



**Allergy, Anaphylaxis and Emergency  
Adrenaline Auto-Injector Policy**

**Reviewed by Governing Body on 28<sup>th</sup> November 2019, December 2020 and  
July 2022, September 2024, September 2025**

**Signed: Victoria Davis**

**Chair of Governing Body**

**Next review due: September 2026**

## Introduction

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Walmley Infant School is an inclusive community that aims to support and welcome pupils with allergies. We support the children's physical and mental wellbeing by ensuring that the whole school environment, which includes physical, social, sporting, and educational activities, is inclusive and favourable to children with allergies. Walmley Infant school's allergy policy has been written with advice from the Department of Health, Allergy UK, the local authority, and healthcare professionals. We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All school staff receive allergy awareness training annually. Walmley Infant School has clear guidance on the administration and storage of medicines at school and on record keeping. Each member of the school knows their roles and responsibilities in maintaining and implementing an effective medical condition policy. The allergy, anaphylaxis policy is regularly reviewed evaluated and updated.

This **additional** policy statement has been drafted in light of the Government legislation as outlined below in the 'Executive Summary'.

**Executive summary** (*Extracted from the Department of Health: September 2017: Guidance on the use of adrenaline auto-injectors in schools*)

From **1st October 2017** the Human Medicines (Amendment) Regulations 2017 will **allow** schools to buy adrenaline auto-injector(AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but who do not have their own *prescribed* device available or it not working (e.g. because it is broken, or out of date). The emergency AAI should **only** be used on pupils 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.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

**An anaphylactic reaction always requires an emergency response**

Any AAI held by a school should be considered a spare/back up device and **not** a replacement for a pupil's own AAI. Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, and any spare AAI held by school should be in addition to those already prescribed to the pupil.

This change applies to **all primary and secondary 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. Schools, which choose to keep spare AAI's, should establish a policy or protocol for the use of the AAI based on this guidance. Keeping an AAI for emergency use will have many benefits. It could prevent an anaphylactic reaction worsening, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the AAI should be used will also protect staff by ensuring they know what to do in the event of a child having an anaphylactic reaction.

### **Introduction to Policy & Background to Changes** (including extracts from the DFH Guidance)

At Walmley Infant we are aware of the need to ensure that the pupils who have severe allergies have access to their antihistamines/Adrenaline Auto Injectors at all times. We have procedures in place to ensure that their antihistamine/AAI are readily available. The school maintains a record of all those pupils who are registered as to having allergies. In the event of a pupil requiring antihistamine/AAI and not having access to their own we have implemented the following policy and procedures. This policy will be updated in accordance with any further additions and directives.

Walmley Infant School recognises that Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

### What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- Foods (nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya, pineapple, strawberries, kiwi)
- Insect stings (bee, wasp)

- Medications (antibiotics, pain relief such as ibuprofen)
- Latex (rubber gloves, balloons, swimming caps)

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like cold), asthma, and in the case of food the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are **very unlikely to trigger** anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take about 30 minutes to occur. However, some severe reactions can occur within minutes, while others can occur 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms such as skin rashes being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

### **Why does anaphylaxis occur?**

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the allergen and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which causes the allergic reaction. In the skin this presents as an itchy rash and hives, swelling and flushing. Many children can develop breathing problems, similar to an asthma attack. The throat tightens, causing swallowing difficulties and a high-pitched sound (stridor) when breathing in.

In severe cases, the allergic reaction can progress within minutes to a life-threatening reaction. Administration of adrenalin can be lifesaving, although severe reactions can require much more than a single dose of adrenalin. **It is therefore vital to contact Emergency Services as early as possible.** Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

### **How common is anaphylaxis in schools?**

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen whilst at school and 20% of anaphylactic reactions in schools are in children with no prior history of food allergy.

## **Reducing the risk of allergen exposure in children with food allergy**

### **At Walmley Infant School we ensure:**

All children with food/other allergies are provided with a healthcare plan which is displayed in nurses' corner, their classroom, and school kitchen. This ensures that all staff are aware of the children in school that have food allergies/intolerances, other allergies. All requirements for allergen labelling in foods are fulfilled by kitchen staff under the management of catering consultants (CMC). New regulations were brought into use for prepacked for direct sale (PPDS) food labelling in October 2021 (Natasha's Law).

All staff have been provided with a list of children with medical needs. This is to be referred to when the children attend any lessons so are not in their usual classrooms.

Ensure that drink bottles, lunch boxes provided by parents are clearly labelled with the child's name.

Where the child has a school dinner, parents choose the child's meal in advance from the school menu and send the completed menu into the school office.

Kitchen staff are made aware of children with food allergies and children's photographs with their allergies are displayed in the kitchen.

Earlybirds' staff are provided with this information and are expected to provide any child with an allergy attending the club with a sticker so that no foodstuff containing allergens is given to a child with a known allergy.

All children with food allergies/intolerances wear a badge with their name and allergy when going to dinner

Food treats (cake days etc.) are never given to children with a food allergy without parental engagement and permission.

During lessons that involve cooking or dealing with food children with food allergies are considered and lesson plans/food are changed accordingly. Food

labels will be carefully read, and measures must be taken to prevent cross contamination during the handling and preparation of food.

If a child has an allergy where a medication is prescribed, then their medication must be taken with them to any lesson not taking place in their usual environment.

Before taking children on a school trip a risk assessment is carried out and catering requirements considered. The child's personal medication is **always** taken with them, and an emergency AAI kit will also be available.

## **Arrangement for the supply, storage, care and disposal of AAI's**

### **Supply**

Schools are now able to purchase AAIs from a local pharmacy without a prescription. The pharmacy will not be required to supply AAIs free of charge to schools so school will pay for them as a retail item.

A letter of request on headed note paper and signed by Mrs Murphy (Head Teacher) is used to acquire AAIs for use within Walmley Infant School.

*A template of the request letter is included within this policy.*

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

Walmley Infant School will order the following AAIs based on the age of the children attending our school, in liaison with the pharmacist:

*For children under 6 years; a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).*

It has been decided that Walmley Infant School will hold the **Epipen Junior (0.15mg)** whenever possible as this is the AAI that the children in our school seem to be prescribed most often.

Occasionally Epipens are in short supply and school will have an AAI from another manufacturer such as "JEXT" **The Emergency Anaphylaxis Kit**

Walmley Infant School will have **3** Emergency Anaphylaxis kits:

These will be for the following areas of school, one to be for the use of the **Nursery/Early birds** building, one to be kept for use in **Main School**, one to be taken out on **School Trips**.

These kits are kept in **addition** to the child's own prescribed adrenaline that is kept in school.

Each emergency anaphylaxis kit will contain:

- 2 Adrenaline Auto-Injector Devices
- Instructions on how to use the device(s)
- Instructions on storage of the AAI's
- Manufacturer's Information
- A checklist of injectors, identified by batch number, expiry date with monthly checks recorded.
- A list of pupils to whom the AAI can be administered to with a copy of their healthcare plan.
- An administration record sheet.

The **main school** and **school trip** emergency AAI kits will be kept alongside the emergency asthma inhaler kits on the top shelf in the cupboard in nurse's corner. Many food allergic children also have asthma, and asthma is a common symptom during food induced anaphylaxis.

This is a safe, centrally placed position within school and close to the dining hall. The cupboard shelves are too high for children to reach and the cupboard is never locked.

The **nursery/early birds'** AAI kit is to be kept alongside the emergency inhaler kit on a high shelf at the far end of the nursery.

### **Storage and care of the AAI**

It is the responsibility of the medical co-ordinator to maintain the spare anaphylaxis kits. He/She will ensure that:

- On a monthly basis the AAIs are present and in date.
- That replacement AAIs are obtained when expiry dates approach.
- Any expired AAI's are returned to the pharmacy (Walmley Pharmacy, Walmley Village) for disposal
- That all relevant paperwork is in the box
- Replacement AAIs are obtained should one or both AAI have been used.

The AAI devices are stored at room temperature (in line with the manufacturers guidelines), and protected from direct sunlight and extreme temperatures.

