

**ADRENALINE AUTO-INJECTOR (AAI)  
AND ANAPHYLAXIS POLICY**

*Including EpiPen®, Jext®, Emerade® where prescribed/available, and emergency spare adrenaline devices*

|                               |                                                                                                                                            |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy date</b>            | September 2026                                                                                                                             |
| <b>Review date</b>            | September 2027, or immediately following a serious allergic incident/near miss or change in guidance                                       |
| <b>Proprietor / Principal</b> | Mrs M F Brown                                                                                                                              |
| <b>Designated policy lead</b> | Principal / nominated Medical & Allergy Safety Lead                                                                                        |
| <b>Applies to</b>             | All pupils, staff, volunteers, visitors, school transport and educational visits                                                           |
| <b>Related policies</b>       | Allergy Safety; Supporting Pupils with Medical Conditions; First Aid; Safeguarding; SEND; Educational Visits; Food Safety; Risk Assessment |

**ANAPHYLAXIS IS A MEDICAL EMERGENCY**

**GIVE ADRENALINE IMMEDIATELY if anaphylaxis is suspected. IF IN DOUBT, GIVE ADRENALINE.**

**Call 999 and say “ANAPHYLAXIS”. Do not allow the pupil to stand or walk. Bring the medicine to the pupil. If there is no improvement after 5 minutes, give a second dose of adrenaline. Stay with the pupil until the ambulance arrives.**

## 1. Purpose and principles

Overstone Park School is committed to protecting pupils with allergies and ensuring that anaphylaxis is recognised and treated without delay. This policy sets out the arrangements for prescribed adrenaline devices and school-held spare adrenaline auto-injectors (AAIs). EpiPen is a brand name; throughout this policy the broader term AAI/adrenaline device is used.

- All pupils with a known risk of anaphylaxis must have an up-to-date Individual Healthcare Plan (IHP)/allergy action plan based on medical advice.
- Adrenaline must be rapidly accessible at all times, including classrooms, dining areas, playgrounds, sports areas, transport and educational visits.
- Staff must know how to recognise anaphylaxis, summon help, administer the pupil's prescribed device or an authorised school spare, and call 999.
- Allergy safety is a whole-school responsibility. Avoidance of known allergens, emergency preparedness, staff training and learning from incidents/near misses are equally important.
- A pupil must never be excluded from ordinary school activities solely because of an allergy where safe reasonable arrangements can be made.

## 2. Legal and guidance framework - September 2026

OPS is an independent school in England. The school has regard to the strongest current national allergy-safety standards and will update this policy when equivalent independent-school regulatory requirements are commenced.

- Children's Wellbeing and Schools Act 2026 - provides for strengthened allergy-safety duties and powers to impose equivalent requirements on independent schools through the relevant regulatory framework.
- DfE Allergy Safety in Schools statutory guidance, published 6 July 2026. It is currently statutory for specified state-funded settings and expressly identified as useful for independent schools; government intends equivalent requirements for independent schools.
- Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2017, permitting schools to obtain AAIs without prescription for emergency use in accordance with the legal framework.
- Department of Health/DHSC guidance on the use of emergency adrenaline auto-injectors in schools.
- Equality Act 2010, including reasonable adjustments for disabled pupils where applicable.
- Education (Independent School Standards) Regulations 2014, including welfare, health and safety, safeguarding and risk-assessment requirements.
- Keeping Children Safe in Education 2026 and the school's safeguarding arrangements.

- DfE Supporting Pupils with Medical Conditions guidance and First Aid in Schools guidance as relevant good-practice sources.

### **3. Identifying pupils at risk**

- Parents/carers must tell the school about diagnosed allergies, previous anaphylaxis, prescribed adrenaline devices and changes in treatment.
- Admissions and annual information checks will ask specifically about allergies and emergency medication.
- The school will maintain an up-to-date allergy register that is readily available to staff who need it while respecting confidentiality.
- Each pupil at risk will have an IHP/allergy action plan showing allergens, usual symptoms, emergency symptoms, prescribed device/dose, where devices are kept, emergency contacts and any additional needs.
- Relevant staff, including catering, transport, PE and trip staff, will be made aware of pupils at risk.

### **4. Individual adrenaline devices**

Current MHRA advice is that people at risk of anaphylaxis should have two adrenaline devices available. OPS therefore expects parents/carers to supply the prescribed devices recommended for the pupil and to replace them before expiry.

- Devices must be prescribed for the individual pupil, in date, clearly labelled and stored according to manufacturer instructions.
- Where a pupil is sufficiently mature and competent, they should be encouraged to carry their own two prescribed devices, including while travelling to and from school.
- For pupils who cannot safely self-carry because of age, cognition, communication, behaviour or another individual factor, devices will be kept in an unlocked, clearly identified, readily accessible location known to staff.
- Emergency adrenaline must never be locked away in a place that causes delay.
- Staff must not send a pupil experiencing suspected anaphylaxis to fetch their own medication.
- Expiry dates and condition of devices will be checked routinely, with parents contacted in good time for replacements.

