Great Marsden St John's Primary School

Emergency Adrenaline Auto-Injector (AAI) & Anaphylaxis Policy

Revised: September 2026

Next Review: September 2027

We are anchored by Scripture.

"We ask that Christ will live in our hearts through faith, making us rooted and grounded in LOVE."
Ephesians 3:17

Our Vision
Empowered by God's love, we uphold a culture where everyone is encouraged and supported to reach their full potential.

Our Mission
Rooted in God's love, inspiring all to aim high.

Our Christian Value is LOVE
Loving God
Loving Others
Loving Ourselves
Loving Learning
Loving Life

Great Marsden St John’s CoE Primary Academy

Emergency Adrenaline Auto-Injector (AAI) & Anaphylaxis Policy

1. Introduction and Purpose

Great Marsden St John’s CoE Primary Academy, located in Nelson, Lancashire, is committed to ensuring the safety and well-being of all pupils. Anaphylaxis is a severe, rapid, and potentially life-threatening allergic reaction that requires an immediate emergency response.

In line with the Human Medicines (Amendment) Regulations, this policy outlines the framework for supporting pupils at risk of anaphylaxis. It details the procurement, storage, and emergency administration of both pupil-specific and school-held "spare" emergency Adrenaline Auto-Injectors (AAIs). This policy is designed to be read alongside the statutory guidance *"Supporting pupils at school with medical conditions"*.

2. Allergy Register and Individual Healthcare Plans (IHPs)

The school will maintain an up-to-date and easily accessible Allergy Register overseen by a designated member of staff.

- **Individual Healthcare Plans (IHPs):** Every pupil diagnosed with an allergy and at risk of anaphylaxis must have an active IHP (or a BSACI Allergy Action Plan). The plan must be signed by a healthcare professional and the parent/guardian. It must outline the specific medical condition, known triggers, symptoms, exact medication needs, and emergency procedures.

- **The Allergy Register:** This register will be kept in a central, accessible location and will document:
    - Known allergens and specific risk factors for each pupil.
    - Details of prescribed AAIs (brand, type, and specific dosage).
    - Clear documentation of written parental consent for using the school’s spare AAI.
    - A photographic ID of the pupil (subject to parental consent) for rapid visual verification during an emergency.

- **Annual Review:** Consent and medical information within the register must be updated at least annually to reflect any updates to the pupil’s medical status.

3. Supply, Storage, and Care of AAIs

Supply of Spare AAIs

The school will exercise its discretionary power to purchase "spare" AAI devices from a local pharmaceutical supplier without a prescription for emergency back-up use.

- To minimise confusion during training and emergency response, the school will purchase an appropriate quantity of a single brand of AAI device..

Dosage Guidelines

Following the age-based criteria recommended by the Resuscitation Council (UK), the spare AAIs will be stocked in the following dosages:

- **Pupils under 6 years:** x2 150 micrograms (e.g., EpiPen Junior, Emerade 150, or Jext 150).
- **Pupils aged 6–12 years:** x2 300 micrograms (e.g., EpiPen, Emerade 300, or Jext 300).

Storage and Maintenance

- **The Emergency Kit:** Spare AAIs will be kept within a designated emergency anaphylaxis kit containing the devices, usage instructions, manufacturer information, an administration record, a list of authorised pupils, and a tracking checklist.

- **Accessibility:** All AAIs (both pupil-owned and spare kits) must be stored at room temperature, away from direct sunlight, and in a central location (such as the school office or staff room). **AAIs must never be locked away**. They must remain accessible to all staff at all times and be located no more than 5 minutes away from where they may be needed.

- The spare emergency kit must be clearly labeled and kept completely separate from individual pupils' personal prescribed AAIs to avoid administration errors.

4. Administration of Adrenaline Auto-Injectors

Adrenaline is safe, life-saving, and must be administered immediately at the first definitive signs of anaphylaxis. Delays in giving adrenaline are directly linked to fatal outcomes.

Criteria for Using a School Spare AAI

The spare emergency AAI will only be administered if:

1. The pupil is known to be at risk of anaphylaxis.

2. **Both** medical authorisation and written parental consent have been recorded in the pupil's IHP.

3. The pupil's own prescribed AAI is unavailable, out-of-date, broken, or has misfired.

Emergency Response Guidelines

- **Immediate Administration:** In any suspected case of severe anaphylaxis (e.g., airway swelling, respiratory distress, or collapse), an Adrenaline Auto-Injector (AAI) must be administered without delay. In a life-threatening emergency, there are no medical contraindications.
- **Emergency Authorisation:** Relevant legal frameworks and public health guidelines allow trained staff to use spare, unassigned AAIs on any individual exhibiting symptoms of severe anaphylaxis, regardless of whether a prior diagnosis or care plan is on file.
- **Emergency Services Dispatch:** Dial 999 immediately following the first dose. Explicitly notify the operator of a case of "anaphylaxis."
- **Patient Positioning:** Place the individual flat on their back with elevated legs. Modify positioning only for specific clinical needs:
    - *Breathing difficulty:* Allow the individual to sit up slowly.
    - *Pregnancy:* Position on the left side.
    - *Vomiting or unconsciousness:* Place in the recovery position.
- **Secondary Dosing:** If symptoms persist or deteriorate after 5 minutes, administer a second AAI using a fresh device, if available.

Emergency Administration Protocol

In the event of a severe allergic reaction, staff will immediately initiate the following sequence:

1. **Assess and Position:** Check for life-threatening signs (Airway, Breathing, Consciousness).

    - **Lie the child flat with their legs raised** to maintain blood pressure.
    - If breathing is severely distressed, allow the child to sit up.
    - **CRITICAL:** Do NOT allow the child to stand up or walk, as this can cause sudden, fatal cardiac arrest. Bring the AAI to the pupil.

