



Llywodraeth Cymru
Welsh Government

Guidance on the use of emergency adrenaline auto-injectors in schools in Wales



Guidance

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Guidance on the use of emergency adrenaline auto-injectors in schools in Wales

Audience

Governing bodies and staff of all maintained nursery, primary, secondary and special schools and pupil referral units (PRUs); local authorities (LAs); health boards; parents/carers; pupils and interested organisations.

Overview

This guidance document is primarily to provide advice to schools and LAs on changes to UK regulations which allow schools to obtain, without prescription, adrenaline auto-injectors for emergency use.

Action required

This document should be brought to the attention of managers and relevant staff, LAs, governing bodies and education and health professionals working with education settings.

Further information

Enquiries about this document should be directed to:

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Additional copies

This document can be accessed from the Welsh Government's website at learning.gov.wales/resources/browse-all/use-of-emergency-aais-in-schools-in-wales/?lang=en

Related documents

Supporting learners with healthcare needs (2017)

Guidance on the use of emergency salbutamol inhalers in schools in Wales (2014)

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1. Introduction

In the UK, up to 8% of children have a food allergy¹ and 17% of fatal allergic reactions in school-aged children happen while at school².

In response to this and following advice from the Commission on Human Medicines, in 2017 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to UK legislation to enable schools³ to obtain, without prescription, adrenaline auto-injectors (AAIs) for emergency use in pupils who are at risk of anaphylaxis.

Following agreement by the UK Government, an amendment to the Human Medicines Regulations 2012 allows schools⁴ to obtain AAIs, without a prescription, for use in emergencies from 1 October 2017. This change applies to maintained nurseries, primary, secondary and special schools, pupil referral units and independent schools in Wales.

Schools are not required to hold spare AAIs for emergency use - this is a discretionary power enabling schools to do so if they so wish. If a school decides to hold a spare AAI, they should produce a policy on its use. The policy needs to be developed in line with this document and the [Supporting Learners with Healthcare Needs](#) statutory guidance.

A spare AAI can be used if the pupil's prescribed AAI is not available, for example because it is broken or expired, and should only be administered to a pupil known to be at risk of anaphylaxis:

- whose own prescribed AAI cannot be administered correctly, without delay; and
- where consent has been given by the parent⁵ or where appropriate the pupil.

Any AAI held by a school should be considered a spare or back-up device and not a replacement for a pupil's own AAI. Current guidance from the MHRA is that anyone prescribed an AAI should carry two at all times. This guidance does not supersede the MHRA's advice⁶, and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

This guidance supports the Welsh Government's on-going commitment to the [United Nations Convention on the Rights of the Child](#)⁷, as encapsulated in the Rights of Children and Young Persons (Wales) Measure 2011. This guidance has been developed by the Education Directorate with the Health and Social Services Group to provide advice on what an AAI policy should contain.

1 UK Food Standards Agency <https://www.food.gov.uk/science/allergy-intolerance>

2 Turner PJ, Gowland MH, Sharma V et al. Increase in hospital admissions due to anaphylaxis but no increase in fatalities: an analysis of UK national anaphylaxis data, 1992–2012. *J Allergy Clin Immunol* 2015;135:956-63. Available at: [http://www.jacionline.org/article/S0091-6749\(14\)01516-4/fulltext](http://www.jacionline.org/article/S0091-6749(14)01516-4/fulltext)

3 In this guidance, the term 'school' refer to all 'maintained nurseries, primary, secondary special schools and pupil referral units in Wales'.

4 Only those institutions described in regulation 22 of the Human Medicines (No.2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold spare AAIs. Regulation 8 of the Human Medicines (Amendment) Regulations 2017 amends schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools.

5 In this guidance, the term 'parent(s)' also refers to 'carer(s)'.

6 <https://www.gov.uk/drug-safety-update/adrenaline-auto-injector-advice-for-patients>

7 This guidance relates particularly to ensuring a child's rights for basic care and survival (Article 6); that children have a right to an education (Article 28), that adults should think about the best interests of children and young people when making choices that affect them (Article 3); that every child has the right to say what they think in all matters affecting them, and to have their views taken seriously (Article 12); and providing children and young people with access to information and material aimed at promoting spiritual and moral well-being and physical and mental health (Article 17).

