

## Anaphylaxis and Spare Adrenaline Auto-Injector (AAI) Policy

**Vision:** To be a community of courageous life-long learners, who are rooted in God, live out our Christian values and enjoy life in all its fullness. (Col 2:1-7)

**Mission:** Growing together, rooted in God and inspiring one another through our values and our broad enriched curriculum.

**Strapline:** Growing together, rooted in God, having fullness of life (Col 2:1-7)

**Date of Policy: October 2025**

**Date of Policy review: October 2026**

Head Teacher: Mrs H France

Date: 3<sup>rd</sup> November 2025

Chair of Governors: Mr T Sowerby

Date: 3<sup>rd</sup> November 2025

### LINKED POLICIES

- Medical Needs Policy
- Medicines Administration Policy

### KEY OBJECTIVE

To safeguard pupils at risk of anaphylaxis by ensuring effective prevention, emergency response, and access to spare adrenaline auto-injectors (AAIs) in accordance with UK legislation and Department for Education guidance.

### SCOPE

This policy applies to:

- All pupils diagnosed with severe allergies
- All staff members
- Visitors and volunteers
- School activities on and off-site

### LEGAL FRAMEWORK

This policy complies with:

- Children and Families Act 2014 – Section 100: Duty to support pupils with medical conditions
- Human Medicines (Amendment) Regulations 2017 – Permits schools to purchase spare AAIs without prescription
- Department of Health Guidance on AAIs in Schools
- Food Information Regulations 2014 – Allergen labelling requirements

### DEFINITIONS

- **Anaphylaxis:** A severe, potentially life-threatening allergic reaction.
- **Adrenaline Auto-Injector (AAI):** A device (e.g., EpiPen®, Jext®) used to treat anaphylaxis.
- **Individual Healthcare Plan (IHP):** A personalised medical plan for pupils with allergies.

**GRATITUDE**

**RESILIENCE**

**OUTREACH**

**WONDER**

**TRUST**

**HARMONY**

*Growing together, rooted in God, enjoying fullness of life. (Colossians 2:1-7)*

## **RESPONSIBILITIES**

Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition have appropriate knowledge, and where necessary, support. Therefore, schools already have a duty of care to provide training to staff in the emergency management of anaphylaxis where they have a pupil who has been diagnosed as being at risk. This includes the use of an adrenaline auto-injector (AAI), although staff are not obligated to use AAI if they do not wish to.

### **Governing Board**

- should ensure that pupils with allergies and asthma are supported to enable the fullest participation possible in all aspects of school life.
- should ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

### **Headteachers**

- should ensure that all staff are aware of the policy for supporting pupils with medical needs and understand their role in its implementation. For food allergies, the policy should also include strategies to reduce the risk of allergic reactions.
- should ensure that all staff who need to know are aware of which pupils have food or other allergies and are at risk of anaphylaxis.
- should ensure that sufficient trained numbers of staff are available to provide treatment to a pupil having an allergic reaction or anaphylaxis.
- have overall responsibility for the development of Individual Healthcare Plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way.
- should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **Parents**

- should provide the school with sufficient and up-to-date information about their child's medical needs.
- need to take responsibility for telling the school that their child is at risk of anaphylaxis
- provide the school with an appropriate notification, which could be giving the school an Allergy Management Plan signed by a healthcare professional which includes parental consent for the treatment of an allergic reaction.
- should provide medicines according to the plan and ensure they or another nominated adult are always contactable.
- Consent to the use of spare AAIs if applicable.

### **Pupils**

- are often best placed to provide information about how their allergies affect them.
- should be fully involved in discussions about how to reduce their risk of an allergic reaction and be empowered to take steps to reduce the risk of an allergic reaction.
- Other pupils will often be sensitive to the needs of those with medical conditions.

### **ALL school staff**

- Are trained to recognise the signs and symptoms of an allergic reaction.
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with or without prior mild (e.g. skin) symptoms.
- appreciate the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective).
- are aware of the anaphylaxis policy.

