Good Shepherd Trust
Life in all its fullness

Allergies and the Use of Adrenaline Auto-Injectors (EpiPens) Policy

In line with the DfE Allergy Safety in Schools Statutory Guidance (July 2026), Benedict and Natasha's Law

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 and whenever the statutory guidance is updated. It should be read alongside the Trust's Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, Catering/Food Safety procedures, and First Aid 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	NAME
Allergy Lead	NAME
Catering Manager / Provider Contact	NAME
Governor with Health & Safety / Medical oversight	NAME

Version History

Version	Version Description	Date of Revision / Review
1	Original standalone policy, drawing allergy, anaphylaxis and AAI content out of the Supporting Pupils with Medical Conditions Policy, in preparation for the DfE statutory guidance on allergy safety in schools.	July 2026
2	Updated to incorporate the Department of Health and Social Care's guidance on adrenaline auto-injectors in schools and the BSACI Model Policy for Allergy Management at School, including age-based dosing, emergency kit contents, and expanded emergency response guidance.	July 2026
3	Updated to align with the statutory guidance "Allergy safety in schools" (DfE, July 2026), issued under s.100 Children and Families Act 2014 as amended by s.34 Children's Wellbeing and Schools Act 2026. Additions include: statutory basis updated; named senior leader requirement; IHP trigger and content requirements expanded; spare AAIs to be held in pairs with primary/secondary dose specifications; mealtime identification methods and no-segregation requirement; air quality considerations; wellbeing and anti-bullying section; unacceptable practice section; serious incident recording and RIDDOR; governing body reporting; staff training extended to peripatetic staff and volunteers; data protection note; DfE guidance added to useful links.	July 2026

This policy is published on the school website in compliance with the statutory requirement. Next scheduled review: [INSERT DATE — at least annually from date of adoption].

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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 in working with transparency and openness. Keeping pupils with allergies safe, included and confident is a direct expression of these values.

Definitions

- Allergy: an immune response to a substance (an allergen) that is normally harmless.
- Anaphylaxis: a severe, potentially life-threatening allergic reaction that can develop suddenly and worsen quickly.
- Adrenaline auto-injector (AAI): a device (commonly known by brand names such as EpiPen, Jext or Emerade) used to deliver a dose of adrenaline to treat anaphylaxis.
- Spare (emergency) AAI: an unprescribed adrenaline auto-injector purchased and held by the school for use in an emergency, on any pupil or adult experiencing anaphylaxis, whether previously diagnosed or not.
- Pupil's own AAI: an adrenaline auto-injector prescribed to and provided by the parent/carer of a specific pupil for that pupil's use.
- PPDS food: food Prepacked for Direct Sale on the same premises from which it is sold, such as food packaged by school catering staff for a bake sale, tuck shop or packed lunch sale.

Legislation and Guidance

This policy is based on: section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, which places a duty on governing bodies and proprietors to have regard to the statutory guidance "Allergy safety in schools" (DfE, July 2026); the Human Medicines (Amendment) Regulations 2017/2019, which allow schools to hold spare adrenaline auto-injectors and salbutamol inhalers for emergency use; the Food Information (Amendment) (England) Regulations 2019 ('Natasha's Law'); and the UK General Data Protection Regulation (UK GDPR), under which pupil health data is special category data requiring appropriate safeguards. It should be read alongside the

Trust's Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, Catering/Food Safety procedures, and First Aid Policy.

It also draws on the Department of Health and Social Care's Guidance on the use of adrenaline auto-injectors in schools, the BSACI Model Policy for Allergy Management at School, and the Resuscitation Council (UK) age-based dosing guidance referenced throughout this policy. Only schools and settings described in the relevant provisions of the Human Medicines Regulations 2012 (as amended) may lawfully hold a spare AAI.

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 held on every site.