2. Anaphylaxis

Anaphylaxis (“ana-fil-ax-is”) is a severe and potentially life-threatening allergic reaction, often happening within minutes but sometimes after hours. It occurs because the body’s immune system reacts inappropriately to a substance it wrongly perceives as a threat. An interaction between the substance (‘allergen’) and an antibody called Immunoglobulin E (IgE) releases chemicals, such as histamine, causing an allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many pupils (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing and breathing difficulties, and a high pitched sound (stridor) on breathing in. Section 7 contains useful links on anaphylaxis.

Causes of anaphylaxis

Allergens that can trigger anaphylaxis include:

- **foods** e.g. peanuts, tree nuts (such as almond, walnut, cashew, pecan, hazelnut), milk, cheese and other dairy foods, egg, wheat, fish, shellfish, seafood, celery, celeriac, sesame, mustard, soya, fruits, etc.
- **insect stings** e.g. bee, wasp
- **medications** e.g. antibiotics such as penicillin, pain relief such as ibuprofen, aspirin
- **latex** e.g. rubber gloves, balloons, swimming caps
- more rarely, **animals** e.g. horses, cats, dogs

In some cases, there's no **obvious trigger**. This is known as idiopathic anaphylaxis.

This is not an exhaustive list. Pupils can have more than one allergy.

The severity of reaction can be influenced by a number of factors, including minor illnesses (such as a cold), asthma, exercise, and in the case of food, the amount eaten. It is unusual for someone with a food allergy to experience anaphylaxis from just touching a food they are allergic to.

Symptoms vary depending on the allergen:

- **Food:** Severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods (e.g. cheese) are often delayed, and may 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 minutes⁸.

This document is not intended to be a detailed guide to the diagnosis or treatment of anaphylaxis in general. If any member of staff has reason to suspect a pupil has an allergy, they should notify the parents, so they can take their child to a doctor.

⁸ Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Resuscitation Council (UK). Available at: <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

How common is anaphylaxis in schools?

Up to 8% of children in the UK have a food allergy⁹. Usually reactions to food are mild to moderate, even in children who previously had anaphylaxis. Fatal allergic reactions are rare, but also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school¹⁰. Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with the [Supporting Learners with Healthcare Needs](#) guidance. The below provides a list of actions that parents/pupils and schools can take to reduce the risk of exposure to allergens¹¹:

Parents of children with allergies/pupils with allergies (where appropriate) can:

- speak about their concerns and create an independent healthcare needs plan (IHP) with the school
- give permission for all relevant staff to be made aware of the allergy, this could include catering managers, lunchtime staff, sports staff, etc.
- clearly label medicines, lunch boxes, drinks, etc. with the pupil's name

Schools can:

- arrange a time to meet with the parents/pupil to discuss support and create an IHP
- seek parental consent (or pupil consent, where appropriate) to inform all relevant staff about the pupil's allergy, this may include catering managers, lunchtime staff, sports staff, etc.
- ensure measures to prevent cross-contamination during handling, preparation and serving of food are followed. For example, preparing food for pupils with allergies first; careful cleaning (using warm soapy water) of food preparation/storage areas, chopping boards and utensils
- make staff aware of how to check labels for allergens. Unlabelled food poses more risk of allergen exposure than packaged food labelled with allergy information
- ensure pupils are not given unplanned food, e.g. unlabelled/homemade birthday cake. Parents/pupils could provide in date allergen-free packaged treats in a clearly labelled box, to be kept at school as an alternative
- implement policies to avoid trading and sharing of food, food utensils or food containers
- consider if any food used in crafts, cooking classes, science experiments, special events (e.g. fêtes, assemblies, cultural events) need to be changed/restricted to prevent a reaction. For example, wheat-free flour could be used for play dough or cooking, egg cartons for crafts could be substituted
- ensure early thought is given regarding catering requirements and emergency planning (including access to emergency medication and medical care). This could include sporting events, excursions (e.g. restaurants and food processing plants), school outings, camps, etc.

Section 6 of this document provides further suggested information to share with parents.

