Corinthian Community Primary School

Allergy and Anaphylaxis Policy:

Use of Spare Adrenaline Auto-Injectors (AAIs)

This policy outlines the procedures for the use of 'spare' adrenaline auto-injectors (AAIs) at Corinthian Community Primary 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:

Corinthian Community Primary 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are to be used in the unforeseen event that a person is experiencing anaphylaxis, but their own AAI is not available, out of date, or malfunctioning.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.
- Corinthian Community Primary School holds **2 kits with** 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:

  Staffroom coriander Mounted on wall
  Daycare corridor Mounted on wall

The Head Teacher retains accountability for the management of the Anaphylaxis Kit, but this responsibility is delegated to the Site Manager

2. Maintenance and Replacement of Spare AAIs:

The Site Manager 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 AAIs 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 AAIs, 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:

Finance Manager is 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 AAIs, in the event of an anaphylactic reaction.

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 N Wareing which can be used for practical training alongside the online training.

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

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Template A: individual healthcare plan

Name of school/setting	**Corinthian Community Primary School**
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition (eg Asthma, Diabetes, Epilepsy, Eczema)	
Date	
Review date	

Name of school/setting	**Corinthian Community Primary School**
Child's name	
Group/class/form	
Date of birth	
Child's address	
Allergies (eg peanuts, penicillin, bee stings, latex)	
Does your child require an adrenalineauto injector (eg EpiPen)?	
Date	
Review date	

Family Contact Information

Name	

Who is responsible for providing support in school	Phone no. (work) (home) (mobile) Name Relationship to child Phone no. (work) (home) (mobile)	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	**Clinic/Hospital Contact** Name Phone no. **G.P.** Name Phone no.	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

I confirm that the information above is accurate and to the best of my knowledge. I agree to inform school immediately if there are any changes to my child's medical status.

In the event of an emergency, I give permission for the school staff to seek medical attention or call and ambulance.

Signed (Parent Guardian) _____

Date _____

Template B: parental agreement for setting to administer medicine

Corinthian CP School will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	**Corinthian Community Primary School**
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine/EpiPen *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Yes/No	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) Date

Template C: record of medicine administered to an individual child

Name of school/setting	**Corinthian Community Primary School**
Name of child	
Date medicine provided by parent / /	/ /
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date / /	/ /
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date / /	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date / /	/ /	/ /	/ /
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Template D: record of medicine administered to all children

Name of school/setting **Corinthian Community Primary School**

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Template E: staff training record – administration of medicines

Name of school/setting	**Corinthian Community Primary School**
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Name school rep