Parents take their child's own prescribed AAI's home at the end of academic school year. It is the responsibility of the medical co-ordinator to ensure that the AAI's remain in date whilst they are at school.

## **Disposal**

Once the AAI has been used it cannot be re-used and should be disposed of according to manufacturer's guide lines. Used AAI's should be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council. A sharps bin is kept in the Nurses' corner cupboard and the Nursery building for safe disposal of a used AAI.

Any unused AAI that has reached its expiry date is to be taken to the local pharmacy and handed in for disposal.

## **School Trips and Sporting Activities**

It is very important for the children's physical and mental wellbeing that despite their allergies, school is totally inclusive.

Walmley Infant School always conducts a risk assessment before any children take part in a school trip off school premises. Pupils at risk of anaphylaxis will always have their personal prescribed adrenaline taken along, and there is always trained staff to administer the AAI in an emergency. As a backup the emergency AAI "school trip" kit is also taken along. This is especially the case when the child's personal AAI kit contains only one EpiPen (AAI).

## **Children to whom an Emergency/Spare AAI can be administered.**

The spare AAI in the Emergency Kit should **only** be used in a pupil where an AAI has been **already prescribed** by a medical professional and written parental consent has been provided for the spare AAI to be used.

The school's spare AAI can be used instead of a pupil's own prescribed AAI, if these cannot be administered correctly without delay.

A child in school who has an allergic reaction **but** who has only been prescribed a personal oral antihistamine to use is still at risk of going on to develop a full anaphylactic reaction. In this case if you feel that they are **not** having a mild reaction call **999** and tell them you think the child may be having an anaphylactic reaction. Administer their oral antihistamine and take the advice of the

paramedics, they will be able to send out a paramedic quickly to administer an AAI.

The school emergency AAI **should not** be administered to a child who has **not** been prescribed an AAI.

At Walmley Infant School ALL children with a diagnosis of an allergy and at risk of anaphylaxis has an Allergy Healthcare Plan and is placed on the Allergy Register.

Their healthcare plan includes:

- Known allergens and risk factors for anaphylaxis
- What medication the child has been prescribed, its type and dose
- Where an AAI **has** been prescribed whether parental consent has been given for the use of the AAI. There is a separate consent for the use of their personal AAI.
- A photograph of the pupil on their healthcare plan to allow a visual check to be made.

All healthcare plans and consents are updated annually to account for changes to a pupil's condition.

Children at risk of anaphylaxis have their healthcare plan displayed both in nurse's corner, and their classrooms. A separate list with photograph for children with allergies is also displayed in the school kitchens.

## **ANAPHYLAXIS**

- A severe, life-threatening allergic reaction within the body
- Can be rapid - develops in seconds/minutes, although timescale variable, most occur within the hour.

### **Signs and symptoms**

May develop as follows:

- Anxiety
- Sweating, pale, rapid pulse
- Feeling faint/odd
- Itchy skin, blotchy rash
- Swelling of skin, particularly around face and neck
- Vomiting/diarrhoea
- A feeling of tightness in throat

## Severe Symptoms Requiring Urgent Medical Treatment

These symptoms do not always have been preceded by the above

- Difficulty breathing
- Choking/hoarseness
- Collapse
- Loss of consciousness

Anaphylaxis may occur without initial mild signs; **ALWAYS** use adrenaline auto-injector **FIRST** in someone with **known** food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present

### CHILD'S ADRENALINE BOX

Every pupil at Walmley Infant who has a diagnosis of an allergy and has been prescribed their own personal antihistamine and/or adrenaline will have their own allergy box in school. These boxes are clearly labelled with the child's name and photograph and are kept on the top shelf of the cupboard in nurse's corner. These are always ready for immediate use.