⁹ UK Food Standards Agency <https://www.food.gov.uk/science/allergy-intolerance>

¹⁰ Turner PJ, Gowland MH, Sharma V et al. Increase in hospital admissions due to anaphylaxis but no increase in fatalities: an analysis of UK national anaphylaxis data, 1992–2012. *J Allergy Clin Immunol* 2015;135:956-63. Available at: [http://www.jacionline.org/article/S0091-6749\(14\)01516-4/fulltext](http://www.jacionline.org/article/S0091-6749(14)01516-4/fulltext)

¹¹ List adapted from Vale S, Smith J, Said M, Mullins RJ, Loh R. ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update. *J Paediatr Child Health*. 2015 Oct;51(10):949-54.

3. Adrenaline auto-injectors (AAIs)

AAIs are sometimes known as ‘adrenaline pens’. Current brands available in the UK are [Emerade®](#), [Epipen®](#) and [Jext®](#)¹². They contain a single fixed dose of adrenaline (sometimes called epinephrine) and are the recommended first line treatment for anaphylaxis. Adrenaline treats the symptoms and further release of chemicals causing anaphylaxis. AAIs are potentially life-saving devices and enable the administration of adrenaline by non-healthcare professionals e.g. staff, family, first aiders.



An AAI, for illustrative purposes only. Source: Welsh Government.

Pupils prescribed an AAI

Holding a spare AAI for emergencies could potentially save a child or young person’s life and provide parents with greater peace of mind. The school may already have pupils with prescribed AAIs, and has a duty to support their pupils’ healthcare needs.

If a pupil can manage the use of their prescribed AAI(s) it should be kept with them. If not, it should be quickly and easily accessible to them at all times. For example, kept in a central office in a box clearly labelled with their name. It should not be locked away.

Potential need of the AAI should be recorded in the pupil’s IHP. Where the pupil has no other healthcare needs, the British Society for Allergy and Clinical Immunology’s (BSACI) Allergy Action Plan may be useful¹³.

Emergency AAI Policy

If a school decides to hold a spare AAI, they should produce a policy on its use. The policy needs to be developed in line with this document and the [Supporting Learners with Healthcare Needs](#) statutory guidance. The policy could be incorporated into the school’s main Healthcare Needs Policy or produced as a separate document.

¹² The Welsh Government is not responsible for the content of any external links listed within this document.

¹³ <http://www.sparepensschools.uk/plans> or <http://www.bsaci.org/about/paq-allergy-action-plans-for-children>

The Emergency AAI Policy should cover the following:

- recognising symptoms and responding to anaphylaxis
- creating an Emergency AAI Register of those with consent to receive the emergency AAI
- a named individual with overall responsibility of the emergency AAI, including monitoring its implementation and maintaining the Emergency AAI Register
- at least two named individuals responsible for the purchase, storage, care and disposal of the AAI
- handling emergencies, including how to get help, how to support classes if someone has to deal with an emergency, etc.
- arrangements for the purchase, storage, care, use and disposal of the emergency AAI
- arrangements for staff training and support from school and LA
- record keeping of AAI use, including informing parents of use

Emergency AAI Register

The emergency AAI register needs to identify pupils to whom spare AAIs can be administered in the event of an emergency. A template consent form is at Annex B. Schools should ensure the register (and all copies):

- lists the pupils prescribed an AAI (or where a doctor has provided a written plan recommending AAI use in anaphylaxis), their allergies and risk factors for anaphylaxis;
- shows the pupil's prescribed AAI type and dosage e.g. *Epipen, 0.3 milligrams*;
- states if written consent has been provided for administration of the emergency AAI, which may differ to the prescribed AAI;
- is easily accessible at all times (consider pre/after school clubs) and staff are aware of location
- where possible, includes a photograph of the pupil (requires appropriate consent);
- contains the contact details of staff who manage the AAIs and any first aiders in the school;
- has the pupil's emergency contact details, and considers confidentiality of information;
- shows the date the register was created/updated (for version control) and is kept up to date;
- is easy to understand in an emergency; and
- that an up to date copy is kept with the emergency AAI.

Purchasing the emergency AAI(s)

Schools should purchase spare AAIs from a pharmaceutical supplier, such as a community pharmacy - a prescription is not needed. AAIs can be obtained in small quantities provided it is done on an occasional basis and the school does not intend to profit from it.

