

# School Auto-Injector Policy

Northgate Primary School



**Approved by:** Northgate Governing Body

Date: March 2026

**Last reviewed on:** March 2025

**Next review due by:** March 2026

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date). The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, 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.

An anaphylactic reaction always requires an emergency response. Any Auto-injectors held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish however is considered good practice to do so. The school:

- Recognises that certain allergies are widespread, serious but controllable and the school welcomes all pupils with allergies
- Ensures that pupils with allergies can and do participate fully in all aspects of school life, including forest schools, cooking, science, educational visits and out of hours activities
- Recognises that pupils with severe allergies need immediate access to their auto-injector and to know where this is kept
- Keeps a record of all pupils with severe allergies and the medicines they take
- Endeavours that the whole school environment, including lunches or cooking activities , are aware and endeavour to protect children with severe allergies
- Ensures that all staff (including supply teachers and support staff) who have pupils with severe allergies in their care, know who those pupils are and know the school's procedure to follow in the event of an anaphylaxis attack

#### Severe allergy medicines

All pupils have their auto-injectors kept in the First Aid Room except nursery, who have their own medical area. Each child has a clearly labelled pack for easy access. The individual children's packs are to remain here unless needed on an offsite activity.

SCHOOL EMERGENCY Auto-Injectors are kept in the First Aid Room in the School Office only. Please see 'Emergency Auto-Injectors'.

Auto-injectors must be provided by parent/carer in the original packaging as dispensed by the pharmacist clearly labelled with the child's name and dose required.

If a parent/carer has stated that their child requires an auto-injector in school but does not supply an in date auto-injector, the school will take the following action:

- Phone the parent/carer and request that the auto-injector is brought into school without delay.
- If the parent/carer fails to supply the auto-injector as requested, a written reminder will be sent to the parent/carer.
- Should no auto-injector be received by the school, in the event of anaphylaxis, the school's Emergency Auto-injectors will be used. Only the correct dosage of medicine to be given dependant on the child's age.

NOTE: It is the parents/carers responsibility to provide the school with the medication required and to ensure that it is in date.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to. Office staff/First Aider(s) will have attended regular 'Auto-Injector Training.

### Emergency Auto-Injectors

A sufficient number of AAI's will be held by the school to cover emergency use and parental consent to administer the 'school AAI's' will be gained when the pupil has been diagnosed with a severe allergy. The school will hold a register of the pupils diagnosed with severe allergies, and parental consent with the 'schools emergency AAI's'. The school will be responsible for ensuring the 'school's emergency AAI's' remains in date.

The school will follow the emergency treatment as detailed on the Emergency AAI Form that can be found within the folder set aside for children with severe allergies. The school AAI's will only be used in an emergency and will always be used following the official guidelines. The school will develop an Auto-Injector Information Form completed for pupils will severe allergies for parental consent.

### Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including allergies) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including allergies) and emergency contact numbers.

All parents/carers of children with allergies are asked to complete:

- Care Plan form detailing allergy information
- Emergency Auto-Injector Consent Form

Recording use of the AAI and informing parents/carers in line with Supporting Pupils, use of any AAI device should be recorded.

This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

From this information the school keeps the children's records. All teachers know which children in their class have allergies. Parents are required to update the school about any change in their child's medication or treatment.

### Off-Site Visits/ Activities

Teachers will ensure that all auto-injectors are taken on any school trips, visits or off-site activities.

### School Environment

The school endeavours to ensure that the school environment is favourable to pupils with severe allergies. The school will take into consideration, any particular triggers to an anaphylaxis attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

### Anaphylaxis Attacks – School's Procedure

In the event of an anaphylaxis attack, staff will follow the school procedure:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)
2. Use Adrenaline auto-injector\* without delay
3. Dial 999 to request ambulance and say ANAPHYLAXIS \*\*\* IF IN DOUBT, GIVE ADRENALINE
4. If first auto-injector has no effect, after 5 minutes administer the second.

IN THE EVENT THAT YOUR CHILD'S AUTO-INJECTOR HAS EXPIRED OR IS NOT WORKING YOUR CHILD'S 'SPARE' AUTO-INJECTOR WILL BE USED. SHOULD THIS NOT BE AVAILABLE THE SCHOOLS 'EMERGENCY AUTO INJECTOR' WILL BE USED IF PARENTAL CONSENT HAS BEEN GIVEN. We will only use the corresponding dose needed for each individual child.

Access and Review of Policy The Auto-Injector Policy is accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed on a two yearly cycle.

# Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

## 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):

**A**irway: Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue

**B**reathing: Difficult or noisy breathing  
Wheeze or persistent cough

**C**onsciousness: Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

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

1. Lie child flat with legs raised:(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. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
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.