2. **Administer Adrenaline:** Without delay, inject the AAI into the **upper outer thigh**. The injection can be safely administered through clothing. Note the exact time of administration.

3. **Emergency Services (Call 999):** Dial 999 immediately and clearly state **"ANAPHYLAXIS"**. Provide clear directions and the exact school postcode.

4. **Monitor and Re-evaluate:** Stay with the pupil. If there is no clinical improvement or symptoms worsen after **5 minutes**, administer a second dose of adrenaline using a separate auto-injector device if available. If a second dose is given, call 999 a second time to confirm an ambulance is en route.

5. **Paramedic Handover:** Send a staff member outside to guide the paramedics to the correct location. Inform paramedics of the known allergy, potential triggers, and the exact times the AAI doses were administered.

6. **Parental Contact:** Notify the parents or emergency contacts as soon as practically possible.

5. School Trips and Off-Site Activities

- **Risk Assessments:** A formal risk assessment must be conducted for any pupil at risk of anaphylaxis participating in educational visits, off-site sports events, or school residential trips.
- **Medication Transport:** The pupil's personal prescribed AAIs must accompany them on all trips, managed by staff fully trained in their administration.
- **Spare AAIs on Trips:** Depending on the specific risk assessment, the school may designate a spare emergency AAI kit to be signed out and carried on the trip.

6. Staff Training and Responsibilities

- **Voluntary Role:** While administering medication is a voluntary responsibility, the time-critical nature of anaphylaxis means the school will actively encourage as many staff members as possible to be trained.

- **Universal Awareness:** All school staff (including teaching, administrative, and lunchtime support teams) must receive basic training to:
    - Recognise the signs and symptoms of mild, moderate, and severe allergic reactions.
    - Understand that anaphylaxis can progress rapidly without prior mild skin signs.
    - Know how to quickly locate and access the emergency kit and the school allergy register.

- **Designated Staff Training:** Staff identified as designated administrators will undergo specialist, face-to-face training that includes practical instruction on using various manufacturing brands of AAI devices.

- **Disposal & Incident Recording:** Used AAIs must be given directly to the attending paramedics or safely placed into a designated sharps bin. Staff must formally record the incident, documenting the trigger location, exact dosage given, the administrator's name, and ensure parents are fully debriefed.

7. Reducing the Risk of Allergen Exposure

Great Marsden St John’s operates an allergy-aware environment through proactive measures:

- **Labeling:** All drinks, lunch boxes, and water bottles brought from home for allergic pupils must be clearly marked with the child's name.
- **Catering Measures:** The school kitchen and catering staff must check food labels carefully and use distinct food preparation areas and clean utensils (using warm, soapy water) to completely prevent cross-contamination.

- **Food Sharing:** The school enforces a strict policy prohibiting the trading or sharing of food, treats, snacks, or eating utensils among pupils.
- **Educational Activities:** The use of food in curriculum lessons (such as science experiments, arts, or cooking classes) must be strictly reviewed. Safe, alternative ingredients (e.g., wheat-free flour or non-food containers instead of egg cartons) must be utilized if an at-risk child is in the cohort.

8. Liability and Insurance

The Governing Committee/ Cidari Education Multi-Academy Trust ensures that appropriate liability insurance and indemnity cover are in place for all staff members who volunteer to support pupils with medical conditions and administer emergency medication. Staff are fully indemnified under the Department for Education's Risk Protection Arrangement (RPA), provided their actions do not constitute serious and wilful misconduct. Carelessness or simple mistakes made in good faith during an emergency response do not constitute misconduct.

Date of Policy: May 2026

Next Review Date: May 2027

Information for this policy was gathered for research and various approved resources and websites such as

Gov.UK
https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis
Anaphylaxis.org.uk
NHS.UK
https://www.allergyuk.org/information-and-support/at-school/for-schools/
https://schoolleaders.thekeysupport.com/search/?q=anaphylaxis&marker=top-searches

School Nurse

Links to the medical devices and products purchased for school below.

Medical Wall Mounted Box
https://www.amazon.co.uk/Reliance-Medical-White-Sofia-Cabinet/dp/B010WCC4EU/ref=sr_1_58?crid=3TUYV7UYS0P9N&dib=eyJ2IjoiMSJ9.ONkQndlPaK2TwortJn8Ley20R6Jn19yFK9_-tqGlByY6ff58KZ-ih-qZ5v9_351NTYxJZnJbUrEd6mEgyeZ8Vn_BkUccVrrU6JXVqmwq7kPtMJzXB4fUvUTg5qiPxFV-MCGmLhXUrF2V49_vHfslCd1p9NgiZZ5iiyEE7PYGCOllgEIx8pNsYcLxC3963GCiTGzAVMuLz4I8tqm14KnLkjCZePrki2YLmtAYBrcfsxFXFoHQHhFIdt5g8sFHW6eCrqX--2dZwryJ5p748mE0ceUL9cWOikzJaIvDluzAh6w.C2Ou6sxWFQARg113u719FPsVjAh7FVx-w6qCHBXrSlg&dib_tag=se&keywords=medical+box&qid=1782903215&sprefix=medical+box%2Caps%2C326&sr=8-58

Anaphylaxis,EpiPen & AAI kits

https://www.eurekadirect.co.uk/Medical-Consumables/EpiPens-Anaphylaxis-Kits-for-Schools/Anaphylaxis-School-Starter-Packs-with-AAIs/Premium-Anaphylaxis-School-Starter-Pack-Point-With-EpiPen

Signage for around school
Amazon.co.uk