## 5. School-held spare AAIs

OPS will maintain spare AAIs for emergency use. These are additional to, not a replacement for, a pupil's own prescribed devices.

- Spare devices will be obtained from a pharmacy in accordance with the Human Medicines Regulations and current DHSC guidance.
- Stock will reflect the dose strengths reasonably required by the school population and current medical guidance.
- Spare AAIs will be stored securely but unlocked and immediately accessible in an emergency, with clear signage and staff awareness.
- A named responsible person will check stock, tamper status, storage conditions and expiry dates at least monthly and after every use.
- Used devices will be handed to ambulance staff or disposed of safely as clinical/sharps waste in accordance with instructions.
- Replacement stock will be ordered promptly after use or before expiry.

## 6. When a school spare may be used

A school-held spare AAI may be used in accordance with the law and current national guidance. For a pupil known to be at risk of anaphylaxis, the pupil's own device should normally be used first if immediately available and suitable. The spare exists to prevent dangerous delay if the pupil's device is unavailable, faulty, out of date or a further dose is required.

Staff must not delay emergency treatment while searching for paperwork. Emergency decisions must prioritise preservation of life and follow the pupil's plan, current training, device instructions and 999 clinical advice.

## 7. Recognising anaphylaxis

Anaphylaxis can develop rapidly. Staff must suspect anaphylaxis when a pupil has a sudden allergic reaction with potentially life-threatening airway, breathing or circulation problems, particularly after exposure to a known or possible allergen.

- **AIRWAY:** swelling/tightness of throat or tongue, difficulty swallowing, hoarse voice, noisy breathing.
- **BREATHING:** difficulty breathing, wheeze, persistent cough, rapid breathing, blue/grey colour, breathing becoming ineffective.
- **CIRCULATION:** dizziness, faintness, collapse, pale/clammy appearance, reduced consciousness.

- Other allergy symptoms may include hives, flushing, swelling, abdominal pain or vomiting, but skin symptoms may be absent.
- For a pupil with both food allergy and asthma, sudden breathing difficulty must raise immediate concern for anaphylaxis.

## **8. Emergency procedure**

1. Recognise suspected anaphylaxis and call for immediate adult assistance.
2. GIVE ADRENALINE IMMEDIATELY into the outer thigh in accordance with the device instructions and training. If in doubt, give adrenaline.
3. Call 999 immediately and state: "ANAPHYLAXIS". Give the school address, pupil details and information about the adrenaline dose/time.
4. Position the pupil safely. Do NOT allow them to stand or walk. Usually lay them flat with legs raised. If breathing is very difficult, they may sit up with legs extended. If unconscious, place in the recovery position where appropriate. A pregnant person should lie on their left side.
5. Stay with the pupil. Send another adult to meet the ambulance and another to bring the second device/spare if it is not already present.
6. If there is no improvement after 5 minutes, administer a SECOND dose using a second device.
7. Monitor airway and breathing. Be prepared to commence CPR and use the AED if the pupil becomes unresponsive and is not breathing normally.
8. Contact parents/carers after 999 has been called and emergency treatment is underway. Do not delay adrenaline or the ambulance call to contact parents.
9. Ensure the pupil is transferred to ambulance care. A member of staff should accompany the pupil if a parent/carer is not present, in accordance with school emergency arrangements.
10. Record the incident fully and initiate the post-incident review.

## 9. Positioning - critical safety rule

### **NEVER MAKE A PUPIL WITH ANAPHYLAXIS STAND OR WALK.**

Bring the adrenaline device and emergency help to the pupil. Sudden standing or walking during anaphylaxis can be dangerous.

## 10. Staff training

- All staff will receive allergy-awareness training appropriate to their role, including recognising anaphylaxis and the emergency response.
- Staff expected to administer AAI's will receive practical training using trainer devices and understand the devices used by pupils at the school.
- Training will cover: allergen avoidance; symptoms; when to give adrenaline; positioning; 999 communication; second dose after 5 minutes; CPR/AED awareness; storage/access; recording; and post-incident action.
- New staff, supply staff and relevant volunteers will receive essential allergy/emergency information before being placed in sole charge where this could be required.
- Training records will be retained and refreshed at least annually and sooner where need or guidance indicates.

## 11. Food, allergen avoidance and catering

- Known allergens and agreed controls will be recorded in the pupil's IHP and communicated to catering and relevant staff.
- School food arrangements will comply with applicable allergen-information requirements.
- Risk reduction may include cleaning, handwashing, supervised eating, safe food preparation, avoiding food sharing and individual seating/serving arrangements where clinically appropriate.
- OPS will not describe the school as completely 'allergen free' where this cannot be guaranteed. Controls will be realistic, risk-assessed and communicated.
- Food-based curriculum activities, rewards and celebrations must consider known allergies before food is introduced.

## 12. Educational visits, PE, transport and off-site activities

- No pupil at risk of anaphylaxis will leave for a school trip or activity without rapid access to the required adrenaline devices and an appropriately informed adult.

- Trip risk assessments will identify allergy controls, food arrangements, emergency access, mobile communication and location of the nearest emergency care where appropriate.
- The pupil's own devices should travel with the pupil, not separately in luggage or another vehicle.
- Relevant staff must know the pupil's IHP and how to administer the device.
- School transport arrangements must not separate the pupil from their emergency adrenaline.

### **13. SEND and reasonable adjustments**

Because OPS serves pupils with SEND, individual arrangements may be required for pupils who cannot recognise symptoms, communicate distress, self-carry medication or tolerate ordinary medical procedures. Plans may include visual symbols, AAC, familiar staff, additional supervision and carefully rehearsed emergency routines. These adjustments must never create delay in administering adrenaline when anaphylaxis is suspected.

### **14. Recording, notification and learning from incidents**

- Every administration of adrenaline, serious allergic reaction and significant near miss will be recorded promptly.
- The record will include symptoms, suspected trigger, time/location, device and dose, time administered, second dose if given, 999 call, positioning, staff involved, parent contact, ambulance/hospital outcome where known and any problems obtaining medication.
- The Principal/Medical & Allergy Safety Lead will review the incident or near miss to identify learning.
- The pupil's IHP and relevant risk assessments will be reviewed after anaphylaxis or a significant near miss.
- Serious patterns, medication-access failures, training issues and required actions will be reported to the Proprietor/Principal and tracked to completion.

### **15. Responsibilities**

#### **Proprietor / Principal**

- Ensure suitable allergy/AAI arrangements, resources and oversight.
- Appoint a responsible allergy/medical lead and ensure staff training.
- Ensure spare AAIs and emergency systems are maintained.
- Review serious incidents and assurance data.

### **Medical & Allergy Safety Lead / designated staff**

- Maintain the allergy register and IHP system.
- Check emergency stock and expiry dates.
- Coordinate training and staff information.
- Ensure emergency grab arrangements are operational.
- Audit incidents, near misses and corrective actions.

### **Parents/carers**

- Provide accurate medical information and an up-to-date healthcare/allergy plan.
- Provide prescribed devices in date and replace them before expiry or after use.
- Notify the school immediately of changes in allergy, treatment or emergency medication.
- Work with the school on reasonable risk-reduction arrangements.

### **Pupils**

- Where developmentally able, know their allergens and symptoms and tell an adult immediately if they feel unwell.
- Do not share food where this creates an allergy risk.
- Carry prescribed devices where agreed and never tamper with another pupil's medication.

## 16. Emergency AAI equipment checklist

| Check                                                    | Frequency                     | Record                   |
|----------------------------------------------------------|-------------------------------|--------------------------|
| Spare AAI present, correct dose range and sealed/intact  | Monthly and after use         | <input type="checkbox"/> |
| Expiry date adequate                                     | Monthly                       | <input type="checkbox"/> |
| Storage location unlocked, accessible and clearly signed | Monthly                       | <input type="checkbox"/> |
| Pupil devices present/in date where stored by school     | Routine check per IHP         | <input type="checkbox"/> |
| Emergency contact/IHP information current                | At least termly and on change | <input type="checkbox"/> |
| Staff training current                                   | At least annually / induction | <input type="checkbox"/> |
| Trip/transport arrangements include adrenaline access    | Every relevant activity       | <input type="checkbox"/> |

## 17. Quick emergency action card

### SUSPECT ANAPHYLAXIS?

1. GIVE ADRENALINE NOW - IF IN DOUBT, GIVE IT.
2. CALL 999 - SAY 'ANAPHYLAXIS'.
3. DO NOT LET THE PUPIL STAND OR WALK.
4. STAY WITH THE PUPIL AND MONITOR BREATHING.
5. NO IMPROVEMENT AFTER 5 MINUTES? GIVE SECOND ADRENALINE DOSE.
6. CONTACT PARENTS AFTER EMERGENCY TREATMENT/999 IS UNDERWAY.
7. HAND OVER TO AMBULANCE AND RECORD/REVIEW THE INCIDENT.

## 18. Review and publication

This policy will be made available to staff and parents and reviewed at least annually, after a serious allergic incident or near miss, when the school population or provision changes materially, or when legislation/guidance changes. The school will also maintain a broader Allergy Safety Policy so that prevention, food/catering controls and emergency response form one coherent system.

### Authoritative references checked

- **DfE - Allergy safety in schools (6 July 2026):** <https://www.gov.uk/government/publications/allergy-safety-in-schools>

- **DHSC - Using emergency adrenaline auto-injectors in schools:** <https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>
- **DfE - Supporting pupils with medical conditions at school:** <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- **DfE - First aid in schools, early years and further education:** <https://www.gov.uk/government/publications/first-aid-in-schools>
- **Children's Wellbeing and Schools Act 2026:** <https://www.legislation.gov.uk/ukpga/2026/21>

**Approved by Proprietor/Principal: Marion Brown** \_\_\_\_\_

Signature: Marion Brown \_\_\_\_\_ Date: \_\_\_\_\_

07/08/26 \_\_\_\_\_

Next review: September 2027