 2017

Dear Eureka Pharmacy Team,

I am writing in my capacity as Headteacher of New Wave Federation to request the supply of emergency spare Adrenaline Auto-Injectors (AAIs) for use in our primary schools pursuant to the Human Medicines (Amendment) Regulations 2017.

1. School Details:

- Name of School: New Wave Federation
- Address: Primary School Premises, London Borough of Hackney
- Telephone: 02088024051
- Email: gboffice@newwavefederation.co.uk

2. Purpose of Request:

The requested AAIs are required exclusively for emergency administration to pupils identified at risk of anaphylaxis in accordance with Department of Health and Social Care guidelines. These products will not be resold or used for commercial gain.

3. Products and Quantities Required:

- EpiPen Junior (150 micrograms): 4 devices
 - EpiPen Adult (300 micrograms): 4 devices
- (or equivalent Jext AAI units based on current UK stock availability)

I confirm that payment will be settled upon receipt of an official invoice.

Yours sincerely,

Headteacher / Executive Headteacher
New Wave Federation

APPENDIX 2: Operational Checklist: On-Site Events, PSA Activities & Cultural Days

- **Advance Parental Consent:** Obtain explicit parental permission before serving external shared food or birthday treats to primary pupils during PSA cake sales, fêtes, or cultural days.
- **Natasha's Law Compliance:** Ensure all prepacked food items display full ingredient lists with the 'top 14' food allergens highlighted in bold.
- **Food Sharing Ban:** Enforce strict rules prohibiting pupils from trading or sharing food, food packaging, or drink containers.
- **Hand Hygiene Controls:** Mandate pre- and post-meal handwashing for all pupils and staff handling food.
- **5-Minute Medication Access:** Verify that prescribed and emergency spare AAIs remain unlocked and accessible within 5 minutes of event locations.
- **Classroom Activity Audits:** Conduct risk assessments for food technology, baking, packaging crafts, and animal/pet visits.

APPENDIX 3: Operational Checklist: Off-Site Educational Visits & Residential

- **Equal Access Guarantee:** Ensure no pupil with an allergy is excluded from taking part in off-site trips or residential.
- **Trip Risk Assessment:** Complete a trip-specific risk assessment reviewing pupil allergy caseloads, venue catering safety, and emergency response plans.
- **Dual AAI Transit:** Ensure two in-date prescribed AAIs and emergency healthcare kits travel with pupils at all times under lead staff care.
- **Trained Staff Escort:** Accompany trips with staff trained to recognise anaphylaxis signs and administer AAIs.
- **Off-Site Emergency Sequence:** If a reaction occurs off-site, administer AAI immediately, lie pupil flat with legs raised, dial 999 stating 'anaphylaxis', and contact parents immediately via 02088024051.

APPENDIX 4: Allergy UK Best Practice & Staff Quick Reference Guide

- **Dual Prescribed AAIs:** Require parents to supply two in-date AAIs kept in unlocked central locations accessible within 5 minutes.
- **Multi-Brand Staff Training:** Train staff annually across all UK AAI brands (EpiPen, Jext, Emerade) using practical trainer pens.
- **Rejection of 'No Nut' Bans:** Do not attempt 'no nut' policies; focus instead on strict risk controls, hygiene, and cross-contamination prevention.
- **Avoidance of Food Rewards:** Avoid using food treats as classroom rewards; use non-food incentives or allergen-safe alternatives.
- **Active Expiry Tracking:** Monthly compliance staff audit AAI expiry dates and log parent communications.
- **Inclusivity & Anti-Bullying:** Avoid singling out allergic pupils. Enforce zero-tolerance anti-bullying rules for allergen teasing or threats.

APPENDIX 5: Parent & Carer Frequently Asked Questions (FAQ Guide)

Q1: Why doesn't the school operate a 'No Nut' ban policy?

Allergy UK explicitly advises against 'no nut' policies because nut-free environments cannot be guaranteed or enforced, creating a false sense of security. The Federation focuses instead on strict risk minimisation, cross-contamination controls, pre/post-meal handwashing, and whole-school food-sharing bans.

Q2: Can parents supply homemade cakes or treats for birthdays and PSA events?

Shared food must not be served to primary pupils without advance parental permission. All food offered at PSA events or cultural days must adhere to Natasha's Law and Food Standards Agency (FSA) regulations, displaying ingredients and highlighting top 14 allergens.

Q3: How many Adrenaline Auto-Injectors (AAIs) must parents provide?

Parents must supply two in-date prescribed AAIs alongside an up-to-date BSACI Allergy Action Plan and Individual Healthcare Plan (IHP), stored in central unlocked locations accessible within 5 minutes.

Q4: What happens if a child's prescribed AAI is unavailable or misfires?