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends treating anaphylaxis using age-based criteria¹⁴:

¹⁴ Emergency treatment of anaphylactic reactions: Guidelines for healthcare providers. Resuscitation Council (UK). Available at: <https://www.resus.org.uk/anaphylaxis/emergency-treatment-of-anaphylactic-reactions/>

For children aged under 6 years:	For children aged 6-12 years:	For teenagers aged 12+ years:
Epipen Junior 0.15 milligrams or	Epipen 0.3 milligrams or	Epipen 0.3 milligrams or
Emerade 150 microgram or	Emerade 300 microgram or	Emerade 300 microgram or
Jext 150 microgram	Jext 300 microgram	Jext 300 microgram or
		Emerade 500 microgram

Schools may wish to discuss which AAI's are appropriate for their pupils with a pharmacist. The amount and type to purchase depends on local circumstances, and the decision is left to the discretion of the school.

Pharmacies will charge for the cost of the AAI and may add a handling charge. A pharmacy will need a request signed by the headteacher, stating:

- the name of the school for which the product (AAI) is required;
- the purpose for which that product (AAI) is required; and
- the total quantity (of AAI's) required.

A template letter to purchase AAI's is at Annex A.

Storage, care and disposal of the emergency AAI

It is good practice for schools holding spare AAI's to store these as part of an emergency 'kit' to keep the emergency AAI and relevant documentation together. The AAI kit should be kept in a safe and accessible place, e.g. central office. It should not be locked away or kept in an office with restricted access. There should be at least two named members of staff responsible for ensuring the AAI kit is managed and stored appropriately, up to date, clearly labelled, kept separately from any pupil's prescribed AAI's, and include:

- one or more AAI's and instructions on use;
- actions to take in an emergency;
- a copy of the Emergency AAI Register (identifying pupils with consent to be administered the emergency AAI);
- an AAI kit monthly inventory checklist, identifying AAI's by batch number and expiry date;
- instructions on how to replace the AAI, in advance of the expiry date;
- contact details of at least two staff responsible for the management of the AAI policy and kit;
- instructions on storing the AAI;
- manufacturer's information; and
- an AAI record of administration.

It is important the school has an adequate number of AAI kits for its needs, especially if covering several sites. AAI kits should be located within five minutes of areas of potential need, e.g. dining room, classrooms, sports field, playground, etc.

AAIs are to be stored safely and following manufacturers instructions, e.g. out of extremes of temperature and kept away from sunlight.

As many food-allergic pupils have asthma (a common symptom in food-induced anaphylaxis) it may be beneficial to keep the AAI kit with an [emergency asthma inhaler kit](#)¹⁵. An AAI can only be used once. AAIs must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the attending paramedics or put in a sharps bin. The LA or local health board can provide details on ordering sharps bins and local collection services.

¹⁵ <http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en>

4. Responding to allergy symptoms and anaphylaxis

Allergy medicines such as antihistamines can be used for mild reactions but not anaphylaxis. Information on recognising and responding to allergies and anaphylaxis are at page 11 and 12. These could be used as a poster in the school and also form part of the AAI Kit.

As young children may be unable to verbalise allergy symptoms, staff need to be able to identify allergy and anaphylaxis symptoms and know what to do in an emergency.

Administering an AAI

Staff need to be trained to administer an AAI¹⁶ for emergencies. The spare AAI can be used if the pupil's prescribed AAI is not available, for example because it is broken or expired, and should only be used on a pupil who is known to be at risk of anaphylaxis:

- whose own prescribed AAI cannot be administered correctly, without delay; and
- where consent has been given by the parent or where appropriate the pupil.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services should be called on 999 and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

In practical terms schools should:

- ensure staff are trained effectively in the use of the spare AAI for emergencies.
- request information confirming a pupil is known to be at risk of anaphylaxis. This could include a copy of an AAI prescription, a copy of the AAI box with the pupil's pharmacy label on it, information from a doctor or relevant health professional, etc.
- seek consent from the parent or pupil (where appropriate) for administration of the spare AAI in an emergency. Consent can be given in writing (or verbally where necessary). A consent form template is at Annex B, which can be amended to be completed by the parent or pupil (where competent). Any verbal consent should be documented in writing, e.g. following an emergency.

AAIs should be administered at the first sign of anaphylaxis - the longer it takes to administer adrenaline, the less effective it may be. The use of an AAI into the muscle is safe and can be life-saving. **Delays in giving adrenaline are a common finding in fatal reactions.**

AAIs can be used by non-healthcare professionals e.g. staff, family, first aiders, by following the instructions on the AAI. Essentially, AAIs are firmly injected into the upper outer thigh muscle and held in place for 10 seconds. AAIs can be used through clothes. The needle automatically injects and afterwards retracts or is shielded. Further information and film clips of administration are available at: <http://www.sparepensinschools.uk>

¹⁶ As referred to in item 11 of Part 3 of Schedule 17 to the Human Medicines Regulations 2012

An ambulance must always be called on 999 whenever an AAI is used. The pupil may appear better, but anaphylaxis can return. Monitoring in hospital is required.

Some pupils who are prescribed AAI's also have inhalers for asthma. Symptoms of anaphylaxis and an asthma attack could look similar. If in doubt, use the AAI and inhaler and call 999.

Guidance on the use of emergency salbutamol inhalers is available at:

<http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en>

Recording use of the AAI

As with all medicines used in school, use of the spare AAI should be recorded, including:

- location, date and time the reaction occurred (e.g. PE lesson, sports field, 14:15, 20/06/18)
- how much medication was given, at what time and by whom
- outcome, e.g. AAI administered to pupil, who was transferred to hospital by ambulance for monitoring. Parents were contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's doctor informing them of the reaction. IHP updated
- how consent to administer the AAI was given, e.g. written or verbal, and by whom

Annex C provides a use of AAI letter template. Annex 2 of the [Supporting Learners with Healthcare Needs](#) guidance also provides several healthcare templates schools may find useful.

Recognising and responding to reactions

Signs of mild-moderate allergic reaction may include:

- swollen lips, face or eyes
- itchy/tingling mouth
- hives or itchy skin rash
- abdominal pain or vomiting
- sudden change in behaviour
- sneezing



Action:

1. Stay with the pupil, shout for help if needed and remove any obvious trigger carefully.
2. Ask someone to bring you the pupil's individual healthcare plan (IHP) and adrenaline auto-injectors (AAIs) plus the emergency AAI kit, in case they are required. Call 999 if you need to.
3. Check the pupil's IHP. Give medicine as outlined.
4. Call parent/emergency contact to make them aware of situation.
5. Monitor pupil: if symptoms do not progress into anaphylaxis inform all relevant staff members, as anaphylaxis can occur several hours later. Ask pupil to inform staff in following classes, etc.
6. Update pupil's IHP and inform parents.

Anaphylaxis Emergency Procedure (potential life-threatening allergic reaction)

Signs of anaphylaxis may include: (mild symptoms do **not** always occur beforehand):

- **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

Action:

1. If one (or more) of these symptoms are present, keep calm, reassure the pupil and do not leave them alone unless you have no other choice. Remove any obvious trigger carefully. Shout for help.
2. Ask for the **pupil's prescribed AAI** plus the **emergency AAI kit** be brought to you immediately.
The AAIs are located at: _____ Phone: (_____) _____
The pupil's prescribed AAI and emergency AAI may differ - the emergency AAI can still be used.
3. Ask for an ambulance to be called on 999 immediately, stating "ana-fil-axis".
4. If the pupil's AAI is not available, open the AAI kit, and check consent for the spare AAI to be used. If the pupil is known to be at risk of anaphylaxis, they can also verbally consent for its use.
5. Use AAI (firmly inject and hold for 10 seconds in upper outer thigh, through clothes). Note the time.
6. Lie the pupil flat. If breathing is difficult, allow to sit only (standing has led to cardiac arrest).



7. Ask someone to meet the paramedics and bring to you.
8. Ask someone suitable to call parents/emergency contact straight away to inform them of situation.
9. If no improvement seen within 5-15 minutes give a **second AAI**. Call 999 to locate ambulance.
10. If there are no signs of life: start CPR and ask someone to call 999 again to locate ambulance.
(If you need to put into recovery position and they are pregnant, lie them on their left side).
11. On arrival, tell the paramedics what may have caused the reaction and the time AAI(s) were given.
12. Ask the paramedics to dispose of the used AAI(s).