The Child's Adrenaline Box includes:

- Oral Antihistamine (usually Piriton)
- Adrenaline Auto-Injector (if prescribed)
- A copy of consent for the individual child, signed by parents
- Copy of child's Healthcare plan, with photo of child

### MANAGEMENT OF ANAPHYLACTIC REACTION

When a child presents with the signs and symptoms described:

- Stay with the pupil, give reassurance
- Call for adult help and send for their personal Adrenaline box and the school emergency adrenaline box. **DO NOT WALK THE CHILD TO THEIR MEDICATION**
- Send someone to call 999 and ask for a **paramedic ambulance**

**If someone is having a SEVERE allergic reaction you MUST call 999 without delay, even if you have administered their own AAI device, or emergency AAI.**

Give the following details to the operator

- Name, address, post code of school

- Inform them that child is having an anaphylactic reaction and that you are going to administer adrenalin
- Send someone to the front gate to direct the ambulance when it arrives

### **Treatment of Reaction**

- Check that you have the right adrenalin box for that pupil
- Check you have consent, check date on adrenalin auto-injector
- Administer auto-injector into upper outer thigh (as per training)
- Keep child warm and comfortable until ambulance arrives
- If child is short of breath, allow them to sit up
- Otherwise lie the child down with their legs raised
- If collapsed and unconscious but breathing, open airway and place in recovery position
- Be prepared to commence Cardio-Pulmonary Resuscitation, if necessary
- Note the time of injection given
- Safely dispose of the used syringe into an empty jar/container
- If there is no improvement after **5** minutes, or if there is **no response** give a second injection of adrenalin. This may need to be the school emergency adrenaline if the pupil only has one auto-injector in their box.

Any person who is administered Adrenaline **MUST** be taken to hospital by **ambulance** and accompanied by an adult.

### **When the ambulance arrives make available to them**

- Time adrenaline injection was given
- Used syringe in sharps' box.
- Pupils details, name, address, D.O.B, any medical history known to school

### **Afterwards**

- **Wash hands thoroughly, if it is possible the patient also had Coronavirus symptoms or were Covid 19 positive then seek medical advice.**
- **Dispose of any used PPE appropriately**
- Record the incident, who, when, where the reaction took place, and to what (if known). Was the person sent to hospital?
- What medication was administered, how much was administered and by whom. Ensure "medication given" form has been completed and signed.
- Notify school nurse as soon as possible

- Before child returns to school make sure parents have replaced their child's adrenalin auto-injector.
- Repack child's personal adrenalin box with required contents
- Replace emergency school AAI if it was used
- Try and find out what caused the reaction so steps can be taken to try and ensure it does not happen again

### **Remember**

- **If in doubt it is safer to administer Adrenaline than withhold if you suspect anaphylaxis.**
- **Never administer Adrenaline prescribed for one child to another child.**
- **Do not transfer the child to hospital in a staff car. ALWAYS wait for an ambulance.**
- **Do not allow the child to stand or move after administering Adrenaline until paramedic assessment is complete**
- **If any accidental puncture of the skin from the exposed needle to the first aider occurs, follow needle stick injury advice**

### **First Aid Procedure Following Needle Stick Injury**

If an accidental puncture of the skin occurs from the used needle, follow the first aid procedure below:

#### **Action**

- **Irrigate the wound with running water**
- **Encourage controlled bleeding**
- **Cover with an appropriate dressing**
- **It is vital that you attend your local A&E department**

**If the needle was unused on the child but adrenaline was accidentally injected into another person - follow the above instructions and go to your A&E department.**

**The following section has been retained in case Covid 19 becomes prevalent once again in school**

### **Coronavirus (Covid 19) and Anaphylaxis**

Covid 19 is a respiratory illness and confirmed cases of Coronavirus (Covid 19) have ranged from no symptoms at all, mild symptoms of a simple cold to severe illness and death, People most at risk of this virus seem to be the elderly, those with underlying health conditions and some ethnic minorities. In the vast majority

of cases children are not severely affected by this virus, only displaying mild symptoms, or sometimes none at all, it is thought that they can be carriers of the virus.

If a person has underlying allergies that can cause an anaphylactic reaction it is thought that this does not increase their risk of contracting Coronavirus. They should follow the government's current advice on social distancing.

If a person with allergies has contracted Coronavirus (Covid 19), as with ANY viral infection some studies have shown that exposure to their allergen could lead to a more severe reaction. It is therefore advisable to avoid their allergens whilst unwell. Some people at higher risk of severe symptoms of Covid 19 are those with compromised respiratory or a compromised immune system. Being on long term or regular ORAL steroids (such as Prednisolone) can reduce immunity which would put people at a higher risk of contracting Coronavirus. Therefore, extra precautions should be taken to minimise the risk of infection.