Schools are one of the most common locations for a first severe allergic reaction, and a significant proportion of anaphylaxis episodes occur in pupils with no prior diagnosis. This policy is written with that reality in mind: it must protect not only pupils with a known, diagnosed allergy, but any pupil or adult who may experience anaphylaxis for the first time on our premises.

Roles and Responsibilities

Headteacher

Has overall responsibility for this policy, for purchasing and maintaining spare AAI devices (ordered on school headed paper and signed off by the headteacher), and for ensuring all staff, including catering, site and supply staff, receive allergy awareness training.

Allergy Lead

The statutory guidance requires each school to have a named senior leader responsible for allergy safety. The Allergy Lead is a member of the senior leadership team who co-ordinates the school's day-to-day allergy safety arrangements: maintaining the allergy/AAI register; supporting the development of Individual Healthcare Plans (IHPs) and Allergy Action Plans; organising staff training; checking spare AAI stock and expiry dates; reporting to the headteacher and governing body on incidents and near misses; and leading the lessons-

learned review after any reaction or near miss. This role may be combined with the SENDCo, DSL or first aid lead provided that person is a member of the SLT.

Catering staff / contractors

Responsible for accurate allergen labelling of all food provided, including PPDS food sold on site, for liaising with the Allergy Lead on pupils' Allergy Action Plans, and for training all food handlers in allergen awareness and cross-contamination prevention.

All staff

Complete annual allergy awareness training, including hands-on practice with an AAI trainer device, know which pupils in their care have a diagnosed allergy, and know how to recognise and respond to anaphylaxis in any pupil or adult, whether previously diagnosed or not.

Parents and carers

Provide full and up-to-date information about their child's allergies, contribute to their child's Allergy Action Plan, provide their child's own prescribed AAI(s) where applicable, and inform the school promptly of any change in diagnosis or medication.

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, to carry and self-administer their own AAI.

Local Governors / Trust Board

Ensure this policy is published on the school website, resourced appropriately, and reviewed at least annually. Receive termly reports from the Allergy Lead (via the headteacher) on any allergic reactions, near misses and lessons-learned outcomes, and receive prompt notification of any serious allergic incident.

Preventing Exposure to Allergens

We seek the co-operation of the whole school community in reducing the risk of exposure to allergens:

- Bottles, drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the child's name.

- Where food is purchased from the school canteen, parents and pupils should check appropriateness directly with catering staff before purchase.
- Staff are trained to read food labels and to follow measures preventing cross-contamination during handling, preparation and serving, including preparing food 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 actively discouraged and monitored.
- Unlabelled food is treated as posing a greater risk than packaged food with precautionary allergen labelling.
- Food used in crafts, cooking, science lessons and special events (fetes, assemblies, cultural events) is planned carefully, 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 considered in advance, including access to emergency medication.
- Planning also considers non-food allergens such as animal dander, latex and pollen.
- Insect sting (bee and wasp) allergy is managed with the same care as food allergy: pupils at risk are encouraged to wear shoes outdoors and keep food and drink covered, and staff supervising outdoor activities ensure suitable medication, including AAIs, is always on hand.

The Trust does not operate a blanket ban on any single allergen, including nuts, as no school can guarantee a truly allergen-free environment and this can create a false sense of security. Instead, each school builds a whole-school culture of allergy awareness so that staff, pupils and parents understand what allergies are, how to avoid triggering them, and how to respond to a reaction.

At mealtimes, the school uses at least two robust methods to identify pupils with allergies — for example a photo register held by catering staff and a classroom list checked by the supervising teacher. Pupils with 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.

Air quality is considered as part of allergen management. Where pupils have asthma or other respiratory conditions triggered by allergens, schools ensure adequate ventilation and, where appropriate, consider the use of HEPA-filtered air

purification. Cooking smells and other airborne allergens are managed with this in mind.

Food allergen labelling (Natasha's Law)

Under the Food Information (Amendment) (England) Regulations 2019, known as Natasha's Law, any food prepacked for direct sale on the same premises (PPDS food) — for example items packaged by catering staff for a bake sale, tuck shop or packed lunch sale — must display the name of the food and a full ingredients list, with the 14 major allergens emphasised (for example in bold, italics or a different colour).

Where school meals or wraparound care are provided by a contractor

Our contractor confirms they adhere to all allergen requirements, with staff suitably trained. They liaise directly with the Allergy Lead and take pupils' Allergy Action Plans into account when planning menus; record ingredients for display in the food preparation area and keep labelling information for pre-packed items; keep ingredients in original containers or retain labelling information centrally to prevent cross-contamination in storage; and keep allergen information up to date when products change. Allergen information is published on the school website and the contractor's own site.

Where school meals or wraparound care are provided in-house

When setting up or reviewing a pupil's Allergy Action Plan, dietary information is shared appropriately with the kitchen team; educational visit risk assessments address dietary needs in advance, shared with third-party providers such as residential centres. All food handlers receive suitable training before food handling duties commence, covering: cross-referencing Allergy Action Plans with ingredients, especially when changing products or recipes; handling requests for allergen information; correctly labelling all PPDS food in line with Natasha's Law; how cross-contamination occurs and how to prevent it; and the signs and symptoms of an allergic reaction and who to report to.

Other food handlers

Staff involved in food technology, classroom baking, cookery clubs or serving snacks and treats are made aware of the 14 major food allergens so they can plan food-related activities appropriately for pupils with known allergies, and are trained to be alert to signs a pupil may have a previously unknown allergy.

Individual Healthcare and Allergy Action Plans

An Individual Healthcare Plan (IHP) incorporating an Allergy Action Plan (template at Appendix A) is required for any pupil whose allergy has a functional impact on

daily school life, poses a risk of harm, or requires additional arrangements. This includes all pupils with a diagnosed allergy to food or other substances. IHPs are developed in partnership between the school, parents/carers and, where possible, a relevant healthcare professional. Each IHP records: the pupil's known allergens; signs and symptoms typically experienced; current medication and its location; whether the pupil can self-administer; dietary and catering arrangements; arrangements for trips and off-site activities; emergency response steps; the impact of the allergy on the pupil's education and wellbeing; and any support arrangements in place.

IHPs are reviewed at least annually, or sooner if the pupil's diagnosis, medication or circumstances change, after a serious allergic incident, or when new clinical advice is received. IHPs are shared with all staff who need to know, including catering staff, supply staff and staff supervising off-site visits. Where a pupil's allergy affects their wellbeing, social participation or confidence, the IHP includes appropriate pastoral support and measures to prevent and respond to allergy-related bullying.

Adrenaline Auto-Injectors: Pupils' Own Devices

Where a pupil has been prescribed an AAI, this is recorded on their Allergy Action Plan, which also states whether the pupil can responsibly carry and self-administer it. During off-site visits, pupils bring their own AAI with them. Every use of a pupil's own AAI is recorded and reported to parents, including where and when the reaction took place, and how much medicine was given and by whom.

Designated staff are trained to administer a pupil's own AAI; other staff are trained to seek the help of designated staff in an anaphylaxis emergency, and what to do if they believe help will not arrive quickly enough. Emergency services are called whenever a reaction is severe, even if an AAI has already been given, or where a pupil is not previously diagnosed but appears symptomatic. Safe disposal arrangements are in place using sharps containers.

Holding a pupil's own AAI in school does not release parents from their responsibility to ensure their child's device is in date, in good working order, and that a replacement is provided promptly when used, expired, or nearing expiry.

Spare (Emergency) Adrenaline Auto-Injectors

In accordance with the statutory guidance "Allergy safety in schools" (DfE, July 2026), each Trust school must stock spare adrenaline auto-injectors (spare AAIs), purchased on school headed paper and signed off by the headteacher. Spare

AAIs can be used on any pupil or adult experiencing anaphylaxis, whether or not previously diagnosed, in accordance with the Human Medicines Regulations 2012 (as amended). Spare AAIs must be stored in pairs, as a second dose may be needed if there is no improvement within 5 minutes of the first.

- Spare AAIs are kept in a secure but readily accessible location — they are never locked away — clearly labelled and kept separate from any pupil's own prescribed AAI to avoid confusion.
- An allergy/AAI register of all pupils with a diagnosed allergy and/or a prescribed AAI is kept with the spare AAI kit and checked as part of initiating any emergency response.
- A designated member of staff checks the spare AAI kit monthly, confirming devices are in date, undamaged, and that replacements are ordered promptly ahead of expiry.
- Holding a spare AAI kit does not release parents of a pupil with a diagnosed allergy from their responsibility to provide their child's own prescribed AAI(s) for school use where applicable.
- AAI devices are stored at room temperature, protected from direct sunlight and extremes of temperature, in line with the manufacturer's guidelines.
- Spare AAI kits are located so that they are accessible within 5 minutes from anywhere on site at all times. In larger schools, more than one kit is held (for example near the dining hall and the playground) to avoid any delay in an emergency.
- Each spare AAI kit (Appendix E) contains: the AAI device(s); instructions on how to use the device(s); instructions on storage; manufacturer's information; a checklist of injectors identified by batch number and expiry date, with monthly checks recorded; a note of the arrangements for replacing devices; a copy of the allergy/AAI register; and an administration record (Appendix B).
- The emergency AAI kit may be kept alongside the school's emergency salbutamol inhaler kit, as many food-allergic pupils also have asthma, which is a common feature of food-induced anaphylaxis.
- At least two named members of staff are responsible for the supply, storage, care and disposal of spare AAIs, and for keeping records of checks.
- Parents are asked to take their child's own prescribed AAI(s) home before school holidays, including half-terms, to check they remain in date and are not left to expire while off site.

Adrenaline dose by age

Where a spare AAI is purchased for general emergency use, the school follows the age-based dosing recommended by the Resuscitation Council (UK), to reduce the potential for confusion in an emergency:

Age group	Recommended AAI dose
Under 6 years	150 microgram (0.15mg) — e.g. EpiPen Junior, Emerade 150 or Jext 150
6–12 years	300 microgram (0.3mg) — e.g. EpiPen, Emerade 300 or Jext 300
12+ years	300 or 500 microgram — e.g. EpiPen, Emerade 300/500 or Jext 300

The statutory guidance specifies the minimum stock schools must hold: primary schools must stock at least one pair of 150mcg AAIs and one pair of 300mcg AAIs; secondary schools must stock at least one pair (and ideally two pairs) of 300mcg AAIs. The school holds a single brand of spare AAI to avoid confusion in administration and training, choosing the brand most commonly prescribed to its pupils where possible and seeking medical advice where needed.

Only institutions described in the relevant provisions of the Human Medicines Regulations 2012 (as amended) may lawfully hold spare AAIs; a school's spare AAI is always a back-up to, and never a replacement for, a pupil's own prescribed device(s). Where a pupil has been prescribed a nasal adrenaline device, schools should be aware that nasal devices cannot currently be stocked as a 'spare' under the legislation; the school's spare injectable AAI may be used in an emergency in accordance with the usual procedures. Schools should seek advice from the pupil's prescriber on the most appropriate emergency response plan.

Recognising and Responding to Anaphylaxis

Anaphylaxis usually develops suddenly and worsens quickly. Signs can include swelling of the lips, face, eyes, tongue or throat; difficulty breathing or swallowing; widespread hives or flushed skin; a fast heartbeat; dizziness or collapse; and a feeling of impending doom. Staff are trained to act immediately rather than wait to see if symptoms subside.

IF IN DOUBT, GIVE ADRENALINE

Anaphylaxis can occur without any mild warning signs. Always give adrenaline first, without delay, in a pupil with a known allergy who develops sudden breathing difficulty (persistent cough, hoarse voice, wheeze), even if no skin symptoms are present.

1. Call 999 immediately and state ‘anaphylaxis’ — do not wait to see if an AAI works before calling.
2. Use an adrenaline auto-injector without delay — the pupil's own prescribed device if available and in date, or the school's spare AAI.
3. Lay the pupil flat and raise their legs, unless they are having difficulty breathing, in which case allow them to sit up; do not allow the pupil to stand or walk.
4. If there is no improvement after 5 minutes, or symptoms return, give a second dose of adrenaline if another device is available.
5. Stay with the pupil and monitor their condition continuously until the ambulance arrives.
6. Do not stand the pupil up or allow them to walk after adrenaline has been given, even if they appear to improve — this can cause a dangerous drop in blood pressure. Begin CPR immediately if there are no signs of life.
7. When calling 999, give clear, precise directions including the postcode, and tell the operator if the pupil is known to have an allergy, what may have caused the reaction (for example a recent food), and the time the AAI was given. Send someone outside to direct the ambulance paramedics on arrival.
8. If a second dose of adrenaline is given after the first 999 call, make a second call to the emergency services to confirm an ambulance has been dispatched.
9. Anyone given adrenaline must be taken to hospital for observation, even if they seem to recover quickly — symptoms can return after initial improvement (a 'biphasic' reaction).
10. Contact the pupil's parents/carers as soon as possible, and follow the pupil's Allergy Action Plan for any further specific instructions.

Every use of an AAI, whether the pupil’s own or the school’s spare, is recorded (Appendix B) and reported to parents. The incident is also recorded in the school accident book, and the headteacher notifies the governing body as soon as practicable. Where a healthcare plan was in place at the time of the incident, the school informs the relevant healthcare professionals. The school considers whether the incident is reportable under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). Following any reaction or near miss, the Allergy Lead leads a lessons-learned review to identify whether the IHP, training, spare AAI stock, or wider practice needs to change.

Staff Training

All staff — including teaching staff, teaching assistants, catering staff, site staff, lunchtime supervisors, minibus drivers, peripatetic staff, regular volunteers and supply staff — receive allergy awareness training at least annually. First aid training alone is not sufficient; allergy-specific awareness training is required separately. Training covers recognising the signs and symptoms of an allergic reaction and anaphylaxis, emergency response procedures, and hands-on practice using an AAI trainer device to build confidence and muscle memory. New staff receive this training as part of induction, before taking up any role involving pupil supervision or food handling.

Designated staff who administer AAIs receive additional specific training from an appropriately competent healthcare professional, renewed at intervals in line with national guidance. A record of training is kept for each member of staff (Appendix C).

Day Trips, Residential Visits and Sporting Activities

Before any activity, a risk assessment identifies the arrangements needed to keep pupils with allergies safe, including access to their own AAI, spare AAI provision where applicable, and catering arrangements at the venue. Pupils are not excluded from an activity because of an allergy; adjustments are made wherever reasonably possible.

- At least one member of staff trained to administer an AAI accompanies any trip attended by a pupil at risk of anaphylaxis; pupils unable to bring their required medication are not able to attend.
- For fixtures and events at other schools, the PE lead makes sure the host school is told in advance that a member of the team has an allergy, so appropriate arrangements can be made. As a last resort, if a host school cannot cater safely for a food allergy, the pupil can bring their own food.
- From the pupil's perspective, it is preferable for a trained member of staff — rather than a parent/carer — to manage their allergy on a trip; a parent/carer accompanying the trip for this reason is only arranged as a last resort.

Pupil Wellbeing and Anti-Bullying

Living with a serious allergy can significantly affect a pupil's emotional wellbeing, confidence and social participation. The Trust is committed to supporting the whole-child experience of pupils with allergies, not just their physical safety. Each school ensures that pupils with allergies can participate fully in all school activities,

including school meals, trips, celebrations and extracurricular events, with appropriate adjustments made where needed.

Allergy-related bullying — including deliberately exposing a pupil to an allergen, mocking or excluding them because of their allergy, or threatening them with allergen exposure — is treated as seriously as any other form of bullying under the Trust'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 any bullying without fear.

Unacceptable Practice

The statutory guidance identifies certain practices as unacceptable. The Trust expects that no member of staff will: downplay or dismiss a pupil's allergy or the severity of a previous reaction; withhold or delay giving prescribed medication, including adrenaline, in an emergency; require a pupil to identify themselves at the counter or dining hall in a way that singles them out or causes embarrassment; segregate a pupil with an allergy from their peers at mealtimes or during activities; prevent a pupil from carrying their own prescribed AAI; or deny a pupil access to school trips or activities on the grounds of their allergy without first considering reasonable adjustments. Staff who witness or are aware of such practices should report them to the headteacher.

Liability and Insurance

The Trust ensures that appropriate levels of insurance, including liability cover relating to the administration of medication, are in place for staff supporting pupils with allergies, in line with the school'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 in an emergency would not amount to this.

Monitoring and Review

This policy is reviewed at least annually by the Trust Board. It will also be 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. The Allergy Lead reports termly to the headteacher on the number and nature of any allergic reactions, near misses, and the outcomes of lessons-learned reviews, and the headteacher reports these

to the governing body. Findings inform future updates to this policy and to individual IHPs.

Useful Links and Training Resources

The following organisations provide further guidance, training and templates which support this policy:

- Spare Pens in Schools — www.sparepensinschools.uk
- 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
- Department for Education, Supporting pupils at school with medical conditions — www.gov.uk
- Department of Health and Social Care, guidance on the use of adrenaline auto-injectors in schools — www.gov.uk
- Department for Education, "Allergy safety in schools" statutory guidance (July 2026) — www.gov.uk

Appendix A: Allergy Action Plan Template

Name of school	
Child's name	
Group/class/form	
Date of birth	
Photograph (attach/reference)	
Known allergen(s)	
Other diagnosed conditions (e.g. asthma)	
Date	
Review date	

Family contact information

Parent/carer name	
Phone (mobile)	
Phone (work/home)	
Second contact name	
Second contact phone	

Plan details

Signs and symptoms this pupil typically experiences	
Mild/moderate reaction — what to do	
Severe reaction (anaphylaxis) — what to do	
Medication held (own AAI / antihistamine / inhaler) and location	
Can the pupil self-administer / self-carry? (Y/N, with support)	
Dietary and catering arrangements	

Arrangements for trips, sport and off-site activities	
Who is responsible in an emergency (state if different off-site)	
Plan developed with	
Staff training needed / undertaken	
Form copied to	

Appendix B: AAI Administration Record

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

Appendix C: Staff Training Record — Allergy and Anaphylaxis

Name of school	
Staff name	
Type of training received	
Date completed	
Training provider	
Includes hands-on AAI trainer practice? (Y/N)	
Suggested review date	

I confirm that the named member of staff has received the training detailed above.

Trainer's signature	
Date	

Appendix D: Notice to Parents — Use of Emergency AAI or Salbutamol

(To be copied onto school headed paper and adapted as needed.)

Dear Parent/Carer,

I am writing to let you know that your child was given [emergency adrenaline / the school'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 school office as soon as possible so we can discuss this further and, if appropriate, review your child's Allergy Action Plan.

Yours sincerely,

Appendix E: Spare AAI Kit Checklist

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

Item	Present / in date? (✓)
AAI device 1 — brand, dose, batch no., expiry	
Instructions for use and storage	
Manufacturer's information leaflet	
Allergy/AAI register (current copy)	
AAI administration record (Appendix B) — blank copies available	
Note of replacement/re-order arrangements	
Sharps disposal box available	

Checked by: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Date: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Next check due: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _