Food Allergies Policy & Guidance

This policy was adopted/updated:	September 2026
This policy will be reviewed (alongside the Medical Conditions & Administering Medicines Policy):	September 2027
Governor Committee Responsibility:	RPC & SCFC
Statutory policy:	Yes

MAPLE INFANTS' SCHOOL FOOD ALLERGIES POLICY & GUIDANCE

~ TOGETHER WE LEARN AND GROW ~

This policy has been tailored to the needs of Maple Infants' School, based on a template developed by Kingston and Sutton Health and Safety Team (Action HR)

Contents

1. Introduction

This Guidance and Policy Template has been developed by the Action HR Health and Safety Team to help those responsible for the wellbeing of staff, pupils, and others in schools to reduce the risk from allergic reactions that may cause anaphylaxis.

Anaphylaxis is a life-threatening allergic reaction that occurs when someone with an allergy or allergies is exposed to something they are allergic to (known as an allergen), such as certain foods, medicine, or insect stings.

Symptoms of anaphylaxis happen very quickly. They usually start within minutes of coming into contact with something a person is allergic to.

Anaphylaxis UK states that 20% of fatal food-anaphylaxis cases in children occur in school.

This Policy template is designed to be applicable across a range of different types of schools.

2. Legal Requirements and Standards

Health and Safety at Work Act 1974 - The school has a legal and moral duty to ensure the health, safety, and wellbeing of employees and those, such as students and pupils, who are affected by the school's undertakings. This includes the use of a third party to provide food services such as in many school canteens.

The school will also comply with the EU Food Information for Consumers Regulation (1169/2011)

Prepacked for Direct Sale (PPDS) Food - On the 1st October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in Wales, England, and Northern Ireland. The new labelling helps protect consumers by providing potentially life-saving allergen information on the packaging. Any business that produces PPDS food will be required to label it with the name of the food and a full ingredients list, with allergenic ingredients emphasised within the list.

PPDS is food which is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. For example, a sandwich made in your kitchen, packaged, and sold in the canteen.

PPDS does not apply to any food that is not in packaging or is packaged after being ordered by the consumer. These are types of non-prepacked food and do not require a label with name, ingredients and allergens emphasised. **In these cases, allergen information must still be provided but this can be done through other means, including orally**.

The **Food Information Regulations 2014** requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.

The Children and Families Act 2014 places a duty on schools to provide suitable support to pupils/students with medical requirements. This includes the need for individual health plans for pupils/students where relevant.

3. Aims and Objectives

It is the policy of Maple Infants' School to minimise the risks of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at school or attending any school related activity. The policy aims to reduce the risk of anaphylaxis occurring in individuals at risk. It sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise. Where an external canteen, breakfast/after school club are used, they will either follow this policy or have their own which meets or exceeds this level.

This policy will follow guidance from:

- Department for Education - Supporting Pupils at School with Medical Conditions
- Food Standards Agency
- Anaphylaxis UK
- The school's selected H&S advisors

Anaphylaxis UK estimates there are around 680,000 children in England living with allergies. It is also estimated that 20% of the UK population has one or more allergies. Although Maple Infants' cannot guarantee it is an allergen free location, we will use this policy to help reduce the risk to staff and pupils in line with legislation, or where reasonable, better than the standard.

This policy does not include religious, moral/philosophical dietary requirements or other reasons for not eating certain food.

The school is committed to proactive food allergy risk management through the following:

- encouraging self-responsibility and learned avoidance strategies amongst those staff and pupils suffering from allergies;
- remind staff, parents, and pupils to confirm to the school any allergies when action may be required;
- ensuring pupils who need them have a health care plan in place, including those with allergies;
- in the same way, the school encourages staff to notify the school of known risk of anaphylaxis to provide a care plan or keep one with their adrenaline auto-injector. Staff would need to be asked to provide written consent in these cases;
- keeping an up-to-date list of staff and pupils with allergies and ensuring (where required) the school's caterers have access to the information;
- liaising with the school's canteen and other food providers staff/management;

- regular monitoring of the management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site; and;
- provision of a whole school awareness programme on food allergies/intolerances, possible symptoms (anaphylaxis) recognition and treatment (e.g., the use of adrenaline auto-injectors such as epipens and similar devices). Click here for the Anaphylaxis UK Whole School Awareness information and resources: https://www.anaphylaxis.org.uk/education/safer-%20schools-programme/

4. Responsible Person

Claire Charlton and Lindsay Roberts have been appointed as Responsible Persons and Nick Watkins, SBM, will have overall responsibility for ensuring that suitable controls are in place.