The school holds emergency spare AAIs purchased directly from Eureka under the Human Medicines (Amendment) Regulations 2017. With prior consent (or under life-saving emergency principles), trained staff will immediately administer a spare AAI.

Q5: Are pupils with severe food or sting allergies allowed to go on school trips?

Yes. No pupil with an allergy will ever be excluded from off-site visits. Dedicated trip risk assessments are completed, dietary needs catered for, and two in-date AAIs travel under trained staff supervision.

Q6: How does the school handle bullying or teasing involving food allergens?

Any teasing, tricking, or threatening with allergens is treated as a severe, life-threatening safety violation managed strictly under the Federation Behaviour Policy.

Q7: What are the exact emergency steps taken during an allergic reaction?

Staff administer the AAI into the outer thigh at 90° for 3 seconds, keep the pupil flat with legs raised (sitting upright if breathing is difficult), dial 999 stating 'anaphylaxis', inject a second pen after 5 minutes if required, and call parents immediately.

Q8: How does the Red Tray and Traffic-Light scheme work during lunchtime?

Red Trays are issued exclusively to pupils on the Allergen & Dietary Register so kitchen servers and midday supervisors cross-verify meal choices against profile cards at the kitchen pass. A traffic-light labelling system (Red Triangle for 14 legal allergens, Amber Diamond for intolerances, Green Circle for lifestyle preferences) ensures safe food selection.

Q9: Who do I contact to update my child's allergy details?

Contact the school office immediately via phone (02088024051) or email (gboffice@newwavefederation.co.uk).

[School Name]

[School Address]

Subject: Guidance on Managing Anaphylaxis and Adrenaline Auto-Injectors (AAIs)

Dear [Headteacher's Name],

Anaphylaxis represents a severe, life-threatening allergic emergency requiring immediate medical intervention. Rapid administration of an Adrenaline Auto-Injector (AAI), such as EpiPen® or Jext®, is essential to prevent fatal outcomes.

A significant number of pupils across our local community face severe allergic risks from triggers like peanuts, milk, or seafood, requiring robust, fast-acting school support.

We are pleased to provide operational guidance and Frequently Asked Questions (FAQs) to strengthen whole-school preparedness and response protocols.

Key Operational Principles:

- **Dual Medication Provision:** Pupils at risk must have two in-date prescribed AAIs stored in an accessible location at school.
- **Staff Preparedness:** Staff must receive annual training to identify reaction signs and administer AAIs confidently.
- **Emergency Spare AAIs:** Schools can procure emergency spare AAIs without prescription via signed Headteacher authorisation.
- **Consent Tracking:** Written parental consent must cover the use of prescribed and emergency spare AAIs.
- **Central Allergy Register:** Schools must maintain an accessible register of pupils with allergies alongside their care plans.

Enclosed Resources

To support school leaders and staff, the following resources are attached:

- **School & Teacher FAQ Guide:** Operational guidance for school personnel.
- **Parent & Carer FAQ Guide:** Informational briefing for families of children with known allergies.

These materials should be shared with relevant staff members and parents of affected pupils.

Training & External Support

Professional training resources can be accessed via:

- **Anaphylaxis UK:** Online training modules for education providers — www.anaphylaxis.org.uk
- **Manufacturer Resources & Trainer Pens:**
 - EpiPen® — www.epipen.co.uk
 - Jext® (Lifeline) — www.jext.co.uk

Please verify that your school's Supporting Pupils with Medical Conditions Policy aligns with these standards and is communicated across the setting.

For additional guidance regarding policy reviews or staff training, please contact your local authority school nursing team.

Thank you for your ongoing dedication to pupil health and safeguarding.

Yours sincerely,

Adrenaline Auto-Injectors (AAIs) and Anaphylaxis Management

Frequently Asked Questions for School Staff and Educators

What is anaphylaxis?

Anaphylaxis is a severe, systemic allergic reaction that can develop within minutes of allergen contact, though symptoms may occasionally appear 2 to 3 hours later. It constitutes a medical emergency requiring immediate life-saving intervention.

Common paediatric allergens include:

- Cow's milk and dairy products
- Peanuts and tree nuts
- Fish, crustaceans, and molluscs

How do Adrenaline Auto-Injectors (AAIs) function?

Devices such as EpiPen® or Jext® deliver a prompt dose of adrenaline, reversing airway obstruction and low blood pressure while emergency services respond.

What are the statutory duties for schools?

Schools must fulfill their legal obligations under Section 100 of the Children and Families Act 2014 by:

- **Identification:** Maintaining clear records of all pupils with known medical conditions.
- **Healthcare Planning:** Ensuring every allergic pupil has an Individual Healthcare Plan (IHP) and BSACI action plan.
- **Accessible Storage:** Storing AAIs in unlocked, central locations accessible within 5 minutes.
- **Staff Training:** Ensuring all personnel are trained to recognise reaction signs and administer AAIs.

