Allergies and Anaphylaxis Policy

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Approved by	Full Board

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Change Log

Date	Changes to Policy
September 2026	New Policy – Content taken from H&S019 Supporting Pupils with Medical Conditions, Allergies and Anaphylaxis Policy

Contents

Accessibility and Language Support

If you require this policy in an alternative format or language, please contact the Trust People Team or your Line Manager. We are committed to ensuring that all colleagues have access to our policies and can fully understand and engage with them and will work with you to provide the necessary support and resources.

1. Introduction

The Learning Academy Partnership accepts that it has the responsibility to ensure that pupils with allergies should be properly supported so that they have full access to education, including school trips and physical education whilst attending the Academy sites. In addition, we seek to minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. We will ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, young people, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30 minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline immediately and calling Emergency Services (999) is crucial. Anaphylaxis always requires an emergency response

Anaphylaxis can occur without any other signs (such as a skin rash) being present. Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing. Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

· foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);

· insect stings (e.g. bee, wasp);

· medication (e.g. antibiotics, pain medicines such as ibuprofen);

· latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Students who have a skin reaction need monitoring for at least an hour.

The Learning Academy Partnership ((SW) understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

We process personal data, including special category health data, in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. The lawful basis for processing is the performance of a task carried out in the public interest. The processing of health data is permitted as it is necessary for safeguarding and supporting pupils with medical conditions.

Further information is set out in the Trust's Data Protection Policy and Privacy Notices

This policy is written in line with the requirements of:

- **Children and Families Act 2014 - section 100**
- **Supporting pupils at school with medical conditions DfE - August 2017**
- **0-25 SEND Code of Practice, DfE 2014 - updated April 2020**
- **Equalities Act 2010**
- **Children's Wellbeing and Schools Bill**

This policy should be read in conjunction with the following Trust policies:

- SEND Inclusion Policy
- Safeguarding Policy
- First Aid Policy
- Supporting Children with Medical Conditions
- The individual school Accessibility Plan

2. The Statutory Duty of the Governing Body

The Board of Trustees remains legally responsible and accountable for fulfilling their statutory duty to support pupils with allergies. The Learning Academy Partnership Board of Trustees fulfils this by:

- Ensuring that arrangements are in place to support pupils with allergies. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child.

- Taking into account that many allergies that require support at school will affect the quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts their school life.

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for allergies, should show an understanding of how the conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need.

- Ensuring that no child with an allergy is denied admission or prevented from taking up a place in school because arrangements for their condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures, and systems are properly and effectively implemented.

- Ensuring that the policy includes details on how the policy will be implemented effectively, including who has overall responsibility for policy implementation.

- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has an allergy.
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.

- Ensuring that the Trust's policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school and how they will be supported and how their training needs will be assessed

- Ensuring that the Learning Academy Partnership's policy covers arrangements for children who are competent to manage their own health needs and medicines.

- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records.

- Ensuring that the policy sets out what should happen in an emergency situation.

- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with allergies

and asthma to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk.
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with allergies and asthma.

3. Policy Implementation, Roles and Responsibilities

The statutory duty for making arrangements for supporting pupils at school with allergies rests with the Board of Trustees.

All members of staff are expected to show an awareness of children's allergies and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Each Academy in the Learning Academy Partnership (SW) has a whole school awareness approach, because it ensures all staff and students are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure procedures are in place to minimise risk of exposure.

Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

The Head Teacher is responsible for:

Communication about:

- the policy
- the students who are on the register of those with allergies
- the importance of recording and reporting near misses and incidents
- Ensuring the kitchens are provided with the pupil's detail and allergies daily
- Ensuring all visitors and supply staff are notified on entry of allergies within the school
- Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
- Students to develop an understanding of allergy through information assemblies and workshops, participating in awareness days and weeks
- Spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- That IHPs are created and communicated
- Ensuring that all staff complete annual allergy training
- That allergy training is included in induction even for short term members of staff, visitors and supply staff.

All Staff are responsible for:

- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the students IHP
- implementing the students IHP
- Creating an inclusive curriculum
- Curriculum adaptation to minimise risks
- Completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- Reporting near misses and incidents

Parents are responsible for:

- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the student's allergy and its management.
- Ensuring that the student always has in date medication with them at school

4. Governance and Assurance

The Trust Operations Lead will monitor compliance with the policy in schools through annual audits, reporting results to the Board of Trustees. All incidents of a medical emergency will be reported to the Trust Operations Lead and the Head Teacher.

The Governance Team will monitor training compliance, and report results to the Board of Trustees

The Head Teacher is responsible for the implementation of this policy within their setting but may request the input of specialised staff for example Special Educational Needs Co-Ordinator.

5. Procedure to be followed when notification is received that a pupil has an allergy

For children being admitted to the academy for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to the Academy mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that allergies that require support at school may affect the quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their condition impacts their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for conditions and avoidance of allergic reactions in school.

We will ensure that staff are properly trained and supervised to support pupils' allergies and will be clear and unambiguous about the need to actively support pupils with allergies to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician, such as a GP states that this is not possible. We will make sure that no child with an allergy is denied admission or prevented from attending the school because arrangements for supporting them have not been made.

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and the school will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the student with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction.

All Academies in The Learning Academy Partnership (SW) are allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

All Academies complete a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens.

When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for students with allergies.

These procedures apply to school led breakfast and after school provision. Where this is provided by a third party, the Head Teacher, ensures that this policy is shared and the third-party provider meets the same procedures.

6. Individual Healthcare Plans

Individual healthcare plans will help ensure that the Trust effectively supports pupils with allergies. They will provide clarity about what needs to be done, when and by whom. They are essential for all pupils with an allergy.

The Individual Healthcare Plan template in Appendix 1 is to be used for each plan required within the Trust when one is not provided by the pupil's GP or specialist.

Individual healthcare plans will be easily accessible only to staff who need the information to support the pupil, with appropriate controls in place to maintain confidentiality

Plans will capture the key information and actions required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's allergy and the degree of support needed. This is important because different children with the same allergy may require very different support.

Individual healthcare plans should be drawn up in partnership between the academy and parents/carers. Pupils should also be involved when appropriate. The aim should be to capture the steps which the Trust should take to help manage their allergy and overcome any potential barriers to getting the most from their education.

The Trust will ensure that individual healthcare plans are reviewed annually or earlier if evidence is presented that the child's needs have changed.

Healthcare plans will be held on the MIS system and Medical Tracker. Paper copies for pupils with medication will be held with medication. Catering Teams will be provided with a paper copy of the healthcare plan of pupils with allergies along with a colour photo.

Individual healthcare plans will be stored electronically on secure systems with access restricted to staff who require the information to fulfil their role.

Where paper copies are necessary (for example, to accompany medication or for emergency use), these will be kept securely and accessible only to authorised staff.

Information shared with specific staff groups, such as catering teams, will be limited to the minimum necessary to ensure the safety of the pupil (for example, allergen information only), rather than the full healthcare plan.

Where photographs are used to support identification, their use will be proportionate, justified, and subject to appropriate safeguards.

All handling of healthcare plans will comply with UK GDPR, including requirements for confidentiality, security, and data minimisation

Parents/carers should provide the school with sufficient and up-to-date information about their child's allergies. Parents should carry out any action they have agreed to as part of the healthcare plan's implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Healthcare plans will be retained only for as long as necessary and in accordance with the Trust's Data Retention Policy. Outdated or superseded paper copies will be securely disposed of.

7. Administration of EpiPens

7.1 Medicines

Medication can only be administered to children by the Head Teacher or the Head Teacher nominee(s). Following the Department for Education guidance, in exceptional circumstances, non-prescribed medicine can be administered if written parental permission is provided, except for the administration of adrenaline required following suspected anaphylaxis where permission is not required.

There are two forms which require completion on Medical Tracker, in the event that Medical Tracker is unavailable there are paper copies in the appendix of this policy:

1. 'Administration of Medicines in Schools' declaration form to be completed by the parent or guardian of the child and be delivered personally, together with the medicine, to the Head Teacher or to the academy office.

2. 'Record of Medicine Administered to an Individual' must be completed by a member of staff and signed by a second member of staff (to confirm the correct dosage and medication) prior to administering each dose of medicine in Medical Tracker.

During fire drills and lockdown practices, staff will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the student may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy. The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used.

- Each Academy holds spare adrenaline devices for use in emergency situations. These are not a replacement for a student's own adrenaline device. Students prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

7.2 Process of Administering Medicine

The medicine should be clearly labelled with.

- Contents
- Name of person
- Dosage and frequency
- Quantity received ml/number of tablets.
- Expiry Date (checked)
- Name of prescribing doctor (if required)
- Expiry date

Medicines must be kept in an individual container in a locked cupboard. The only exception to this is for adrenaline pens which should not be locked away but stored in a safe space that pupils cannot access. Both the medicine and the container must be labelled with the person's name.

7.3 Employee Medication

Staff have a legal responsibility to advise the Trust, as their employer, if they have an allergy and are responsible for ensuring that they have an IHCP and AAI available if appropriate.

7.5 EpiPens

If a pupil is admitted to school with known allergies, the parents will arrange for a IHCP to be completed which will define the severity of the allergy and type of reaction expected.

If the pupil is likely to suffer anaphylactic shock through exposure, the parents will provide an EpiPen and complete the Trust administration of medicine consent form.
All relevant staff will be made aware of the pupils needs and trained in its use.

As explained in H&S019 Supporting Pupils with Medical Conditions, this will also need to be considered when any trips or activities are planned to ensure the risk assessment considers the allergies and pupils needs.

8. Catering

The Trust complies with the Food Information for Consumers Regulation 2011 which states that allergen information must be provided on all food served. 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.

Please refer to Learning Academy Partnership Policy CAT001 Allergen Policy

9. Staff training and support

There are staff within all settings with basic first aid training and pediatric first aid training; further details can be found in the; H&S002 First Aid Policy.

All Trust staff will be trained to recognise and respond to allergic reactions.

This 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
- 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

Specific training according to pupils needs will be completed as necessary, and the Appendix 2 Training Record will be completed.

The Trust will ensure that training remains up to date.

Where a member of staff has a concern around a pupil's medical issue, they will escalate this to the DSL.

10. Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the Academy should know what to do in general terms, such as informing a teacher immediately.

If a child requires emergency care above that as identified in individual healthcare plan or there is no healthcare plan, the academy is to telephone 999 and request an ambulance and then contact the parent/s or named contact to request them to come to where the child is. A member of staff is to remain with the child at all times. If the child requires hospitalisation and the parent/contact does not arrive before the ambulance leaves, a member of staff is to remain with the child until the parent/contact arrives.

11. Day trips, residential visits, and sporting activities

The Trust will actively support pupils with an allergy to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments, unless there is evidence from a clinician, to the contrary.

The Trust will ensure a risk assessment is conducted so that planning arrangements take account of any steps needed to ensure that pupils with allergies can be included safely. This will involve consultation with parents\carers and will be informed by Health and Safety Executive (HSE) guidance on school trips.

12. Unacceptable practice

Although Trust staff should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion
- Send children with allergies home frequently or prevent them from staying for normal school activities unless this is specified in their individual healthcare plans
- Send pupils with allergies to the school office unaccompanied
- Penalise children for their attendance record if their absences are related to their allergy e.g. attending hospital appointments
- Require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

13. Complaints

Should parents/carers be unhappy with any aspect of their child's care, they should discuss their concerns with the child's class teacher in the first instance. If this does not allay the concern or resolve matters, the problem should be brought to a member of the leadership team, who will, where necessary, bring it to the attention of the Head Teacher.

In the unlikely event this does not resolve the issue, the parent/carer should make a formal complaint using the Trust's Complaints Procedure.

Appendix 1: Individual Healthcare Plan Template

Academy:	
Child's Name:	
Year Group & Class	
Date of birth:	
Child's address:	
Medical diagnosis or condition	
Date:	
Review date:	

Family Contact information:	
Name:	
Phone no. (work)	
(home)	
(mobile)	
Name:	
Relationship to child:	
Phone no. (work)	
(home)	
(mobile)	

Clinic/hospital contact	
Name:	
Phone no.	

GP	
Name:	
Phone no.	

Describe medical needs (give details of symptoms, triggers etc.)

Name of medication - dose, method of administration and when to be taken (as applicable)

Specific support for the pupil's educational, social and emotional needs (as applicable)

Arrangements for school visits/trips etc.

Describe what constitutes an emergency, and the action to take if this occurs

Plan developed with:	
	Signature: **Signature:**

Staff training required/undertaken – who; what; when

Copies of this form to:

Appendix 2: Staff Training Record

Administration of medicines and/or medical procedures

Name:	
Type of training received:	
Date of training:	
Training provided by:	
Profession and title:	

I confirm that _____has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated.

Trainer's signature:	
Date:	

I confirm that I have received the training detailed above.

Staff signature:	
Date:	
Suggested review date:	

Appendix 3: Emergency Treatment and Management of Anaphylaxis

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 severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. 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.

What to look for:

Symptoms usually come 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:

• 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 severe 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.

Appendix 4: Supply, Storage and Care of Medication for Allergies

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 container clearly marked with their name.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, 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®

· An up-to-date allergy action plan

· Antihistamine, tablets or syrup (if included on allergy action plan)

· Spoon if required

· Asthma inhaler (if included in an 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 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.

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.

'Spare' adrenaline auto-injectors in school

Every School has spare AAIs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the Kitt Medical Boxes, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen, kept safely and accessible and known to all staff.

Each school holds 2 x 300mcg and 2 x 150mcg pens.

The First Aider is responsible for checking the spare medication is in date on a monthly basis; any pens used must be logged on the Kitt Medical website, who will immediately dispatch replacements.

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