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Allergy and Anaphylaxis Policy: Use of Spare Adrenaline Auto Injectors (AAIs)

Policy title:	
Approved by:	Full Governing Body
Date approved:	Summer 2026
Date of next review:	Summer 2027

This policy outlines the procedures for the use of 'spare' adrenaline auto-injectors (AAIs) at **Hoddlesden St Paul's CE Primary and Pre-School** to ensure the safety of students, staff and visitors at risk of anaphylaxis. Unforeseen circumstances where an AAI may need to be used include when an individual's prescribed devices are unavailable or not functioning, or in the event of a first anaphylactic episode where there is no assigned AAI.

1. Availability and Storage of Spare AAIs:

Hoddlesden St Paul's CE Primary and Pre-School has purchased spare adrenaline auto-injector devices for emergency use. These spare pens are to be used in the unforeseen event that a person is experiencing anaphylaxis, but their own AAI is not available, out of date, or malfunctioning. Or for those who are at risk of anaphylaxis but do not have their own devices because they either haven't been prescribed any or are unaware of the risk.

- The spare AAIs are stored in an Anaphylaxis Kitt provided by Kitt Medical, clearly labelled as 'Anaphylaxis Kitt'.
- The Kitt is kept in a safe, easily accessible location, known to all staff members. The Kitt is not locked away to ensure swift access in an emergency.
- **Hoddlesden St Paul's CE Primary and Pre-School** holds 4 spare AAIs with 2 x 150mcg dose for children under the age of 6 or <30kg and 2 x 300mcg for anyone over the age of 6 or

>30kg. Both doses are stored in a Kitt(s) in the following locations:

0 STAFF ROOM

The **Headteacher** retains accountability for the management of the Anaphylaxis Kit, but this responsibility is delegated to the **SENCO**.

2. Maintenance and Replacement of Spare AAIs:

The **SENCO** is responsible for regularly checking the spare AAIs in the case that the medication is cloudy or discoloured. This will be done on a half-term basis, and replacements will be made as necessary. The Kitt Medical Team supports this process and monitors the expiry dates through functions available on the Kitt Portal.

3. Administration of Spare AAIs:

All pupils at risk of anaphylaxis should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. In the event of an anaphylactic emergency, if the individual does not have access to their own AAI, the spare AAI should be used without delay. In addition:

- Emergency services should be called immediately, and it should be stated that **anaphylaxis** is suspected.

- Follow the advice from emergency services to determine the next steps, which may include the administration of a second injection.
- Stay with the person until medical help arrives.
- Restrict the movement of the person until medical help arrives.

In cases where anaphylaxis is suspected in an undiagnosed individual:

- Emergency services should be called immediately, and it should be stated that **anaphylaxis** is suspected.
- Follow the advice from emergency services to determine whether the administration of the spare AAI is appropriate.
- Stay with the person until medical help arrives.
- Restrict the movement of the person until medical help arrives.

4. Legal Framework:

Since 2017, schools have been legally able to directly purchase AAI's from a pharmaceutical supplier without a prescription. Regulation 214(2) of the Human Medicines Regulations 2012 specifies that for Prescription Only Medicines (POMs), no person may administer such medication (unless they are the person to whom it is prescribed or an appropriate practitioner). However, Regulation 238 provides an exemption for AAI's, stating that:

- The administration of adrenaline by auto-injection, for the purpose of saving life in an emergency, is exempt from the restrictions in Regulation 214(2). This provision should be reserved for exceptional circumstances that could not have been foreseen.
- The exemption applies specifically to adrenaline 1:1000 (up to 1mg), which is the concentration found in standard auto-injectors used for anaphylaxis.

5. Staff Training:

Mr Christopher Dugdale, Mrs Adele Bass and Mrs Joanne Mackey are responsible for coordinating allergy and anaphylaxis training for school staff and ensuring that the school's anaphylaxis policy is up to date.

- An allergic reaction can occur at any time, so all staff should be trained on what to do in the event of an allergic reaction. All staff members will undergo regular allergy and anaphylaxis awareness training, which includes:
 - Understanding common allergens and triggers of anaphylaxis.
 - Recognising the signs and symptoms of an allergic reaction and anaphylaxis.
 - Administering emergency treatment, including the use of AAI's, in the event of an anaphylactic reaction.

1. Training Methods:

- Online training is available through the Kitt Medical portal and can be sent out via a variety of distribution means to all staff members. It is recommended that the training be completed at least once a year (at a minimum) by all staff members.
- Additional ad-hoc training sessions will be provided for new staff or anyone requiring refresher training.
- Additional training will be delivered to classroom staff who teach a child with known allergies.

- A trainer AAI pen will be held by **Mr Christopher Dugdale** which can be used for practical training alongside the online training.

For a more comprehensive allergy policy including Healthcare Plans see here:

<https://www.anaphylaxis.org.uk/wp-content/uploads/2023/03/Model-Policy-for-allergy-at-school-v2-060323.pdf>

For government guidance on the use of AAI's please see:

https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf