Richard Cloudesley School

Allergy Policy

Ratified with governing body: March 2026

Date for review: March 2029

Appendix 1: School AAI policy

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Author/s	
Review Frequency	3 Years
Date approved by governors	
Date of next review	March 2029
Purpose	To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.
Links with other policies	Managing Medical Needs Policy

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

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1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out Richard Cloudesley School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school office of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

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- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- School Nurse will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Nurse keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. <u>Allergy Action Plans</u>

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.
Richard Cloudesley School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. <u>Emergency Treatment and Management of Anaphylaxis</u>

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth • swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

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- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing. • CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

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5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAIs on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto-injectors in school

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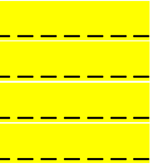
Richard Cloudesley School has purchased spare **AAIs for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date).
These are stored in a _ _ _ _ _ colour pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.**

Richard Cloudesley School holds _ _ _ spare pens which are kept in the following location/s:-



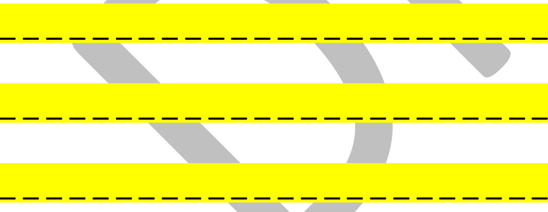
The School Nurse is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. <u>Staff Training</u>

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-



All staff will complete online AllergyWise anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services

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- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Richard Cloudesley School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in half termly advance with all ingredients listed and allergens highlighted via Teams Community.

The school office will inform the Catering Manager of pupils with food allergies.

(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)

Parents/carers are encouraged to meet with the Catering Manager/Cook/Chef *(delete or substitute as appropriate)* to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.

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- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Richard Cloudesley School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free

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environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

Richard Cloudesley School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

Wiltshire Children Trust - Anaphylaxis Risk Assessment Example Template

13. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Resources for managing allergies at school - https://www.allergyuk.org/living-withan-allergy/at-school/

BSACI Allergy Action Plans - https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

APPENDIX 1: School AAI Policy

This document has been produced by the Paediatric Nursing Teams in Whittington Health to help you manage the recent change in legislation allowing schools to purchase and hold spare adrenaline pens for the treatment of anaphylaxis emergencies in schools.

It has been written in consultation with children's allergy specialist nurses, school health teams, long term condition's nurse, a head teacher and the children's health commissioner, Islington.

It has been written with reference to the Department of Health (England) 2017 guidance on the use of adrenaline auto-injectors in schools.

It has been approved by the Children's & Young People's Board, Whittington Health NHS Trust.

We suggest that you use this document to help your board of governors agree a school policy for the use of the spare adrenaline pens.

Our school health teams can help you implement and use the policy that you agree through your own internal processes.

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Spare adrenaline auto-injectors in schools

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Policy Executive Owner:	Deirdre Brown, Lead CNS, Children's allergy team , Karen Rodesano Asthma Friendly School Nurse, Sinead Doherty, CNS children's Allergy team, Catherine Lad, Children's Health Commissioner Islington CCG, Anne Corbett Richard Cloudsley Outreach Lead, Yolande Dieleman , Team leader , School Health Team , Islington . Joanna Collins, Operational lead CYP & FNP services, Islington, Colette Datt , Nurse Consultant, CYP services (acute)
Designation of Author:	Senior Clinical Nurse Specialist, children's allergy team
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➢ Criteria for use

Introduction

This protocol can be incorporated into the existing school's medical, allergy or anaphylaxis policy and should be read in conjunction with the following documents:

1. **Supporting Pupils at school with medical conditions (DoH, 2014**)

2. **Guidance on the use of adrenaline auto-injector in schools (DoH, 2017)**

➢ Background

Legislation

In 2017, the law was changed: **the Human Medicines (Amendment) Regulations 2017 now allows schools to obtain, without a prescription, "spare" AAI devices for use in emergencies**, if they so wish.

"Spare" AAIs are in addition to any AAI devices a pupil might be prescribed and bring to school. The "spare" AAI(s) can be used 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).

