

## Frequently asked questions on spare / back-up Adrenaline Auto-Injector (AAI) devices: A guide for schools

### What's new?

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allowed all schools to buy 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who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

### Does this apply to my school?

Yes, this change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish.

### Can I ask the child's GP to prescribe spare AAIs to be held at school?

No, GPs only prescribe the two AAIs that should be carried with the child at all times.

### How do I buy spare / back-up AAIs?

Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription. The pharmacy will need a request signed by the principal or head teacher, ideally on appropriate headed paper. A template letter, which can be used for this purpose, is provided in Appendix 1 of the Department of Health document "Guidance on the use of adrenaline auto-injectors in schools".<sup>1</sup>

### Why should children carry their own two AAIs with them at all times?

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes.<sup>1</sup> Therefore, children and particularly teenagers should carry their two AAI(s) on them at all times. Allowing pupils to keep their AAIs with them will reduce delays, and allows for confirmation of consent without the need to check the allergy/medical conditions register.

### What should my school do if a child is not able to carry their two AAIs at all times?

Where this is not possible due to an insufficient level of understanding and competence, the child's two prescribed AAIs should be quickly and easily accessible at all times. This will include when the child is travelling to school, at school and travelling after school. During school they should be kept in a central place in a box marked clearly with the child's name but NOT locked in a cupboard or an office where access is restricted. Schools should ensure that AAIs are not located more than five minutes away from where they may be needed.

### When should my school use the spare / back-up AAI?

The school's spare AAI can be administered to a child whose own prescribed AAI cannot be administered correctly without delay. The school's spare AAI should only be used on children 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.

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### **Where should my school keep the spare / back-up AAI(s)?**

Schools should ensure that the spare AAI(s) in the emergency kit are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. **They must not be locked away in a cupboard or an office where access is restricted.**

Schools should ensure that AAIs are accessible and available for use at all times, and not located more than five minutes away from where they may be needed. In larger schools, it may be prudent to locate an emergency kit near the central dining area and another near the playground; more than one kit may be needed. Any spare AAI devices held in the emergency kit should be kept separate from a child's own prescribed AAI, which might be stored nearby. The school's spare AAI should be clearly labelled to avoid confusion with that prescribed to a named child.

### **Do I need a policy or protocol for my school's spare / back-up AAIs?**

Yes, schools choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with the Department for Education document - "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England"<sup>2</sup> - and with reference to the guidance from the Department of Health and Social Care - "Guidance on the use of adrenaline auto-injectors in schools".<sup>1</sup>

### **If my school wants to buy spare / back-up AAIs, which brand(s) should we purchase?**

Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school.

### **If my school wants to buy spare / back-up AAIs, which dose should we purchase?**

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior<sup>®</sup> (0.15mg), Emerade<sup>®</sup> 150 or Jext<sup>®</sup> 150 microgram device)
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen<sup>®</sup> (0.3mg), Emerade<sup>®</sup> 300 or Jext<sup>®</sup> 300 microgram device)
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade<sup>®</sup> 500) can be used.

Schools should consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. Schools may wish to seek appropriate medical advice when deciding which AAI device(s) are most appropriate.

### **What if we, as a school, decide that we do not wish to buy spare / back-up AAIs?**

Buying spare AAIs is not mandatory. GPs should not be asked to prescribe spare/back-up AAIs to be held at schools. Schools should ensure that each child's two prescribed AAIs are accessible and available for use at all times, and not located more than five minutes away from where they may be needed.

### **References / further reading**

1. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
2. <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>