- are aware of how to check if a pupil is on the register (printed list kept with emergency kit, saved on school share and printed lists in classrooms and staffroom).
- are aware of how to access AAI devices in the school.
- are aware of which staff members have received training to administer AAI, and how to access their help.
- Follow IHPs and emergency protocols.

### **First Aid Lead**

- check and maintain all AAIs – both “spare” AAIs in the Emergency Anaphylaxis kit, and any devices the school may keep which have been prescribed to individual pupils.
- Maintain a medical needs/allergy register list

### **Other healthcare professionals, including GPs and Paediatricians**

- should provide parents with an appropriate Allergy Healthcare Plan for pupils at risk of anaphylaxis, to provide to the school.
- to consider a request to prescribe to a pupil at risk of anaphylaxis and appropriate number of adrenaline auto-injector devices, if a school makes a request for pupils’ own AAI(s) to be kept on school premises.

## **SPARE AAIs IN SCHOOL**

Schools with spare AAIs should store these as part of an emergency anaphylaxis kit, which should include:

- 1 or more AAI(s).
- Instructions on how to use and store the device(s).
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded, together with a record of administration.
- Register of pupils to whom the spare AAI(s) can be administered to.

### **Procurement**

School can purchase AAIs from the pharmacy without a prescription. A signed letter from the headteacher requesting specific AAI’s is required. See letter template – Appendix I.

### **Location**

School keeps the emergency kit together with the “emergency asthma inhaler kit” (containing a salbutamol inhaler device and spacer) in the school office. Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

Severe anaphylaxis is a time-critical situation: delays in administering adrenaline have been associated with fatal reactions. All AAI devices – including those prescribed to the pupil themselves, as well as any spare AAI(s) – must:

- Be accessible at all times, in a safe and suitably central location e.g. school office or staffroom
- NOT be locked away in a cupboard or kept in an office where access is restricted.
- AAIs should not be located more than 5 minutes away from where they may be needed.
- Taken on off-site activities.

“Spare” AAI devices in the emergency kit should be kept separate from any AAIs prescribed to pupils; the spare AAI(s) is clearly labelled. In general, AAIs should be kept at room temperature (in line with manufacturer’s guidelines), away from direct sunlight and extremes of temperature. They should not be stored in a refrigerator.

### **Spare AAI(s) use:**

Adrenaline auto-injector devices (AAIs) are used in the emergency management of anaphylaxis, and can buy valuable time while waiting for an ambulance to arrive.

Under existing legislation, teachers and other non-healthcare professionals may administer AAIs, but only to a person prescribed an AAI device, using the device prescribed to them. In other words, they cannot use an AAI belonging to child 'A' to treat anaphylaxis occurring in child 'B'.

The Human Medicines (Amendment) Regulations 2017 (which came into effect from 1 October 2017) now allows schools to obtain (without a prescription) "spare" AAI devices, for use in emergencies.

1. These "spare" AAI(s) can be used:
  - in any pupil known to be at risk of anaphylaxis, but only if medical authorisation and written parental consent have been provided.
  - if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).
2. Children with food allergies are not always prescribed AAI, but may still be at risk of anaphylaxis. These children can be given the spare AAI in an emergency, so long as:
  - the school has a care plan confirming that the child is at risk of anaphylaxis.
  - a healthcare professional has authorised use of a spare AAI in an emergency in that child.
  - the child's parent/guardian has provided consent for a spare AAI to be administered.
3. If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/guardian consent for a "spare" AAI to be used, the school should immediately call 999 and seek advice: If "spare" AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate.

### **PRESCRIBED AAI(S)**

Delays in administering adrenaline have been associated with fatal reactions. Allowing pupils/staff to keep their AAIs with them will reduce delays, and simplifies the need to confirm consent without having to check a register. The register is kept up to date and reviewed annually to avoid any delay in using an AAI in an emergency.

Current guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) recommends that 2 AAI devices are prescribed per person, which should be available at all times.

In primary schools:

- AAIs should either be kept in the classroom, or in a safe and suitably central/accessible location nearby. AAIs should not be located more than 5 minutes away from where they may be needed.
- Pupils/families may forget to send the AAI(s) into school, so schools may find it easier to request AAIs are kept on school premises in term time. However, children at risk of anaphylaxis should always have access to AAI(s), so parents/guardians need to ensure AAI(s) are available for the journey to/from school.
- Healthcare professionals may need to prescribe more than 2 AAIs to pupils: one or two AAIs to be kept with the pupil, and a further device held centrally on the school premises.

## **INDIVIDUAL HEALTH CARE PLANS**

Each pupil with a diagnosed allergy must have an IHP (see Appendix 2) that includes:

- Allergy triggers and symptoms
- Emergency response steps
- Medication details
- Consent for spare AAI use (if applicable)

If a pupil does not have a diagnosed allergy but has a possible known allergy and is at risk of anaphylaxis, a care plan (see Appendix 3) confirming that the child is at risk of anaphylaxis is required.

## **EMERGENCY RESPONSE PROTOCOL**

- Lie the pupil flat with legs raised (unless breathing is difficult – allow to sit).
- Administer AAI immediately if anaphylaxis is suspected.
- Call 999 and state “anaphylaxis.”
- **\*\*\*IF IN DOUBT, GIVE ADRENALINE\*\*\***
- Stay with the pupil until emergency services arrive. Do NOT stand them up. Keep them lying/sitting, even if they seem better.
- Phone parent/emergency contact.
- If no improvement after 5 minutes, administer a second dose if a second AAI is available.
- Commence CPR if there are no signs of life.
- Medical observation in hospital is recommended after anaphylaxis.

## **STAFF TRAINING**

Staff members receive specialist anaphylaxis training regardless of whether a pupil in the school has been diagnosed as being at risk of anaphylaxis. Training includes practical instruction in how to use the different AAI devices available. Online resources and e-learning modules are NOT a substitute for face-to-face training.

Designated members of staff are trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering AAIs according to the manufacturer’s instructions;
- making appropriate records of allergic reactions.

## **COMMUNICATION AND EDUCATION**

School will:

- Display allergy awareness posters / medical needs register in multiple locations across the school.
- Include allergy information in staff induction/training and parent communications.
- Promote a supportive and inclusive environment.

## **REVIEW AND MONITORING**

School will:

- Review policy annually or after any incident.
- Check expiry dates of AAIs monthly.
- Update IHPs annually or as needed.

## Appendix I

21<sup>st</sup> October 2025

To whom it may concern,

We wish to purchase an emergency Adrenaline Auto-injector device for emergency use in our primary school.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at [www.sparepensinschools.uk](http://www.sparepensinschools.uk)).

Please supply the following device:

<b>Brand name*</b>		<b>Dose*</b> <b>(state milligrams or micrograms)</b>	<b>Quantity required</b>
Epipen Junior	Adrenaline auto-injector device	0.15mg	1

Yours sincerely

Mrs Helen France

Head Teacher

## Aston Rowant C+E Primary School Health Care Plan

**To Parents:** Please complete this medical form. All information is confidential, only used by school staff when needed in caring for your child at school, or on school trips.

PUPIL'S DETAILS			
Surname:	Forename:	M/F	Class:
Name known by if different:		Date of Birth:	
Address:			
			Postcode:

PUPIL'S MEDICAL DETAILS				
<b>Medical diagnosis or condition:</b>				
Date:		Review dates-Autumn:	Spring:	Summer:
Describe medical condition:				
Are there specific <b>triggers</b> ?				
What are the <b>signs and symptoms</b> ?				
Does your child take <b>medication</b> ? Yes/No				
If so, please provide details (Storage, dose, time, any known side-effects, and other treatments)				
How will your child's medical condition <b>impact</b> on their school life? (Appointments, work catch up, their ability to learn, confidence)				
What <b>level of support</b> will your child require and by whom?				
Is your child able to self-manage their condition?				
Any other considerations? (Dietary needs, equipment, facilities, testing, environmental issues ie travel between lessons, crowded corridors, access to all subjects)				

Describe what constitutes <b>an emergency</b> for the child, and the action to take if this occurs:
Who is responsible in <b>an emergency</b> ?:
Follow up care:
Who in school should be aware of your child's condition?:

<b>EMERGENCY CONTACTS</b>	
Mother/Guardian:	Father/Guardian:
Home Tel no:	Home Tel no:
Mob Tel no:	Mob Tel no:
Address if different from above:	Address if different from above

<b>EMERGENCY CONTACT NUMBERS (if parents not available)</b>	
(1 <sup>st</sup> Contact) Name:	(2 <sup>nd</sup> Contact) Name:
Relationship:	Relationship:
Tel No:	Tel no:

<b>MEDICAL SURGERY DETAILS</b>	
Doctors Surgery:	Surgery Tel no:

- I consent to trained staff administering my child's prescribed adrenaline auto-injector (Epipen) in an emergency.
- I consent to trained staff administering the school's spare adrenaline auto-injector (Epipen) in an emergency if my child's prescribed device is not immediately available (e.g., broken, expired, misfired, or wrongly administered).

Name (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

**IT IS ESSENTIAL THAT THE SCHOOL IS INFORMED IF ANY CHANGE OCCURS.  
WE ARE ALWAYS HAPPY TO DISCUSS ANY MEDICAL CONCERNS**

## Care Plan for Pupils at Risk of Anaphylaxis (Non-Diagnosed Allergy)

### PUPIL DETAILS

	Information
Surname	
Forename	
Known As (if different)	
Date of Birth	
Gender	
Class	
Address	
Postcode	

### MEDICAL INFORMATION

	Details
Suspected Allergy/Trigger(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Symptoms Observed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Initial Reaction (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthcare Professional Involved	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a healthcare professional confirmed risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has medical authorisation for spare AAI use been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental/Guardian Consent for School Spare AAI Use	<input type="checkbox"/> Yes <input type="checkbox"/> No

### EMERGENCY ACTION PLAN

Describe what constitutes an emergency for the child:  
e.g., difficulty breathing, swelling, rash, vomiting, collapse, etc.

Immediate Actions to Take:

1. Lie the pupil flat with legs raised (unless breathing is difficult – allow to sit).
2. Administer spare AAI immediately if anaphylaxis is suspected and consent is in place.
3. Call 999 and state 'anaphylaxis.'
4. Stay with the pupil until emergency services arrive.
5. Contact parent/emergency contact.
6. If no improvement after 5 minutes, administer second AAI if available.
7. Commence CPR if there are no signs of life.
8. Ensure the pupil is taken to hospital for medical observation.

**GRATITUDE    RESILIENCE    OUTREACH    WONDER    TRUST    HARMONY**

*Growing together, rooted in God, enjoying fullness of life. (Colossians 2:1-7)*

## SUPPORT & MONITORING

	Details
Level of Support Required	
Can the pupil self-manage their condition?	
Staff Responsible in an Emergency	
Follow-up Care Requirements	
Staff Awareness (names/roles)	

## EMERGENCY CONTACTS

Contact	Name	Relationship	Phone Number	Address (if different)
1st Contact				
2nd Contact				

## MEDICAL SURGERY DETAILS

	Information
Doctor's Surgery	
Surgery Phone Number	

## CONSENT

I consent to trained staff administering the school's spare adrenaline auto-injector (Epipen) in an emergency if my child's prescribed device is not immediately available or if they do not have one prescribed.

Name (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_