

## **Frequently Asked Questions**

### **“Spare”/back-up Adrenaline Auto-Injectors (AAIs) held at school**

*A guide for parents and schools*

This document has been consulted with the following:

- NEL ICB Safeguarding team
- Marta Thlon; Senior Nurse – School Nursing and Looked after Children: Homerton healthcare trust
- Deborah Gibbon: parent and Head teacher at Jenny Hammond Primary School
- Shanice Godwin-Samuel: Lammas school, school administrator and medical welfare officer
- Laura Russell: school lead welfare Waltham Forest

This Factsheet aims to answer some of the questions frequently asked by pupils, parents/carers and schools. The policies around adrenaline provision in schools is available on:

- The GOV.UK website [2023 Clarification of adrenaline autoinjector guidance for schools, Using emergency adrenaline auto-injectors in schools \(2017\)](#).<sup>1</sup>
- The British Society for Allergy and Clinical Immunology (BSACI) have also created guidance for Primary Care [in this area](#)<sup>2</sup>

A comprehensive package of resources has been developed for schools to help ensure they are safeguarding pupils. These can be found on [Safer Schools Program](#)<sup>3</sup> webpage.

It is recommended that that this guidance be used in conjunction with the latest national guidelines where applicable.

#### Summary:

- Adrenaline auto-injectors (AAIs) are intended for self-administration by a patient or to be given by a supervising adult if the patient is unable to do so (e.g. too young, physically unable, etc.). General guidance is that [TWO AAIs](#)<sup>4</sup> should be available at all times to those who have been medically judged as being at risk of anaphylaxis.
- Parents/carers may request a total of FOUR AAIs from prescribers for younger school age children attending school where the school cannot provide for spare AAIs:
  - 2 of the individually prescribed devices are held on the school premises
  - The other 2 must always be available to the patient anywhere outside the school environment (e.g. carried by the parents/carers).
- In patients > 12 years old a discussion could be considered with all stakeholders (i.e. school, parents/carers and the patient) to decide if he/she can carry their own AAIs at school.
  - This does not automatically mean that the pupil is able to administer the AAI and the responsibility around management remains with the school.

- Age is not an absolute trigger for having this discussion as the patient may have other medical issues that preclude them being able to carry the AAI at all.
  - Parents/carers/patients should be reminded that the AAIs should be accessible even when travelling to and from school.
  - Schools have a legal duty to make arrangements for pupils with medical conditions (including those with food allergies) and may consider purchasing “spare” AAIs as part of this.
  - Under existing legislation, teachers and other non-healthcare professionals may administer AAIs, but only to a person prescribed an AAI device, using the device prescribed to them. In other words, they cannot use an AAI belonging to child ‘A’ to treat anaphylaxis occurring in child ‘B’
1. Advice<sup>5</sup> on the expected role of parents/carers:
    - Parents should provide the school with sufficient and up-to-date information about their child’s medical needs and confirm any changes regularly i.e. if any changes happen within the school year
    - They may, in some cases, be the first to notify the school that their child has a medical condition
    - Allergy Action plans are medical documents that are completed by the child’s healthcare professional. This would be used by the school as to how to manage the medical needs of the child within the school setting, e.g. how to alert catering staff to what dietary changes need to be accounted for etc
    - Parents/carers are key partners and should be involved in the development and review of their child’s individual allergy plan<sup>6</sup> and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are always contactable. Any changes to the child’s allergy status should be updated on the care plan regularly
    - All AAIs come with an expiry date. Keep an eye on the expiry dates and set a reminder or register for an expiry alert service (offered on the manufacturers web-site: Epipen<sup>®7</sup> OR Jext<sup>®8</sup>) several weeks before it is due to expire, to make sure you have enough time to obtain a prescription for a new device.<sup>9</sup>
  2. Advice<sup>5</sup> on the role of headteachers:
    - Headteachers should ensure that their school’s policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. **Human Medicines (Amendment) Regulations 2017**<sup>10</sup> allows schools to obtain (without a prescription) AAI devices, for use in emergencies. These “spare” AAIs can be used:
      - in any pupil known to be at risk of anaphylaxis, but only if medical authorization and written parental consent have been provided which would be on individual child’s allergy plan (*aspects covered in a full completed BSACI allergy management plan*<sup>6</sup> mentioned below)
      - if the pupil’s own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

BUT

**In food allergies an AAI is not always assessed as being needed, but even then, there can still be a risk of anaphylaxis.** These children *can* be given the spare AAI in an emergency, so long as:

- school has a care plan confirming that the child is at risk of anaphylaxis
- healthcare professional has authorised use of a spare AAI in an emergency in that child
- child's parent/guardian has provided consent for a spare AAI to be administered

*NOTE – these aspects are covered in the [BSACI allergy management plan](#)<sup>6</sup> if full completed by the child's healthcare provider*

- The BSACI has produced a range of **Allergy Plans**<sup>6</sup> to cover these eventualities, and can be downloaded for free [here](#)<sup>6</sup>. All children with a diagnosis of food allergy should have a written Allergy Management Plan. The BSACI plans can be used as the pupil's individual healthcare plan to meet the school's duty under [Supporting Pupils](#)<sup>3</sup>, where the pupil has no other healthcare needs.
- If a school chooses *not* to use the BSACI plans, there needs to be an alternative which includes information on:
  - Known allergens and risk factors for anaphylaxis in the pupil.
  - Whether the pupil has been prescribed AAI(s) (and if so what brand and dose)
  - Where a pupil has been prescribed an AAI: if parental consent has been given for use of the spare AAI.
  - A photograph of the pupil to allow a visual check to be made (this will require parental consent).
- A new allergy management plan does not need to be created every single school age year. If the parents/carers confirm that no new food allergies have developed to the best of their knowledge, then the currently available plan can continue unchanged however the allergy plan needs to reflect that no changes have been made and that a review has taken place. However, if new allergies develop at any point in the school year, then the allergy management plan should be updated by a health professional (this can be the GP) based on the history from the patient/parent/carer until further investigation can be arranged.
- These details should also be kept in a register in school. In larger schools (and secondary schools, in particular), it may not be feasible for individual staff members to know which pupils have been prescribed AAIs. Schools should therefore ensure that the register is accessible and easy to read. Schools need to ensure they have a proportionate and flexible approach to checking the register.
- **Delays in giving adrenaline have been associated with fatal outcomes.**
- Allowing pupils to keep their AAI(s) with them will reduce delays and allows for confirmation of consent without the need to check the register.
- It is up to individual schools to decide when it is best to obtain parental/guardian consent for use of an AAI. The most appropriate time is probably when a pupil's individual healthcare plan is agreed. Consent should be updated regularly – ideally annually – to take account of any changes.
- **If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/guardian consent** for a “spare” AAI to be used, the school should immediately call 999 and seek advice: If “spare” AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: .....

Print name: .....

Date: .....👤

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: [sparepensschools.uk](https://sparepensschools.uk)

**Parental consent from ALL types of BSACI allergy management plan:** Referenced from [Guidance on the use of adrenaline auto-injectors in schools](#)<sup>5</sup>

Video on the correct use of your AAI:

- <https://youtu.be/4vNR5N1-iBw><sup>11</sup>

### **Treatment of severe allergic reaction from BSACI allergy management plan where an AAI has not been prescribed**

- 2** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3** In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER** the **SPARE AUTOINJECTOR** if available
- 4** Stay with child/young person until ambulance arrives, do **NOT** stand them up
- 5** Phone parent/emergency contact. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
- 6** Commence CPR if there are no signs of life

Further information for schools:

#### **1. How do I buy spare / back-up AAI's?**

Schools can purchase AAI's 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. This is the link for the [https://primarycare.northeastlondon.icb.nhs.uk/home/childhealth/asthma-and-allergy-children-2/learn-more-about-how-to-become-an-asthma-friendly-school/?preview\\_id=4331](https://primarycare.northeastlondon.icb.nhs.uk/home/childhealth/asthma-and-allergy-children-2/learn-more-about-how-to-become-an-asthma-friendly-school/?preview_id=4331)<sup>12</sup> which can be used

#### **2. Why should children always carry their own two AAI's with them?**

Depending on their level of understanding and competence, children and particularly teenagers should always carry their AAI(s) on their person, or they should always be quickly and easily accessible. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a receptacle marked clearly with the pupil's name but NOT

locked in a cupboard or an office where [access is restricted](#)<sup>13</sup>. Allowing pupils to keep their AAls with them will reduce delays and allows for confirmation of consent without the need to check the allergy/medical conditions register.

### **3. What should my school do if a child is not able to always carry their two AAls?**

Where this is not possible due to an insufficient level of understanding and competence, the child's two prescribed AAls should always be quick and easily accessible. 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 where access is restricted. Schools should ensure that AAls are not located more than five minutes away from where they may be needed.

### **4. 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 authorization and written parental consent for use of the spare AAI have been provided.

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

Schools should ensure that the spare AAI(s) are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff always have access, 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 AAls are always accessible and available for use 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 labelled to avoid confusion with that prescribed to a named child.

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

Yes, schools choosing to hold a spare AAI(s) should establish a policy or protocol for their use inline with the [Department for Education document](#)<sup>5</sup> - "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" - 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>13</sup>.

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

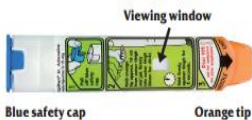
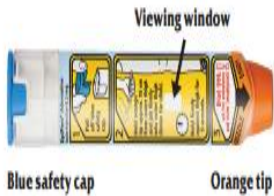

Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. Currently, there are only 2 brands available: Epipen® and Jext®, the

school may wish to purchase the brand most 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.


### 8. If my school wants to buy spare / back-up AAls, which dose should we purchase?

The dose of adrenaline required is dependent on the age and weight of the person requiring the AAI device and will be prescribed by the doctor. It is important that AAls prescribed for children are reviewed as they get older and increase in weight to ensure they have the correct dose. Each AAI device will differ in appearance and the availability of the dose/strength available in that [particular brand](#)<sup>14</sup>

#### Summary of AAls product information

Product name	Dose by weight (kg)	Patient information leaflet	Educational material produced by the manufacturer	Free trainer pens available
EpiPen® Jr. 0.15 mg adrenaline (epinephrine) auto-injector 	Child from 7.5 – 25kg – 0.15mg dosage (Green Label)	<a href="#">EpiPenJr</a> <sup>15</sup> auto-injectors	EpiPen® Jr <a href="#">user guide and instruction video</a> <sup>16</sup>	Yes: <a href="#">EpiPen® Training Pen   EpiPen</a> <sup>17</sup>
EpiPen® 0.3 mg and adrenaline (epinephrine) auto-injector 	Adult and children over 25kg – 0.3mg dosage (Yellow Label)	<a href="#">EpiPen</a> <sup>18</sup> auto-injectors	EpiPen® <a href="#">user guide and instruction video</a> <sup>19</sup>	Yes: <a href="#">EpiPen® Training Pen   EpiPen</a> <sup>17</sup>
Jext® 150 micrograms solution for injection in pre-filled pen 	Children between 15kg and 30kg (Yellow label)	<a href="#">Jext® pre-filled pens</a> <sup>20</sup>	Jext® <a href="#">user guide and instruction video</a> <sup>21</sup>	Yes: <a href="#">Order Literature</a> <sup>22</sup>



Jext® 300 micrograms solution for injection in pre-filled pen 	Adults and Children over 30kg (Red label)	<a href="#">Jext® pre-filled pens</a> <sup>20</sup>	Jext® <a href="#">user guide</a> and <a href="#">instruction video</a> <sup>21</sup>	<b>Yes:</b> <a href="#">Order Literature</a> <sup>22</sup>
--	---	---	--	--

### 9. What if we, as a school, decide that we do not wish to buy spare / back-up AAI's?

Buying spare AAI's is not mandatory. Schools should ensure that each child's two prescribed AAI's are always accessible and available for use and not located more than five minutes away from where they may be needed.

#### References:

- 1: Beach, J. (2023, March 23). *Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012*. Medicines and Healthcare products Regulatory Agency. [https://assets.publishing.service.gov.uk/media/642bdea2fbe620000f17dbb2/AAI\\_HM\\_R238\\_Clarification\\_Dr\\_P\\_Turner.pdf](https://assets.publishing.service.gov.uk/media/642bdea2fbe620000f17dbb2/AAI_HM_R238_Clarification_Dr_P_Turner.pdf)
- 2: British Society for Allergy and Clinical Immunology. (2023, June). *Adrenaline AAI guidance for anaphylaxis management*. <https://www.bsaci.org/wp-content/uploads/2023/06/BSACI-AAI-Guidance-June-2023.pdf>
- 3: Anaphylaxis UK. *Safer schools programme for allergy management*. Anaphylaxis UK. <https://www.anaphylaxis.org.uk/education/about-safer-schools-programme/>
- 4: Medicines and Healthcare products Regulatory Agency. *Medicines and Healthcare products Regulatory Agency*. GOV.UK. <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>
- 5: Department for Education. (2015). *Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*. <https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf>
- 6: British Society for Allergy and Clinical Immunology. *Paediatric allergy action plans*. <https://www.bsaci.org/resources/resources/paediatric-allergy-action-plans/>
- 7: Viatris UK Healthcare Limited. *EpiPen® expiry date alerts*. Viatris. <https://cloud.email.viatrisconnect.com/EpiPen-Expiry-Alert-Registration>
- 8: ALK-Abelló Ltd. *Welcome to Jext®*. <https://jext.co.uk/>
- 9: Allergy UK. (2021, July 6). *Adrenaline auto-injectors factsheet*. Allergy UK. <https://www.allergyuk.org/resources/adrenaline-auto-injectors-factsheet/>

- 10: Legislation.gov.uk. (2017). *The Human Medicines (Amendment) Regulations 2017*. <https://www.legislation.gov.uk/uksi/2017/715/regulation/1/made>
- 11: National Health Service (NHS). (2020, December 3). *How to use an adrenaline auto-injector (EpiPen)* [Video]. YouTube. <https://www.youtube.com/watch?v=4vNR5N1-iBw>
- 12: NHS North East London. *Learn more about how to become an asthma friendly school*. [https://primarycare.northeastlondon.icb.nhs.uk/home/childhealth/asthma-and-allergy-children-2/learn-more-about-how-to-become-an-asthma-friendly-school/?preview\\_id=4331](https://primarycare.northeastlondon.icb.nhs.uk/home/childhealth/asthma-and-allergy-children-2/learn-more-about-how-to-become-an-asthma-friendly-school/?preview_id=4331)
- 13: Department for Education. (2017). *Adrenaline auto-injectors in schools: Guidance for schools in England* [PDF file]. [https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf)
- 14: Allergy UK. *Anaphylaxis*. Allergy UK. <https://www.allergyuk.org/about-allergy/anaphylaxis/>
- 15: Meda Pharmaceuticals Ltd. (2020). *EpiPen 300 microgram injection, solution in pre-filled syringe: Patient information leaflet*. <https://www.medicines.org.uk/emc/files/pil.4290.pdf>
- 16: Mylan. *How to use your EpiPen*. EpiPen. <https://www.epipen.co.uk/en-GB/patients/your-epipen/how-to-use-your-epipen>
- 17: Viatris. *EpiPen trainer pen registration*. Viatris. <https://cloud.email.viatrisconnect.com/EpiPen-Trainer-Pen-Registration>
- 18: Meda Pharmaceuticals Ltd. (2020). *Jext 300 microgram injection, solution in pre-filled syringe: Patient information leaflet*. <https://www.medicines.org.uk/emc/files/pil.4289.pdf>
- 19: Mylan. *Patients: EpiPen*. EpiPen. <https://www.epipen.co.uk/en-GB/patients>
- 20: Meda Pharmaceuticals Ltd. (2021). *Jext 150 microgram injection, solution in pre-filled syringe: Patient information leaflet*. <https://www.medicines.org.uk/emc/files/pil.5747.pdf>
- 21: Meda Pharmaceuticals Ltd. *Jext for kids*. Jext. <https://kids.jext.co.uk/>
- 22: Meda Pharmaceuticals Ltd. *Jext*. Jext. <https://jext.co.uk/>



Document control	
<b>Title</b>	<b>Frequently Asked Questions “Spare”/back-up Adrenaline Auto-Injectors (AIs) held at school</b>
<b>Version</b>	1.0
<b>Produced by</b>	Saiqa Mughal, Lead Medicines Optimisation Pharmacist, NHS NEL ICB; <a href="mailto:saiqamughal@nhs.net">saiqamughal@nhs.net</a>
<b>Approved by</b>	North East London Formulary and Pathways Group (FPG)
<b>Date approved</b>	04/03/2025
<b>Ratified by</b>	North East London System Prescribing and Medicines Optimisation Board (SyPMO)
<b>Date ratified</b>	22/04/2025
<b>Review date</b>	22/04/2027