The signs of an allergic reaction are:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/ tingling mouth
- Abdominal pain or vomiting
- Hives or itch rash
- Sudden change in behaviour

ACTION

- Stay with the child, call for help if necessary
- Locate adrenaline auto injectors (if prescribed)
- Give **prescribed antihistamine** according to care plan
- Contact parents/carer, Emergency Contact  
(If vomiting repeat dose)



**Watch for signs of ANAPHYLAXIS**

**(Life-threatening allergic reaction)**

- |                       |   |
|-----------------------|---|
| <b>AIRWAY:</b>        | Persistent cough, hoarse voice<br>swollen tongue, difficulty swallowing       |
| <b>BREATHING:</b>     | Difficult or noisy breathing, wheeze<br>persistent cough                      |
| <b>CONSCIOUSNESS:</b> | Persistent dizziness/pale or floppy<br>suddenly sleepy, collapse, unconscious |

If **ANY ONE** of these signs are present:

1. **Lie child down, legs raised.** If breathing difficult, allow to sit
2. **Give Prescribed Adrenaline without delay**
3. **Dial 999 for an ambulance** and say  
ANAPHYLAXIS ("ANA-FIL-AX-IS")

**IF IN DOUBT GIVE ADRENALIN**

**After giving Adrenalin:**

1. Stay with child until ambulance arrives, do NOT stand them
2. Commence CPR if there are no signs of life
3. Contact parents, carer, emergency contact
4. If no improvement **after 5 minutes, give a further Adrenalin** if available

## How to Use an Adrenaline Auto Injector

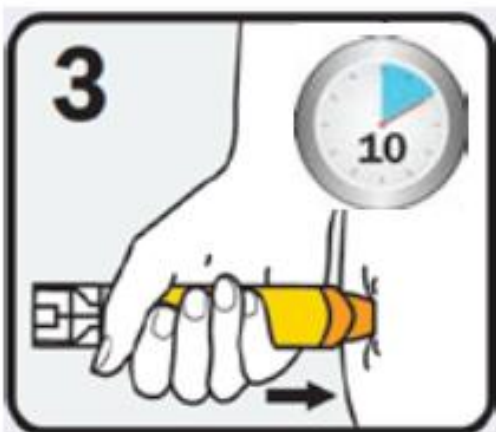
### How to give EpiPen®



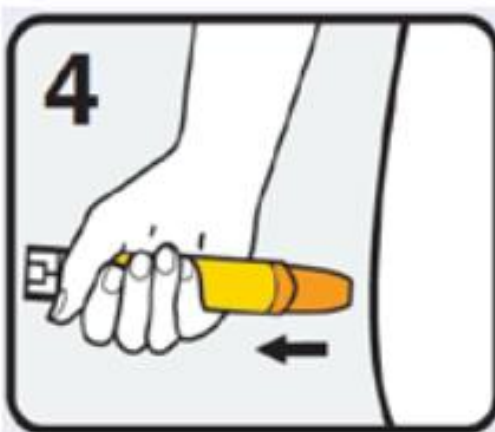
**1**  
Form fist around  
EpiPen® and  
PULL OFF BLUE  
SAFETY CAP



**2**  
SWING AND PUSH  
ORANGE TIP against  
outer thigh (with or  
without clothing) until  
a click is heard



**3**  
HOLD FIRMLY in  
place for 10 seconds



**4**  
REMOVE EpiPen®.  
Massage injection  
site for 10 seconds

## **Recording use of the Antihistamine/Adrenaline and informing parents/carers**

Use of antihistamine, adrenalin and the emergency adrenaline should be recorded. This should include where and when the allergic reaction took place (e.g. PE lesson, playground, classroom, dinner hall), how much medication was given, and by whom. Supporting pupils requires records to be kept of medicines administered to children.

In addition to the above the child's parents must be informed initially by phone at the time and then in writing so that this information can also be passed onto the child's GP. A notification will be sent to parents via Medical Tracker.

### **Staff**

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions. In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer medication, e.g. they have volunteered to help a child by administering Antihistamine/Adrenaline, and have been trained to do this, and are identified in the school's Allergy, Anaphylaxis policy as someone to whom all members of staff may have recourse in an emergency.

At least two members of staff should be nominated to support the use of this protocol.

These named individuals will be responsible for overseeing the protocol for use of the emergency Adrenaline, monitoring its implementation and for maintaining the emergency Adrenaline register. They will also be responsible for the supply, storage, care and disposal of the AAI devices. These individuals will also be trained to administer the emergency AAI's.

Additional designated members of staff will be responsible for supporting the administration of the emergency AAI.

It would be reasonable for ALL staff to be:

- trained to recognise the symptoms of an allergic reaction, and ideally, how to distinguish them from other conditions with similar symptoms,
- aware of the allergy policy.

- aware of how to check if a child is on the register,
- aware of how to access the child's medication,
- aware of who the designated members of staff are, and how to access their help.

At Walmley Infant School we have ensured there are a reasonable number of designated members of staff to provide sufficient coverage. As a school we also ensure staff have appropriate **annual** training and support, relevant to their level of responsibility. There are agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff **Name required** to help administer an emergency AAI, as well as for collecting the AAI devices. Designated staff member **Name required** will make a check of the list of authorised children who have parental consent for using the emergency AAI as part of initiating the emergency response. A copy of the authorised list will be kept with every emergency AAI Kit and on display in Nurse's Corner and Staff Room. The named staff member will also be responsible for the supply, storage, care and disposal of the AAI.

The designated members of staff are trained in:

- recognising allergic reactions (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering antihistamine medicine and Adrenaline via an AAI
- making appropriate records of allergic/anaphylactic attacks

### **Liability and Indemnity**

Supporting Pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

### **Useful Links**

- Spare Pens in Schools <http://www.sparepensinschools.uk>

- Official guidance relating to supporting pupils with medical needs in schools:  
Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department of Education, 2014)  
<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>
- Allergy UK <https://www.allergyuk.org/>  
Whole school allergy and awareness management (Allergy UK)
- Anaphylaxis Campaign  
<https://www.anaphylaxis.org.uk>  
  
AllergyWise training for schools  
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>  
  
AllergyWise training for school nurses (Anaphylaxis Campaign)  
<http://www.anaphylaxis.org.uk/information-resources/allergywise-training/for-healthcare-professionals>
- Education for Health  
<http://www.educationforhealth.org>
- Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016)  
<https://www.nice.org.uk/guidance/qs118>
- Advice on Anaphylaxis and Covid 19  
<https://www.anaphylaxis.org.uk/advice-on-allergy-and-covid-19/>
- Frequently asked questions regarding Anaphylaxis and Covid 19  
<https://www.anaphylaxis.org.uk/covid-19-advice/covid-19-faqs/>
- Free e-online training course for parents and carers of children with severe allergies

<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-parents-and-carers-of-severely-allergic-children>

### **Location of Emergency Adrenaline Auto-Injector kit(s)**

The emergency Adrenaline auto-injector kit for **Main School** (Reception, Year One and Year Two) will be stored in the cupboard in Nurses Corner, where all staff have access at all times. (All staff are notified of the location). The emergency Adrenaline auto-injector kit for **Nursery and Early birds** will be kept in the Office in the Nursery building. There is also an Emergency Adrenaline auto-injector kit to be used for **school trips** or where a child with an EpiPen is off site. This kit will be kept in the nurse's corner cupboard. All Emergency Adrenaline auto-injector kits **must** be kept out of reach and sight of children but **NOT** locked away.

Emergency Adrenaline auto-injector Kit **One**

For the use of **Nursery/Early birds Children**

Location **NURSERY/EARLYBIRDS' OFFICE**

Emergency Adrenaline auto-injector Kit **Two**

For the use of **Main School (Reception, Years 1 & 2)**

Location **NURSES' CORNER CUPBOARD**

Emergency Adrenaline auto-injector Kit **Three**

For the use of **School Trips/Off site activities**

Location **NURSES' CORNER CUPBOARD**