If in doubt - use the AAI and call 999

Signs of an allergic reaction are:

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 according to the child's allergy treatment plan
- Phone parent / emergency contact



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

- AIRWAY:** Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing,
Wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

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

1. Lie person flat:

(if breathing is difficult,
allow child to sit)



2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say **ANAPHYLAXIS**

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

After giving Adrenaline:

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

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

5. Staff

The role of assisting or supervising the administration of medicines is voluntary. Where staff volunteer or are contracted to carry out this role, the LA and governing body must ensure they receive appropriate and effective training, support and feel confident in their duties.

Training

Staff will require effective training in order to administer the spare AAI in an emergency. Roles around staff training are set out fully in the [Supporting Learners with Healthcare Needs](#) statutory guidance. The overarching points are:

LAs - provide support, advice and guidance, including how to meet the training needs of staff.

Governing bodies - ensure staff are appropriately trained, supported, and that their roles (including any delegation) are clear and understood by all.

Headteachers - ensure a sufficient number of trained staff are available to support pupils.

The [Supporting Learners with Healthcare Needs](#) statutory guidance states that staff should be trained to recognise the signs, symptoms and triggers of common life-threatening medical conditions and know what to do in an emergency. Therefore staff should be trained in these areas, and practical instruction on using different types of AAI. Training resources can be found online, including at <http://www.sparepensinschools.uk> although this is not a substitute for face-to-face training. The school nurse or local health board may be able to provide advice on arranging training. Parents/pupils may also have the contact details of allergy healthcare professionals.

It would be reasonable for all staff to:

- be trained to distinguish the range of signs and symptoms of an allergic reaction;
- recognise that anaphylaxis may start with mild symptoms (e.g. skin rash);
- understand how quickly a reaction can progress into anaphylaxis
- appreciate the longer it takes to administer an AAI, the less effective it may be;
- know the location of the AAI kit(s);
- understand the AAI Emergency Policy and Emergency AAI Register; and
- be aware of who to contact in an emergency.

School trips including 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 safeguarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Where appropriate, schools may wish to consider taking spare AAI(s) obtained for emergency use on some trips.

Insurance cover

LAs may provide schools which have emergency AAIs with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with their LA.

6. Suggested information to share with parents

From 1 October 2017, all maintained nursery, primary, secondary and special schools, pupil referral units and independent schools in Wales can choose to hold an adrenaline auto-injector (AAI) or 'adrenaline pen' for use in an emergency if they wish. However this is not a mandatory requirement and cannot be enforced by the local authority.

Please note - an emergency AAI should never be relied upon instead of your child's own AAI. Nurseries and schools may not have an emergency AAI. Any AAI held by a school for emergencies should be considered a spare or back-up device and not a replacement for a pupil's prescribed AAI. Where appropriate, your child should carry two AAIs labelled with their name.

Nurseries and schools who choose to hold an emergency AAI can administer it if the pupil's prescribed AAI is not available. For example because it is broken or expired, and it should only be used on a pupil who is known to be at risk of anaphylaxis:

- whose own prescribed AAI cannot be administered correctly, without delay; and
- where consent has been given by the parent or where appropriate the pupil.

Please make the nursery or school aware if your child has allergies/has been prescribed an AAI, and work with staff/health professionals to write an individual healthcare plan. This does not have to be lengthy but it should be written down. Update staff if there are any changes. Your child's AAI(s) should be labelled with their name. You could provide additional labelled AAI(s).

Please discuss providing consent with the school for use of the emergency AAI. If your child is competent to do so, they may also be able to provide consent. You may also wish to discuss the role of the school in holding spare AAIs for use in emergencies, with your child. It is suggested that parents/carers:

- inform nursery or school staff if your child has allergies/risk of anaphylaxis
- provide information confirming the pupil is known to be at risk of anaphylaxis e.g. copy of the pupil's AAI prescription, a copy of the AAI box with the pupil's pharmacy label attached, information from a doctor or relevant health professional, etc.
- write an individual healthcare plan with involvement from education and health staff
- provide the school with additional labelled AAI(s) within the expiry date
- provide up to date written information on any medicines your child needs, including on visits

Further information is available at:

- Guidance on the use of emergency adrenaline auto-injectors in schools in Wales: <http://learning.gov.wales/resources/browse-all/use-of-emergency-aais-in-schools-in-wales/?lang=en>
- Supporting Learners with Healthcare Needs guidance: <http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>
- Allergy UK: <https://www.allergyuk.org/>
- Anaphylaxis Campaign: <https://www.anaphylaxis.org.uk>

7. Useful links

- Spare Pens in Schools <http://www.sparepensinschools.uk>
- Supporting Learners with Healthcare Needs guidance (Welsh Government, 2017) <http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en>
- Guidance on the use of emergency adrenaline auto-injectors in schools in Wales (Welsh Government, 2017) <http://learning.gov.wales/resources/browse-all/use-of-emergency-aais-in-schools-in-wales/?lang=en>
- Guidance on the use of emergency salbutamol inhalers in schools in Wales (Welsh Government, 2017) <http://learning.gov.wales/resources/browse-all/use-of-emergency-salbutamol-inhalers-in-schools-in-wales/?lang=en>
- Allergy UK <https://www.allergyuk.org/>
- Anaphylaxis Campaign <https://www.anaphylaxis.org.uk>
- Whole school allergy and awareness management (Allergy UK) <https://www.allergyuk.org/schools/whole-school-allergy-awareness-and-management>
- 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/>
- 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=22904150420167115834>

Annex A: Form template to purchase emergency AAls

(To be printed on school headed paper)

I wish to purchase adrenaline auto-injectors (AAIs) for use in an emergency for (*insert school name*). The AAls will be used, stored and disposed of in line with the manufacturer's instructions, in accordance with the Human Medicines Regulations 2012 (as amended). This allows UK schools to purchase AAls, without prescription, for the emergency treatment of anaphylaxis.

Please supply the following AAls:

AAI product name:	Quantity required:

Total number of AAls required: _____

School name: _____

School address: _____

School phone number: (_____) _____

Signed: _____ Date: _____

(Headteacher or Acting Headteacher)

Print full name: _____

Further information can be found at: Guidance on the use of emergency adrenaline auto-injectors in schools in Wales, Welsh Government (2017) <http://learning.gov.wales/resources/browse-all/use-of-emergency-aais-in-schools-in-wales/?lang=en> and <http://www.sparepensinschools.uk>

Annex B: Consent form template

Consent Form: Use of emergency adrenaline auto-injector (AAI)

(Please insert school name and amend as appropriate. This can be completed by the parent/carer or pupil - where appropriate).

Please attach a photograph of the pupil for identification in an emergency

Information of pupil at risk of anaphylaxis

Pupil's full name (PRINT): _____

Class: _____

Pupil's date of birth: _____

Pick tick the following boxes where appropriate:

1. I confirm the pupil named above has:

- been prescribed an AAI
- or has medical approval to be administered with an AAI during anaphylaxis

2. I confirm the pupil named above is known to be at risk of anaphylaxis, and I attach:

- a copy of the pupil's AAI prescription
- or a copy of the AAI box with the pupil's pharmacy label attached
- or a copy of information from a doctor or relevant health professional
- or other *(please state)* _____

3. I confirm that if the pupil named above displays symptoms of anaphylaxis, and their AAIs are not available or unusable, they can receive adrenaline from an emergency AAI(s) held by the school for such emergencies. I understand this emergency AAI(s) may differ from the pupil's prescribed AAI.

4. I will promptly update the school if there are any changes to medication, treatment, risk of anaphylaxis etc. to the pupil named above.

- I am the parent/carer
- I am the pupil
- I have discussed this with my child
- I have discussed this with my parent/carer

Signed: _____ Date: _____

Full name (PRINT): _____

Telephone numbers: _____ / _____ / _____

Address: _____

Doctor's details

Pupil's doctor's name & telephone number: _____

Pupil's doctor's address: _____

Annex C: Use of AAI letter template

Use of adrenaline auto-injector (AAI)
(please insert school name and amend as appropriate)

Date:

Dear

This letter is to notify you that *(pupil name)* _____

displayed symptoms of anaphylaxis on _____

This happened when _____

(Please amend as appropriate)

- The pupil/a member of staff used one/two prescribed AAI(s).
- The pupil/a member of staff used one/two of the school's emergency AAI(s).

This was necessary because _____

We strongly advise that this information is given to the pupil's doctor as soon as possible in case further medical assessment is needed.

Yours sincerely,