Claire Charlton will work in conjunction with the family/person with the known allergy (staff, pupils, and pupils' families/guardians etc.), the school's first aid staff, and Special Educational Needs Coordinator (SENCO).

Lindsay Roberts will ensure that any specific training is organised through the School Nurse Service or other relevant services.

Claire Charlton will liaise with the school's food providers (such as external canteen, breakfast and after school clubs etc.)

Claire Charlton will also ensure there is a record of all people (staff and pupils) with allergies, which notes:

- Name
- Picture of the person
- What they are allergic to
- Symptoms
- Actions to take

This document should be reviewed annually or earlier due to new pupils joining the school or new information being provided relating to a pupil's medical situation.

Where required, Claire Charlton will ensure that the student has an Individual Health Care Plan (IHCP)

Guidance:

Who is the Responsible Person?

The "Responsible Person" is a member of staff that will ensure relevant allergy controls are in place at the school and who will review the individual person's request where needed.

5. Information from Parents and Staff

Staff are asked to make the school aware of any food allergies they have using the attached form (see Appendix B).

Parents/guardians are required to make the school aware of any allergies suffered by their children. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. See Appendix A.

All relevant information will be passed to key areas within the school including Class Teachers, First Aiders, office staff and Catering colleagues/contractors who work at the school.

6. Training for Staff

The following staff members (at least 2) are responsible for coordinating staff anaphylaxis training:

Nick Watkins, SBM
Lindsay Roberts, Office Admin

All staff are required to complete Anaphylaxis training on an annual basis. (This is separate from general first aid training.)

Important Guidance:

Training on Anaphylaxis should be provided to all school staff on an annual basis

What should the training include?

It should include:

- Recognise signs and symptoms of anaphylaxis
- Know how to manage an emergency
- Know how to administer an adrenaline auto-injector (AAI)
- Care planning
- Consider how to keep the school environment safe for children/staff at risk of anaphylaxis

Important Guidance: **Information, Instruction & Training - Type and Frequency**	
Annual Anaphylaxis Training - All staff	All staff should complete Anaphylaxis training on an annual basis. Access the FREE Anaphylaxis training from your local School Health Team: ● **Kingston schools** - click here to request training - Link to Your Healthcare.
All staff	All staff should receive in-house training in the application of this policy. General advice on how to use adrenaline auto-injectors (such as Epipens etc.) can be found at the following: https://www.anaphylaxis.org.uk/wp-

	content/uploads/2018/01/Frequently-Asked-Questions-in-Schools-Factsheet-Jan-2018.pdf
Staff providing First Aid assistance:	Where there are pupils and/or staff with allergies, schools are advised to take this into account when deciding upon the level of first aid provision at the school and on school trips, the school should review the number of staff that have completed the full three-day First Aid at Work training and the Emergency First Aid including Paediatrics to ensure that staff are trained accordingly. For early years and foundation stage, at least one person who has a current paediatric first aid (PFA) certificate must be on the premises and available at all times when children are present and should accompany children on outings. Where there are pupils and/or staff present that are at risk of anaphylactic shock, selected staff will also require training in the correct use of adrenaline auto-injectors, e.g., epipens. It is important that the First Aiders are included in the annual anaphylaxis training as discussed above within this table. Schools should also contact the School Nurse Service for their area to ascertain if further specialist training, relating to a pupil's specific condition would be required and for the expected regularity of refresher training.

7. Supply, storage, and care of medication

Due to the age of children in an infant school, it is assumed that our children will not be ready to take responsibility for their own medication. Therefore, there should be an anaphylaxis kit which is kept within 5 minutes of them, **not** locked away and accessible to all staff. Unless otherwise recorded on an individual's plan, the kit will be centrally stored in the school medical room.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two adrenaline auto-injectors e.g. EpiPen® or Jext®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

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

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

Storage

Adrenaline auto-injectors should be stored at room temperature, protected from direct sunlight and temperature extremes.

8. Common Food Allergens

Guidance:

Common Food Allergens:
Food Standards reports (https://allergytraining.food.gov.uk/english/rules-and-legislation/) there are 14 allergens (or products that contain them) that must be suitably labelled/indicated as being present in food. They are:

- celery
- cereals containing gluten (such as wheat, rye, barley and oats)
- crustaceans (such as prawns, crabs and lobsters)
- eggs
- fish
- lupin
- milk
- molluscs (such as mussels and oysters)
- mustard
- peanuts
- sesame
- soybeans
- sulphur dioxide and sulphites (at a concentration of more than ten parts per million)
- tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)

https://allergytraining.food.gov.uk/english/rules-and-legislation/#allergen-rules

The above list does not cover all the food groups that may be an issue (for example kiwi fruit), and only notes those that must be noted on labels.

9. What about Banning Nuts?

Guidance:

Banning Nuts:
Nut allergies are the most common, high-risk allergy and it is believed that 1 in 55 pupils have a nut allergy.

Generally, Anaphylaxis UK does not necessarily support 'peanut bans' in all schools provided there are suitable controls in place on the management of allergies and allergens. However, this is dependent on the level of risk towards staff and pupils.

After review, the school has a full ban of nuts (as listed above) in place. This ban will be suitably publicised.

10. Communicating Information about Allergies

Information about allergies is on the school's website, including this policy. The policy is shared with all families when their child joins the school. It is also shared with new staff and paper copies are available on request. All staff, including agency and

supply staff, are made aware of the school's allergy policy during the Induction and any updates or new risks are included at staff meetings and news items to parents. Our Staff Handbook reminds staff that they must not bring into school, or use, any items that contain nuts, including hand creams and soaps.

11. Reporting Allergies

The school requests that parents and staff report any food allergies that affect staff or pupils when the pupil or staff member first joins the school (or if they joined prior to this policy being used, they will be asked when this policy is activated).

Parents/Staff are encouraged to report allergies when they are aware of the condition.

Parents will be required to complete the form in Appendix A, which will also be available on the school's website. An individual health plan will also be required.

Staff should complete Appendix B.

A copy of the documents will be kept securely on file

12. Data Protection (GDPR)

Medical information for pupils and staff is private and confidential. However, key information will be passed on to relevant staff/Depts and third parties., including a photo of the student (where required). This will include the following:

- First Aid Lead
- School caterers
- Breakfast/After School Clubs
- Senco (for pupils)
- Documents pertaining to educational visits

13. School Catering and Food in the Curriculum

The school will work with its caterers each year when reviewing the student lunch menus and source of ingredients. Information gathered using this policy will be used to reduce the risk to people within the school.

The **caterers** will review their procedures as required. For example, they will:

- ensure staff have training/guidance regarding allergens;
- review ingredients and menus;
- publicise information on food containing allergens
- ensure their staff are aware of those with allergies;(this may include photos);

Phase Leaders will support class teachers to ensure they are aware of any pupil with a relevant allergy and will support them with the following actions:

- carefully plan cooking or food technology activities, including lesson planning and risk assessments;
- maintaining high standards of cleaning;
- minimise contamination during cleaning procedures;

- opening windows to maintain good general ventilation where appropriate;
- consider the provision of disposable masks (FFP3) for those pupils with allergies (FFP = Filtering Facepiece); and
- have an approach of the parent, carers, pupil, and teachers working together.

Important Guidance:

Minimising contamination

It is good practice to:

- Provide clean equipment and clothing and a work space not used by other pupils.
- Keep a basic plastic box with a set of equipment in it that is not used for cooking with allergens.
- Aprons washed thoroughly and only used by pupils or staff with allergies

Fetes/Fairs

The school will support the risk assessment process, ensuring that robust and thorough risk assessments are carefully considered when events involving food takes place eg Cake Sales. The school may suggest that parents bring in alternative items for events where this is appropriate.