What documentation and supplies must parents provide?

Parents and carers are responsible for supplying:

- An official BSACI Allergy Action Plan signed by a medical practitioner.
- Full details regarding specific medical allergens and dietary needs.
- Signed consent for the administration of prescribed AAIs.
- Signed consent for the use of emergency spare AAIs.
- A recent photograph of the pupil alongside updated emergency contacts.

Older pupils may independently carry their medication, whereas younger children require central classroom storage managed by staff.

How should schools proceed if an allergic pupil lacks an official Allergy Action Plan?

Pending receipt of formal documentation, the school must record the following interim details on the central register:

- Identified allergens and specific reaction risks.
- Prescription status and written consent for staff to administer prescribed AAls.
- Parental consent for the administration of emergency spare AAls.
- A current photograph to facilitate visual identification.
- Verified emergency contact details for parents or guardians.
- Active requests urging parents to obtain an official BSACI plan from their clinical team.

How frequently should healthcare records be updated?

Parents must notify the school immediately of any clinical updates. Individual Healthcare Plans must undergo formal review at least annually, even if medical needs remain unchanged.

How do we ensure staff remain informed regarding allergic pupils?

Maintain an accessible digital central register alongside classroom medical cards and IHPs stored within first aid kits.

When should an Adrenaline Auto-Injector be administered?

AAls are life-saving devices that must be injected without delay upon noticing severe anaphylactic indicators, including:

- Difficulty breathing, wheezing, or fast, shallow respiration.
- Swelling of the tongue, throat, lips, or face.
- Throat tightness, hoarseness, or difficulty swallowing.
- Widespread hives, skin redness, or severe itching.
- Dizziness, confusion, pale/blue skin, collapse, or loss of consciousness.

Anaphylaxis frequently follows exposure to a known food or insect sting trigger.

Dial 999 immediately, state 'ANAPHYLAXIS', and request an emergency ambulance.

If symptoms persist after 5 minutes, administer a second AAI using a fresh device in the alternate thigh.

Inform paramedics of the exact doses administered. The pupil must attend hospital for post-reaction evaluation in all cases.

What is the correct technique for administering an AAI?

- Follow brand-specific instructions for EpiPen® or Jext®. Ensure staff practice regularly with device trainer pens.
- Inject exclusively into the outer muscle of the thigh at a 90° angle (over clothing if necessary).
- Verify expiry dates regularly, though an expired pen should still be administered in an emergency if no alternate device is available.

Manufacturer visual guides and instructional videos are accessible online:

- EpiPen® — www.epipen.co.uk
- Jext® (Lifeline) — www.jext.co.uk

How should staff respond if a pupil experiences anaphylaxis without a prescribed AAI?

If written consent is on file, administer an emergency spare AAI immediately. If consent is absent, call 999; emergency dispatch officers can authorise AAI administration under life-saving principles.

What action is required if consent documentation is missing during a severe reaction?

Dial 999 immediately. Emergency medical operators can grant immediate authorisation to administer an available spare AAI.

Where should prescribed AAIs be stored?

Pupils capable of self-management should carry dual AAIs in their personal bags.

Otherwise, store devices in unlocked central locations (e.g., medical room or classroom pouch) clearly labelled with the pupil's name, located within 5 minutes of learning areas. Devices must never be locked away.

Parents must ensure pupils carry their prescribed AAIs during home-to-school transit.

How do schools purchase emergency spare AAIs?

Under the Human Medicines (Amendment) Regulations 2017, schools can procure spare AAIs from registered pharmaceutical suppliers without a prescription using an official request letter signed by the Headteacher.

Schools holding spare AAIs must maintain an approved Allergy Safety Policy governing their storage and emergency use.

Which AAI brands and dosages should be procured?

Review the school allergy register and align spare stock with the predominant brand prescribed to pupils (EpiPen® or Jext®). Ensure appropriate dosage selection (150mcg Junior vs 300mcg Adult) based on pupil weight and age groups.

Where should emergency spare AAIs be stored?

Store spare devices in unlocked, central locations (such as the main office, staffroom, or dining hall) accessible to staff within 5 minutes. Ensure storage units remain unlocked and kept out of reach of young children.

Do AAIs have an expiration date?

Yes. Designated staff must audit stock monthly, reordering replacements prior to expiration dates and returning expired devices to a pharmacy for clinical incineration.

How can schools access comprehensive staff training?

Annual allergy training can be coordinated through local authority school nursing teams, SENCO networks, or accredited allergy charities, combining theoretical knowledge with practical trainer pen drills.

APPENDIX 6

Additional Resources

The following [NHS North East London](#) resources support schools, families and professionals with local implementation. Schools may share the relevant parent and staff materials and use the professional guidance to support local planning: