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• Individuality
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FIERTÉ
MULTI-ACADEMY TRUST
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EpiPen Protocol



Document and Version Control

Document Title	EpiPen Protocol
Effective Date	Summer 2025
Policy Owner	CEO
Policy Approver	Trust Board

Version	Date	Amended by	Comments
V1	Summer 2020	Linda Smith	Issued
V2	Autumn 2020	Linda Smith	Changes made
V3	Summer 2021	Linda Smith	Equality Statement added
V4	Summer 2022	Linda Smith	No changes made
V5	Summer 2023	Linda Smith	Changes made – see below
V6	Summer 2025	CEO	Changes made- addition paragraph Spare injectors in schools (p5)

Section	Changes Made
Supply and Storage	Updated to mirror the new allergen policy
Visits and trips	Updated to mirror the new allergen policy
Outdoor lessons	New addition
Training	Updated to mirror the new allergen policy
Policy owner	Updated to CEO
Spare EpiPens	Updated to include guidance for schools on purchasing spare EpiPens

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Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common Triggers

Triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwi fruit, and penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets). The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. This is rare among young children below teenage years however the statistics are drastically increasing year on year.

Symptoms

More commonly among children there may be swelling in the throat, which can restrict the air supply. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Treatment

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription, these are known as EpiPen's. The devices are available in two strengths – adult and junior.

If a severe allergic reaction occurs the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Supply, Storage and care of Medication

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff.**

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

Pupils should be aware of where their medicine is stored at all times and should have access to them when necessary.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)

- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the SENCO will check medication kept at school on a half termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Visits or Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Prior to an excursion, the school will make reasonable efforts to ensure pupils requiring medication will have this available for the excursion and where necessary will communicate with pupils and parents to ensure all reasonable action has been taken to make any necessary medication available and prepared for the excursion. If a Pupil is unable to produce their required medication, depending on the medication in question and the risk assessment, the pupil may not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged.

Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

A member of staff trained in administering adrenaline will accompany the children on the trip.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

With regard to the risk of allergies, the school will not be held accountable for actions of individuals who are not members of the school community.

Lessons Including Outdoor Lessons and Forest Schools

The use of food in lessons, including crafts, cooking classes, science experiments and special events need to be authorised and procured by the Trust Catering Manager.

Staff leading outdoor lessons will ensure they carry all relevant emergency supplies and a qualified first aider will be in attendance at all times.

Consideration should be given to any children identified as having nut allergies and a risk assessment should be put in place for when children take part in Forest School activities or access areas of the outdoor area that contains trees.

Any packaging that is brought to school must not previously contained nut products, however, reused packaging for food described as may contain nuts will be accepted as these pose a minimum risk.

Additional Guidance

Studies have shown that the risks for allergic children are reduced where an individual health care plan is in place. Reactions become rarer and when they occur, they are mostly mild.

Children known to be at risk of severe allergic reactions have a care plan and a training session is provided by local health services to staff.

Following guidance for the school's internal catering service, from September 2020 all parents and carers of children with a known food allergy and/or food intolerance are requested to provide medical evidence to the school, for example a doctor's/dietician's note. In addition to this, parents are required to fill out a Fierté Allergy Form complete with a passport size photograph. This paperwork will advise of the specific allergy and food type, medication and other information relative to the school.

EpiPen's and expiry dates

Recent guidance regarding the national shortage of EpiPen's suggests that parents or carers must take responsibility for supplying schools with EpiPen's that are in date, these include the three main brands used in adolescence being EpiPen®, Juke® and Emerade®, for any other type please arrange an appointment with the school office so that we can assure that adequate training is delivered to key first aiders. School requires two EpiPen's per allergy child in case the first one has no effect if used, these should be clearly labelled with the child's name, expiry date and as a cross-check dosage. Schools should ensure that the expiry date is recorded and that parents or carers are contacted within a month's time frame to ensure the re-stocking of EpiPen's before they reach their expiry date. Due to the national shortage, EpiPen's that are less than three months past their expiry date, can still be used in the event of an emergency.

Although, the potency of the EpiPen is reduced after it's expiry date it will still have some effect if administered. Any EpiPen's that are past their expiry date (up to 3 months ONLY) will be sent home upon receipt of the "in date" replacement ones brought in from parents or carer's. EpiPen's longer than three months past their use by date WILL NOT BE USED.

Out of date EpiPen's (within three months only) should only be used when all other reasonable attempts have been made to obtain new "in date" EpiPen's by parents or carer's.

Spare EpiPens

Schools are not required to keep spare adrenaline auto-injectors (AAIs), but they **are allowed to**, and this is often seen as part of their duty of care to pupils with allergies. Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where 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. Schools already have a legal duty to support pupils with medical conditions, including anaphylaxis i.e. through the training allergens, the policy and through the First Aid training which also covers this.

Guidance identifies that schools can purchase their own AAIs, but this would only be in relation to a child with known risks of allergies, with medical authorisation and written parental consent.

The safe storage of EpiPens (auto injectors), along with the provision of spare units, is assigned within each academy's Health and Safety policy.

EpiPen Training

All staff will complete online anaphylaxis awareness training each year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis –
- knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance
- Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the
- manufacturers’ websites www.epipen.co.uk and www.jext.co.uk)

Aims

- To ensure that the correct training is carried out and updated
- To protect employees and children and to ensure that all procedures are in place for if EpiPen’s need to be administered
- To ensure that the storage and care plans for allergy staff and children which require an EpiPen are the same across the whole Trust.

This policy has been equality impact assessed, and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any individual and it helps to promote equality across Fierté Multi- Academy Trust.



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Declaration and Agreement

Either scan and email to lcarr@fierte.org or sign this form electronically at acceptEpiPen.FiertePortal.org.

I confirm that I have read, understand and accept the protocol.

Signed:

Printed Name:

Date: