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Emergency Anaphylaxis and Adrenaline Auto-Injector (AAI) Procedure

To be read with the Trust Allergen Management Policy

Adopted by

St John's Middle School

September 2026

For use by all school staff

Effective from: September 2026
Review: Annually, or immediately following an allergy-related incident or near miss
Applies to: All pupils, staff, visitors and volunteers on the school site

In collaboration with

SPARE AAI's ARE STORED IN THE MAIN OFFICE IN A BLACK COOL BAG INSIDE THE RED POUCH

Purpose

The purpose of this procedure is to ensure that all staff know what to do if a pupil or adult experiences a **severe allergic reaction (anaphylaxis)**.

Anaphylaxis is a **medical emergency** and can become life-threatening very quickly.

The key message is:

IF IN DOUBT, GIVE ADRENALINE.

Adrenaline should be given **without delay** when anaphylaxis is suspected. Staff must not wait for symptoms to become severe.

Recognising Anaphylaxis

A severe allergic reaction may include one or more of the following:

Airway	**Breathing**	**Circulation / consciousness**
● Swelling of the tongue or throat ● Difficulty swallowing ● Hoarse voice ● Feeling that the throat is closing	● Difficulty breathing ● Wheezing ● Persistent coughing ● Noisy breathing	● Dizziness ● Feeling faint ● Pale or floppy appearance ● Collapse ● Becoming very sleepy or confused ● Loss of consciousness

Other possible symptoms

- Widespread hives or itching
- Swelling of the face or lips
- Vomiting or abdominal pain

Important: Anaphylaxis can happen **without a skin rash**. Sudden breathing difficulty in a pupil with a known allergy should be treated as an emergency.

IMMEDIATE EMERGENCY PROCEDURE

STEP 1 – STAY WITH THE PUPIL

Do not leave the pupil alone.

Call for help immediately via phone, radio or send a responsible pupil or member of staff to summon assistance if an alternative communication method is not immediately available

Tell another member of staff:

> **"Get the pupil's adrenaline auto-injector and call 999."**

If the pupil has their own prescribed AAI, use this where available and appropriate.

If their prescribed device is unavailable, inaccessible or does not work, the school's **spare emergency adrenaline auto-injector** may be used in accordance with the school's allergy policy and staff training.

STEP 2 – POSITION THE PUPIL

Do NOT allow the pupil to stand or walk.

Bring the medication and help to the pupil.

- Lay the pupil **flat with their legs raised**, where possible.
- If they are struggling to breathe, allow them to **sit with their legs extended**, but do not allow them to stand.
- If unconscious but breathing, place them in the recovery position.
- If they are not breathing normally, begin CPR.

Never send a pupil to the medical room, office or first aider while they are experiencing anaphylaxis.

The help and medication must come to the pupil.

STEP 3 – GIVE THE EPI-PEN / ADRENALINE AUTO-INJECTOR

Give the pupil their adrenaline auto-injector **immediately** if anaphylaxis is suspected.

Staff should follow their **training and the instructions for the specific auto-injector being used**, as different devices have different administration techniques.

Do not delay adrenaline while waiting for a first aider, parent/carer or ambulance.

The school's allergy training must ensure that staff know how to recognise anaphylaxis and how to use the adrenaline devices held by the school.

STEP 4 – CALL 999

Call 999 immediately after giving adrenaline.

Tell the operator:

"This is anaphylaxis. A child has been given adrenaline and needs an ambulance."

Give the school name, exact location and access point.

Send a member of staff to meet the ambulance at the school entrance.

Do not cancel the ambulance even if the pupil appears to improve.

Symptoms can return after the initial improvement.

STEP 5 – A second AAI

If the pupil **has not improved after 5 minutes**, a second adrenaline auto-injector should be administered if one is available.

This may be the pupil's second prescribed device or an appropriate school emergency device, according to the school's procedures and staff training.

Continue to monitor the pupil while waiting for the ambulance.

WHILE WAITING FOR THE AMBULANCE

A member of staff must always remain with the pupil.

Staff should:

- Keep the pupil calm.
- Keep them lying down where possible.
- Monitor their breathing and responsiveness.
- **Do not allow them to stand or walk.**
- Keep the used adrenaline device with the pupil for the ambulance crew.
- Have the pupil's allergy action plan / Individual Healthcare Plan available.
- Tell the ambulance crew what happened, what symptoms were observed and when adrenaline was administered.

If the pupil becomes unconscious and is not breathing normally:

Begin CPR and follow the instructions given by the 999 operator.

INFORM PARENTS / CARERS

A parent/carer must be contacted as soon as reasonably practicable following the emergency call.

The pupil should **not be sent home with a parent/carer instead of receiving emergency medical assessment**.

The decision to discharge the pupil from medical care rests with the appropriate healthcare professionals.

AFTER THE INCIDENT

Following an anaphylaxis incident:

The school must:

1. Record the incident fully.
2. Record the time the reaction was identified.
3. Record the time adrenaline was administered.
4. Record the type of adrenaline auto-injector used.
5. Record whether a second dose was required.
6. Record when 999 was called.
7. Record when the ambulance arrived.
8. Inform parents/carers.
9. Replace any school emergency AAI used.
10. Check that the pupil's prescribed medication is replaced if required.
11. Review the pupil's Individual Healthcare Plan and Allergy Action Plan.
12. Review what happened and identify any lessons that need to be acted upon.
13. Report the incident through the school's agreed safeguarding/medical incident recording system.

In line with Benedict's Law requirements and associated statutory guidance, schools must have arrangements for recording and learning from serious allergy incidents and near misses.

Any incident should trigger a review of the pupil's Individual Healthcare Plan and Allergy Action Plan in partnership with parents/carers and, where appropriate, healthcare professionals.

IF A PUPIL HAS NO KNOWN ALLERGY

A pupil **does not need to have a diagnosed allergy** for anaphylaxis to occur.

If a pupil develops symptoms suggesting anaphylaxis:

Treat the reaction as an emergency.

- Call for help.
- Bring the school's emergency adrenaline auto-injector.

- Give adrenaline without delay if anaphylaxis is suspected and the device is appropriate for use.
- Call 999.
- Keep the pupil lying down.
- Monitor them until the ambulance arrives.

The school's spare adrenaline auto-injectors are intended as an emergency safety net and can be used for a person experiencing anaphylaxis where the circumstances meet the school's emergency procedure.

SCHOOL EMERGENCY ADRENALINE AUTO-INJECTORS

The school will:

- Maintain a supply of **in-date spare adrenaline auto-injectors** for emergency use.
- Store them in an agreed central location known to staff. (in main office)
- Ensure they are readily accessible during the school day.
- Ensure arrangements allow rapid access from classrooms, playgrounds, dining areas, sports areas and other parts of the school.
- Regularly check expiry dates and condition.
- Keep a written record of checks.
- Replace any device used or approaching expiry.
- Ensure staff receive appropriate allergy awareness and emergency response training.

Spare AAIs are **not a replacement for a pupil's own prescribed medication**.

Pupils prescribed adrenaline should have their own devices available to them in school, with arrangements set out in their Individual Healthcare Plan. Current guidance recommends that people at risk of anaphylaxis carry **two adrenaline auto-injectors**.

STAFF RESPONSIBILITIES

All staff

All staff should:

- Know the signs and symptoms of anaphylaxis.
- Know how to summon emergency help.
- Know where the school's emergency AAIs are stored.
- Know which pupils have known allergies where this information is shared appropriately.
- Know that adrenaline should not be delayed when anaphylaxis is suspected.
- Never allow a pupil experiencing anaphylaxis to walk to obtain medication or medical assistance.

Benedict's Law requires comprehensive allergy awareness and emergency response training for staff.

Designated / trained staff

The school will identify staff responsible for:

- Monitoring emergency AAI stocks.

- Checking expiry dates.
- Maintaining records.
- Supporting Individual Healthcare Plans.
- Coordinating allergy emergency training.
- Reviewing incidents and near misses.
- Ensuring emergency procedures remain effective.

The school's Allergy Safety Lead will oversee incident review, emergency AAI arrangements, staff training and compliance with the school's allergen management arrangements.

SCHOOL EMERGENCY MESSAGE

All staff should remember:

RECOGNISE → ADRENALINE → 999 → LIE DOWN → MONITOR

1. Recognise the signs of anaphylaxis.

2. Give adrenaline without delay if anaphylaxis is suspected.

3. Call 999 and say **"ANAPHYLAXIS."**

4. Keep the pupil lying down and do not allow them to stand or walk.

5. Monitor the pupil until the ambulance arrives.

IF IN DOUBT, GIVE ADRENALINE.

Staff Training

All school staff will receive allergy awareness and emergency response training appropriate to their role.

Training will cover:

- Recognising allergic reactions.
- Recognising anaphylaxis.
- Immediate emergency response.
- Positioning a pupil safely.
- Calling 999.
- Using adrenaline auto-injectors.
- Location and access to emergency AAIs.
- Individual Healthcare Plans and Allergy Action Plans.
- Incident and near-miss reporting.

Training and procedures should be reviewed regularly and following any serious incident or near miss.

This procedure provides emergency response guidance only and should be read alongside the Trust Allergen Management Policy, Supporting Pupils with Medical Conditions Policy, First Aid Policy and local school allergy arrangements.

This procedure does not replace practical AAI training. Staff must receive appropriate training and follow the instructions for the particular adrenaline device being administered.