Not all children with food allergies and at risk of anaphylaxis are prescribed AAIs. These children *can* be given a spare AAI in an emergency, so long as:

- the school has a care plan confirming that the child is at risk of anaphylaxis from a healthcare professional such as GP or allergy clinic
- 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.

Schools are not required to hold spare AAI(s) – this is a discretionary change enabling schools to do this, if they wish. This applies to all primary and secondary schools (including independent schools) in the UK.

Liability and indemnity

Schools should have appropriate levels of insurance in place to cover staff when supporting pupils with medical conditions; this includes liability cover relating to the administration of medication such as AAIs. This is a legal requirement under *Supporting Pupils*. The only

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exception to this are acts of serious and wilful misconduct. **Carelessness or a simple mistake does not amount to serious and wilful misconduct.**

Local Authorities may provide schools with appropriate indemnity cover; however, schools need to agree any such cover directly with the relevant authority. Academies should ensure that either the appropriate level of insurance is in place, or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). Reactions usually begin within minutes and progress rapidly but can occur up to 2-3 hours later.

It is potentially life-threatening, and always requires an immediate emergency response.

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts to a substance that it wrongly perceives as a threat. The body produces an "allergy" antibody called Immunoglobulin E (IgE), which sticks to the substance ("allergen") and causes the release of chemicals such as histamine. In the skin, this results in an itchy rash, swelling and flushing.

Many children (not just those with asthma) can develop breathing problems during an allergic reaction, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched noise (stridor) on breathing.

What can cause anaphylaxis?

Foods: e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya.

It is very unusual for someone with food allergies to have anaphylaxis without actually eating the food. Coming into contact with an allergen might trigger a local skin reaction but is very unlikely to trigger anaphylaxis. However, if the allergen gets on to some food which the person then eats, this can then trigger a reaction.

Medicine: e.g. antibiotics, pain relief such as ibuprofen

Latex: e.g. rubber gloves, balloons, swimming caps

Insect stings: e.g. bee, wasp

How common is anaphylaxis in schools?

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Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis.

Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable.

In the UK, 17% of fatal allergic reactions in school-aged children happen while at school.

Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with Supporting Pupils.

Box 1 provides a list of actions that schools and parents can take to reduce the risk of exposure to allergens.

Reducing the risk of allergen exposure in children with food allergy

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should be taught to also check with catering staff, before purchasing.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to food-allergic children in primary schools without parental engagement and permission (e.g. birthday parties, food treats).
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted depending on the allergies of particular children and their age.
- In arts/craft, an appropriate alternative ingredient can be substituted (e.g. wheat-free flour for play dough or cooking). Consider substituting non-food containers for egg cartons.

- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the food-allergic child and Emergency planning (including access to emergency medication and medical care).

Symptoms of anaphylaxis

AIRWAY:

- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty in swallowing
- Swollen tongue

BREATHING:

- Difficult or noisy breathing
- Wheezing (like an asthma attack)

CONSCIOUSNESS:

- Feeling lightheaded or faint
- Clammy skin
- Confusion
- Unresponsive/unconscious (due to a drop in blood pressure)

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How quickly do symptoms occur?

The time from exposure to the allergen to severe life-threatening anaphylaxis varies, depending on the allergen:

Food: symptoms often begin immediately and may be mild, initially. Severe reactions can occur within minutes, but often develop around 30 minutes later. Severe reactions occasionally happen over 1-2 hours after eating – in particular, this has been reported for milk – such reactions can mimic a severe asthma attack, without any other symptoms (e.g. skin rash) being present.

Insect stings: severe reactions are often faster, occurring within 10-15 minutes.

How is anaphylaxis treated?

- In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction.
- **The treatment of anaphylaxis is to give adrenaline,** by an injection into the outer muscle of the mid-thigh (upper leg). Adrenaline treats both the symptoms of the reaction, and can also stop it from becoming worse.
- Other “allergy” medicines (such as antihistamines) can help with mild symptoms, but are not effective for severe reactions (anaphylaxis).
- **Administration of adrenaline can be lifesaving.**
- Some anaphylaxis reactions require more than a single dose of adrenaline; children can initially improve but then deteriorate later. It is therefore vital to **always dial 999 and request an ambulance whenever anaphylaxis has occurred** – even if there has been a good response to the adrenaline injection.
- Outside hospital, adrenaline can be safely given by non-healthcare workers as an injection into the muscle **using an adrenaline auto-injector (AAI)**.
- Current brands available in the UK are EpiPen®, Emerade®, Jext®.
- **Always give adrenaline FIRST** (before other medicines such as inhalers) **in someone with known food allergy who has sudden-onset breathing difficulties** – even if there are no skin symptoms.

- **Delays in giving adrenaline are a common finding in fatal reactions.**

See Sample Allergy management plans

Child prescribed AAI –appendix 1

Child not prescribed AAI – appendix 2

Supply, storage, care and disposal of ‘spare’ AAI(s)

Supply

The school can purchase their own supply of AAI(s) from a local pharmacy *without a prescription*, but this is subject to the following rules:

- Only a reasonable number can be purchased, on an occasional basis (AAIs tend to have an in-date period of 12-18 months before they expire)
- The school does not intend to profit from the purchase.
- A request, signed by the principal or head teacher (ideally on appropriate headed paper), is provided which states:
    - the name of the school for which the product is required;
    - the purpose for which that product is required, and

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- the total quantity required.
- A template letter which can be used for this purpose -*see appendix 3*
- Pharmacies are not required to provide AAIs free of charge to schools: if the school decides to purchase "spare" AAI, then the school must pay for them as a retail item.

AAI devices & dosing

Three different brands of AAIs are currently available in the UK, in different doses:

- **Emerade**: 150, 300 and 500 microgram doses available
- **Epipen**: 150 and 300 microgram doses available. Epipen Junior delivers a 150 microgram dose
- **Jext**: 150 and 300 microgram doses available

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
• Epipen Junior (0.15 mg) or • Emerade 150 microgram or • Jext 150 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Jext 300 microgram	• Epipen (0.3 milligram) or • Emerade 300 microgram or • Emerade 500 microgram or • Jext 300 microgram

NB: **Individual pupils may be prescribed a different dose to that recommended above, but the doses suggested in the table are considered appropriate in the context of supplying schools with AAIs, for use in an emergency.**

Which and how many AAI devices to purchase

- To reduce confusion and assist with training, **schools are advised to purchase the brand of AAI most commonly prescribed to its pupils**.
- Schools may wish to seek medical advice when deciding which AAI device(s) are most appropriate from their School Nurse
- The decision as to how many devices and brands to purchase will depend on local circumstances such as the number of allergic pupils and the layout and size of the school site. This is left to the discretion of the school but can be discussed with the school nurse.

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The emergency anaphylaxis kit

Once spare AAIs are purchased it is good practice to store these as part of an emergency anaphylaxis kit, which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the devices i.e temperature, sunlight etc.
- Manufacturers information- found on the manufacturer's information leaflet included with the AAI.
- A checklist of AAIs, identified by their batch number and expiry date with monthly checks recorded and signed.
- Arrangements for replacing used or expired AAIs
- A list of pupils to whom the AAI can be administered
- An administration record

Emergency anaphylaxis kit may be kept together with emergency asthma inhaler kit (containing salbutamol inhaler device and spacer) as many food allergic children also have asthma, which is a common symptom during anaphylaxis.

Storage & location

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.
- In larger schools, more than one Emergency kit may be needed e.g. one near the central dining area, another near the playground.
- "Spare" AAI devices in the Emergency Kit should be kept separate from any AAIs prescribed to named pupils to avoid confusion
- spare AAI(s) should be 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.

When AAIs are prescribed to pupils, where should they be kept?

Delays in administering adrenaline have been associated with fatal reactions. Allowing pupils to keep their AAIs with them will reduce delays, and simplifies the need to confirm consent without having to check a register. Schools need to ensure they have a

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proportionate and flexible approach to checking the register, 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, which patients should have 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.

In secondary schools:

- Pupils should be encouraged to be independent and keep their own prescribed AAIs with them at all times.
- Some secondary schools may require an additional device to be kept on the school premises, in case pupils forget to bring their AAIs to school. This may be particularly relevant in schools who do not hold "spare" AAIs.
- Pupils may therefore need to be prescribed an additional AAI to be held centrally on school premises.

Disposal

AAIs are for single-use and cannot be reused. Used AAIs can be given to the ambulance paramedics on arrival, or can be disposed of in a pre-ordered sharps bin for collection by the local council.

Record Keeping

- The schools medical /allergy /anaphylaxis policy should detail staff responsibilities for checking and maintaining the Emergency anaphylaxis kit.

- It is recommended that at least two named volunteers amongst school staff have responsibility for ensuring that:
  - On a monthly basis the spare AAIs are present and checked alongside batch numbers
  - Spare AAIs are in date

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- Replacement AAIs are purchased when expiry dates approach. (Schools can sign up to AAI expiry Alerts through relevant AAI manufacturer)

It is good practice for schools to require parents to take their child's own prescribed AAI(s) home before school holidays (including half-term breaks), to ensure that prescribed AAIs remain in date and have not expired.

School Trips and sporting activities

- Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc.
- Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency.
- Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips, for example remote locations.

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Inclusion/ exclusion criteria

Children in whom the spare emergency AAI can be used

The guidance on the use of adrenaline auto-injector in schools (DoH, 2017) enables schools to use the spare adrenaline auto-injector (AAI) for children that are suspected as having an anaphylactic reaction and must only be used in the following scenarios:

1. A child at risk of anaphylaxis who has been provided with a medical plan confirming this, and **has** been prescribed an AAI, but they are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained.

2. A child at risk of anaphylaxis who has been provided with a medical plan confirming this, but **has not** been prescribed an AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/guardian must be obtained.
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.

Register of pupils with allergy *(see appendix 4)*

The register must contain:

a) Details of children prescribed AAI's with documented health care professional (GP/Allergy clinic) & parental consent for administration of spare emergency AAI
b) Details of children not prescribed AAI's with documented health care professional (GP/Allergy clinic) & parental consent for administration of spare emergency AAI

In larger schools (and secondary schools, in particular), it may not be feasible for individual staff members to know which pupils have been prescribed AAIs. Schools should therefore ensure that the register is accessible and easy to read. Schools need to ensure they have a proportionate and flexible approach to checking the register. **Delays in giving adrenaline have been associated with fatal outcomes.** Allowing pupils to keep their AAI(s) with them will reduce delays, and allows for confirmation of consent without the need to check the register.

It is up to individual schools to decide when it is best to obtain parental/guardian consent for use of an AAI. The most appropriate time is probably when a pupil's individual healthcare plan is agreed. Consent should be updated regularly – ideally annually – to take account of any changes.

Allergy Plans *(See appendix 1)*

- All children with a diagnosis of food allergy and at risk of anaphylaxis should have a written Allergy Management Plan
- The allergy plans provided by allergy clinic can be used as the pupil's individual healthcare plan to meet the school's duty under ***Supporting Pupils***, where the pupil has no other healthcare needs.

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- If a school chooses *not* to use the allergy plans provided by allergy clinic there needs to be an alternative which includes the following information:

  - Known allergens and risk factors for anaphylaxis in the pupil.
  - Whether the pupil has been prescribed AAI(s) (and if so what type and dose).
  - Where a pupil has been prescribed an AAI: if parental consent has been given for use of the spare AAI.
  - A photograph of the pupil to allow a visual check to be made (this will require parental consent).

➢ Management

Roles and responsibilities

Under the Children and Families Act 2014, schools have a legal duty to make arrangements for pupils with medical conditions (including those with food allergies). This requirement is supported by the statutory guidance ***Supporting pupils at school with medical conditions***.

While the school's governing body has ultimate responsibility for this, this is not the sole responsibility of one person. A school's ability to provide effective support depends on a partnership between school staff, healthcare professionals, parent/guardians and pupils.

The following has been adapted from the statutory guidance ***Supporting pupils at school with medical conditions***.

Governing bodies

- 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.

Head teachers

- Should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. For food allergies, the policy should also include strategies to **reduce the risk of allergic reactions**.

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- 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 Child's individual allergy management plan , and ensure that they are in date at all times (not expired)
- ensure they or another nominated adult are contactable at all times.

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.

School Nurse Health Teams

- The role of the school nurse is to provide the school with support and advice on managing children with a diagnosis of allergy.
- The school nurse will work in partnership with the family, school and specialist allergy team with a focus on safety, inclusion and keeping the child healthy in school.
- The school nurse will support the school with the provision of the annual anaphylaxis and adrenaline training.

ALL school staff should

- be trained to recognise the **signs and symptoms of an allergic reaction**.

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- 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).
- be aware of the anaphylaxis policy.
- be aware of how to check if a pupil is on the register.
- be aware of how to access AAI devices in the school.
- be aware of which staff members have received training to administer AAI, and how to access their help.

Designated members of staff who have *volunteered* to help a pupil use an AAI in an emergency should:

- have received training on how to use AAIs, relevant to their level of responsibility.
- be identified in the school's medical conditions or allergy policy as someone to whom all members of staff may have recourse in an emergency.

Non Adherence to Policy

If a child and/or parent/carer are not engaging with adhering to this policy e.g. health care plan and/or prescribed medication are not brought to school, and there is sufficient concern, then refer to the school's safeguarding policy.

➢ Further information

- Spare Pens in Schools http://www.sparepensinschools.uk

Official guidance relating to supporting pupils with medical needs in schools:

- Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014). https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

- Supporting Learners with Healthcare Needs. (Welsh Government, 2017). http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

- The Administration of Medicines in Schools (Scottish Executive, 2001). http://www.scotland.gov.uk/Publications/2001/09/10006/File-1

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- Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety Northern Ireland, 2008) https://www.education-ni.gov.uk/articles/support-pupils-medication-needs
- Allergy UK https://www.allergyuk.org/
- Whole school allergy and awareness management (Allergy UK) https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management
- Anaphylaxis Campaign https://www.anaphylaxis.org.uk
- AllergyWise training for schools https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
- AllergyWise training for school nurses (Anaphylaxis Campaign) http://www.anaphylaxis.org.uk/information-resources/allergywise-training/for-healthcare-professionals/
- Education for Health http://www.educationforhealth.org

24 Guidance on the use of adrenaline auto-injectors in schools

- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118
- Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2011) https://www.nice.org.uk/guidance/cg134?unlid=229041504201671158344

Contacts

Children's CNS Children's Allergy Team Whittington NHS Trust: Deirdre Brown.

e mail Dee.brown3@nhs.net

School Nurse Team

References

1. The Anaphylaxis Campaign supporting people at risk of severe allergies. Registered Charity in England and Wales (1085527). Frequently Asked Questions

Available from: https://www.anaphylaxis.org.uk/schools/schools-help/faqs-spare-pens-schools/ (Accessed 15 March 2018)

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2. British Society of Allergy and Clinical immunology Allergy management plans

Available from: http://www.bsaci.org/about/download-paediatric-allergy-action-plans (Accessed 2 July 2018)

3. Department for Education (England) (2014). *Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.* Available from: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 (Accessed 15 March 2018)

4. Department of Health (England) (2017) Guidance on the use of adrenaline auto-injectors in schools. Available from: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools (Accessed 15 March 2018)

5 .Spare Pens in Schools. Available from: http://www.sparepensinschools.uk (Accessed 15 March 2018)

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Appendix 1: BSACI Allergy Action Plan 1

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1)

☎

2)

☎

Child's Weight: Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

(PRINT NAME)

Date:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: (If vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur *without* skin symptoms: **ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY**

AIRWAY: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness / pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. Lie child flat: (If breathing is difficult, allow child to sit)

2. Use Adrenaline autoinjector (eg. Emerade) **without delay**
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

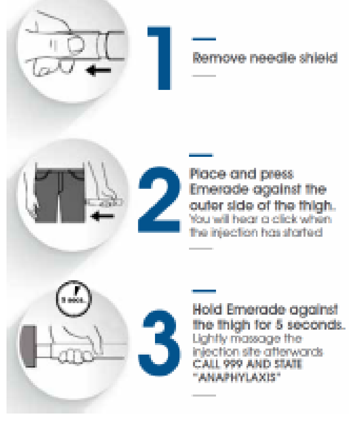
***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, **give a 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

How to give Emerade®



Additional Instructions:

If wheezy, give adrenaline FIRST, then asthma reliever puffer (blue inhaler) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017.

This plan has been prepared by:

SIGN & PRINT NAME:

Hospital/Clinic:

☎ Date:

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Appendix 2: BSACI Allergy Action Plan 2

Allergy Action Plan

THIS CHILD HAS THE FOLLOWING ALLERGIES:

Name:

DOB:

Photo

Emergency contact details:

1) ☎

2) ☎

Child's Weight: Kg

PARENTAL CONSENT: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

(PRINT NAME)

Date:

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens.

For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **www.bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **http://guidance.nice.org.uk/CG116**

For information about "spare" back-up adrenaline autoinjectors for schools, see **www.sparepensinschools.uk**

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Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy / tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Give antihistamine: (if vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):

Anaphylaxis may occur *without* skin symptoms: **ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY**

AIRWAY:	Persistent cough, hoarse voice difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing, wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness / pale or floppy suddenly sleepy, collapse, unconscious

If ANY ONE (or more) of these signs are present:

1. **Lie child flat:** (If breathing is difficult, allow child to sit)

2. **Immediately call 999 for an ambulance and say** ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. *In a school where "spare" back-up adrenaline autoinjectors are available, ADMINISTER the SPARE AUTOINJECTOR*
4. Commence CPR if there are no signs of life
5. Stay with child until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Additional Instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contra-indications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency.

This plan has been prepared by:

SIGN & PRINT NAME:

Hospital/Clinic:

☎ Date:

Appendix 3: Pharmacy Letter

[To be completed on headed school paper]

[Date]

Dear Pharmacy,

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

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.

Please supply the following devices:

Brand name*		**Dose* (State milligrams or micrograms**	**Quantity Required**
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed: Date:

Print name:

Head Teacher/Principal

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training).

Guidance from the Department of Health to schools recommends:

Children age under 6 years	**Children age 6-12 years**	**Teenagers age 12+ years**
Epipen Junior (0.15mg) or Emerade 150 microgram or Jext 150 microgram	Epipen (0.3 milligrams) or Emerade 300 microgram or Jext 300 microgram	Epipen (0.3 milligrams) or Emerade 300 microgram or Emerade 500 microgram or Jext 300 microgram

Appendix 4a: Register of Children prescribed AAI

Name	DOB	Class	Consent to use spare AAI Yes/No

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Appendix 4b: Register of Children NOT prescribed AAI

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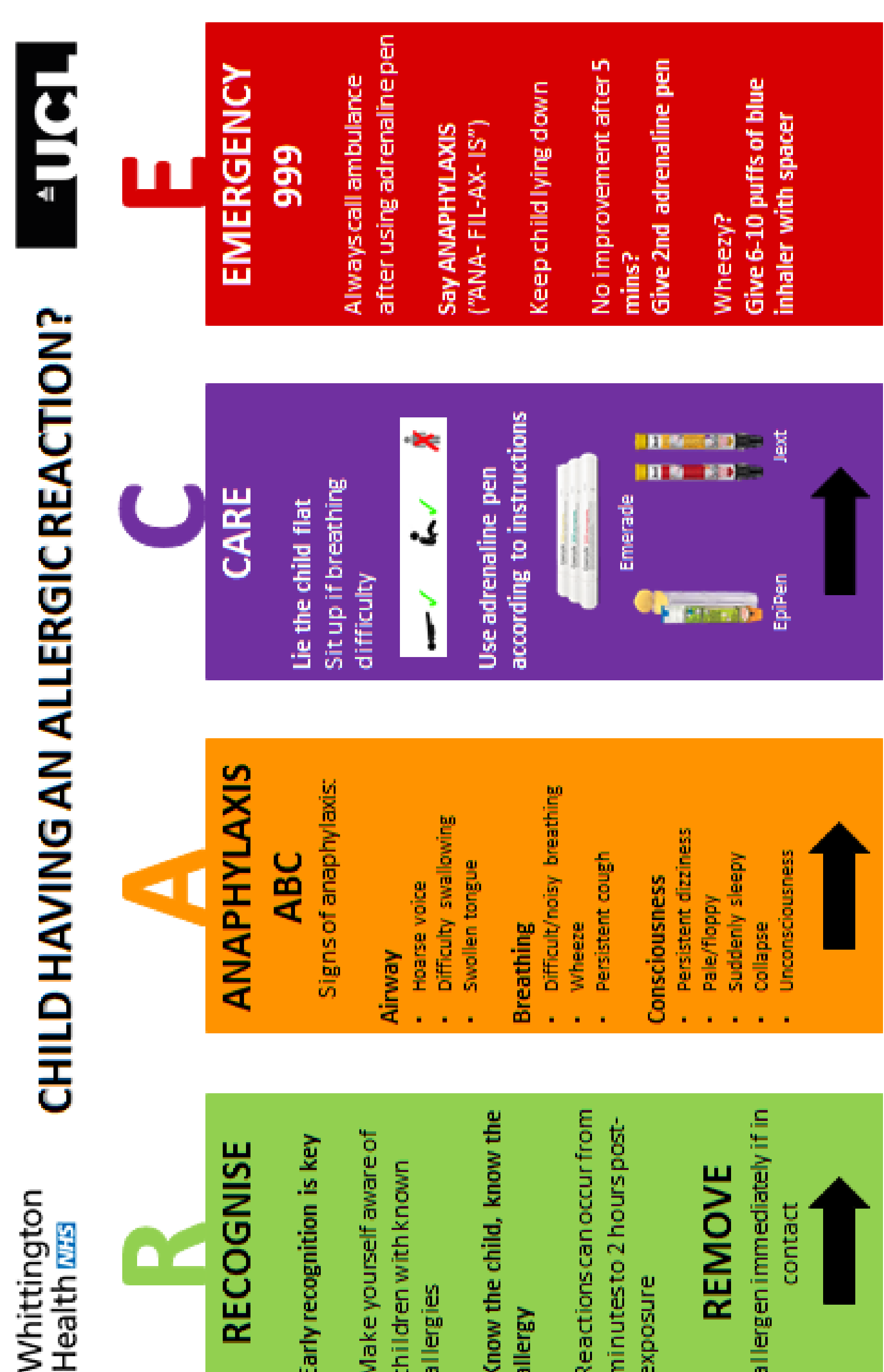
Name	**DOB**	**Class**	**Consent to use spare AAI Yes/No**

Appendix 5: RACE plan



Appendix 6: The Anaphylaxis Campaign: FAQs about spare pens in schools

From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 will allow schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. This could be because their AAI(s) are broken, or out-of-date, for example.

The Human Medicines (Amendment) Regulations 2017 and available guidance

Does the change in legislation apply to all schools? E.g. nursery schools, primary and secondary schools, independent schools?

The change in legislation applies to local authority maintained nurseries, primary, secondary and special schools, academies, pupil referral units and independent schools in England, Scotland and Wales. In Northern Ireland this applies to grant aided schools and independent schools as defined in the Education and Libraries (NI) Order 1986. The 'Human Medicines (Amendment) (No. 2) Regulations 2014' defined what the term 'school' means. This definition can be found here.

What guidance is available for schools across the UK?

England

The Department of Health has released non-statutory guidance called 'Guidance on the use of adrenaline auto-injectors in schools' which explains good practice which schools in England should observe when using spare AAIs and can use to develop their own protocol or policies.

This guidance does not apply to schools in Scotland, Wales and Northern Ireland. This is because devolved administrations have responsibility for issuing their own guidance. However, the principles in the English guidance are universal and based on recognised good practice.

Any policies developed in reference to 'Guidance on the use of adrenaline auto-injectors in schools' must also be in line with statutory guidance which sets out what schools and local authorities must do to comply with the law, called 'Supporting pupils at school with medical conditions'.

Obtaining, storing, administering and disposing spare adrenaline auto-injector(s)

How can my school purchase adrenaline auto-injector(s)?

Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy. Your supplier will need a request signed by the head teacher explaining

- the name of the school
- the purpose why the AAI(s) is/are required
- the total number of AAIs required

A template letter is in Appendix 1 of the guidance in England and Northern Ireland and will also be available on the website www.sparepensinschools.uk.

How much will the adrenaline auto-injector(s) cost my school?

Pharmacies are not required to provide AAI(s) free of charge to schools, your school must pay for them as a retail item. Pharmacies may add a handling charge.

What brands of adrenaline auto-injector(s) can be kept as spare within my school?

The adrenaline injectors prescribed in the UK at present are Emerade®, EpiPen® and Jext®. The decision as to how many AAIs and what brands to purchase will depend on the individual circumstances within your school. However, the Department of Health guidance advises:

"Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils."

The place where the adrenaline is administered is the same for all three injectors; Emerade®, EpiPen® and Jext® are injected into the muscle in the front quarter of the outer thigh. However, there is some variation in operating each AAI and training on each device should be given to all school staff who might be required to administer adrenaline in an emergency.

The Anaphylaxis Campaign provide online anaphylaxis awareness training through our FREE AllergyWise for Schools course and a "train the trainer" AllergyWise for Healthcare Professionals course.

You can also obtain trainer pens containing no needle or adrenaline from the manufactures. More details about supplier websites and administering adrenaline are in our adrenaline factsheet.

Where should the spare adrenaline auto-injector(s) be stored?

Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children.

They **must not** be locked away in a cupboard or an office where access is restricted. AAI(s) must be accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground as more than one kit may be needed.

Who can the adrenaline auto-injector(s) be administered to?

In line with the recommendation from the Commission on Human Medicines the school's spare AAI should only be used on pupils known to be at risk of anaphylaxis and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

In line with good clinical practice all pupils who are prescribed an AAI(s) should have an appropriate management plan. The pupil's allergy management plan should incorporate both medical authorisation and parental consent for the use of the school's spare AAI(s) and a copy should be shared with the pupil's school. The BSACI have templates which can be used for this purpose, which can be downloaded at www.sparepensinschools.uk or the BSACI website.

If a child is having anaphylaxis but does not have a plan with medical authorisation and parental consent, schools 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 use of the spare AAI if appropriate.

Who can administer the adrenaline auto-injector(s)?

Any member of staff may volunteer to take on this role. In many schools, it would be appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment and ensure cover when staff are on leave.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. The statutory guidance "Supporting pupils with medical conditions at school" requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

The Department of Health has indicated it would be reasonable for ALL staff to:

- be trained to recognise the range of 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 prior mild (e.g. skin) symptoms
- appreciate the need to administer adrenaline 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)
- be aware of the anaphylaxis policy

- be aware of how to check if a pupil is on the register of pupils at risk of anaphylaxis
- be aware of how to access the AAI
- be aware of who the designated members of staff are, and the policy on how to access their help

The Anaphylaxis Campaign provide online anaphylaxis awareness training through our FREE AllergyWise for Schools course and a "train the trainer" AllergyWise for Healthcare Professionals course.

You can also obtain trainer pens containing no needle or adrenaline from the manufactures. More details about supplier websites and administering adrenaline are in our adrenaline factsheet.

How should a school dispose of adrenaline auto-injector(s)?

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

Does the legislation change mean our pupils don't have to bring their own adrenaline auto-injector(s) to school?

The spare AAI is a spare or back up device and not a replacement for a pupil's own medication.

This is emphasised in the Department of Health guidance, which states:

"Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school."

Current advice from the Medicines and Healthcare products Regulatory Agency "Adrenaline auto-injector advice for patients" recommends that people with allergies and their carers should carry two adrenaline auto-injectors at all times, especially if they also have allergic asthma as they are at increased risk of experiencing a severe anaphylactic reaction.

The Anaphylaxis Campaign support the MHRA guidance. We actively campaign for people to be prescribed two AAIs and firmly recommend that once prescribed they should always be kept with the patient so they have access to them at all times. The reasoning behind two devices always being available is in case one is broken or misfires, or a second injection is needed before emergency help arrives.

After school clubs and out of school activities

Can after school clubs, such as girl guides or scouts, get adrenaline auto-injector(s) with this legislation change?

Where clubs **occurs on school premises** as part of official school activities, they can have access to the school's spare AAI(s).

The change in legislation **does not apply to other circumstances**, and children at risk of anaphylaxis should have their own prescribed AAI(s) with them, in the event of a reaction.

What should happen when a pupil who is at risk of anaphylaxis goes on a school trip or attends a different school to take part in a sporting activity?

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding.

Pupils at risk of anaphylaxis should have their AAI(s) with them, and there should be staff trained to administer AAI(s) in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

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