The school will minimise using food as a treat or reward.

14. Symptoms and Treatment

14.1 Symptoms

We follow the advice provided by Anaphylaxis UK:

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face, or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the **ABC symptoms** and can include:

- **AIRWAY** - swelling in the throat, tongue, or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Where prior consent has not been given for the use of adrenaline, for example where the pupil (or other person) was not previously known to the school as being at risk, the school will take reasonable steps to secure the advice of emergency services (999) before administering. However, in exceptional, emergency situations where advice is not available quickly, staff will administer adrenaline without delay or parental consent. This action is supported by the Medicines & Healthcare products Regulatory Agency in a letter at Appendix E.

We would ensure, wherever possible, that a child with prescribed adrenaline would be given their adrenaline in the first instance, however if this is not possible, or the child does not have a prescribed adrenaline auto-injector, the school's spare auto-injector would be given. Following the advice and guidance of the school health team, the school would ensure that the appropriate dosage is given according to the child's age;

Age	AAIs for children **under 6 years** of age	AAIs for individuals **over 6 years** of age
Dosage	**150 micrograms** e.g. Epipen Junior, Jext 150	**300 micrograms** e.g. Epipen, Jext 300

14.2 TREATMENT AND ACTION:

Action:

Keep the child where they are, call for help and do not leave them unattended.

1. **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
2. **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. Adrenaline Auto-injectors should be given into the muscle in

the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.

3. CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
4. If no improvement after 5 minutes, administer second adrenaline auto-injector.
5. If no signs of life commence CPR.
6. Call parent/carer as soon as possible.
7. Whilst you are waiting for the ambulance, keep the child where they are. **Do not stand them up, or sit them in a chair, even if they are feeling better.** This could lower their blood pressure drastically, causing their heart to stop.
8. All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Guidance:

Spare Injector:
The Human Medicines Regulations 2017 allow the school to purchase and hold spare adrenaline auto injectors, without the need for a prescription. Any spare injector must be:

- regularly checked to ensure it is still within date, and
- replaced if used.

For more information on this, go to: https://www.anaphylaxis.org.uk/campaigning/spare-pens-in-schools-campaign/

Please note:

Excerpt from the current "Guidance on the use of adrenaline auto-injectors in schools"

> *"Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injector should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare auto-injector(s) held by a school should be in addition to those already prescribed to a pupil."*

15. Educational Visits and Trips

All educational trip risk assessments will review the medical needs of staff and pupils prior to the trip and make plans accordingly, taking into account the activities planned.

Where reasonable, school trips will avoid areas that may affect a pupil's allergy. Where such trips are being planned, the school will get advice from the School Health Team and work with the parents and the School Health Team to work out what is possible.

If pupils are going offsite, staff will check to ensure each pupil's two adrenaline auto-injectors (or other suitable medication) is being carried, before setting off. (Please note that pupils who need adrenaline auto-injectors need to have two of them with them - current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an adrenaline auto-injectors should carry two of the devices at all times.)

The need for an injector will be noted on all relevant educational visit documents during the planning stage. Due to the age of our children, off-site risk assessments include the risk of unknown allergies.

16. Disposal of Used Adrenaline Auto-Injectors

Adrenaline auto-injectors are single use and must be disposed of as sharps when they have been used. Maple Infants' does not keep sharps bins so used injectors are to be given to ambulance paramedics on arrival.

17. Cross Contamination

Cross contamination can occur between food and objects if arrangements are not in place to avoid this.

Staff and pupils are encouraged to wash their hands after eating and the school has good hygiene procedures in place to reduce the risk

See also Section 12 - Food Catering and Food Technology which discusses this.

18. Allergy Bullying

The school will monitor for allergy bullying and where required will teach all pupils about the risk from allergies.

The school also has an anti-bullying policy in place.

19. Intolerance to Food

Guidance:

Food Intolerance:
Although not life threatening, food intolerances are more common than allergies and can cause people to feel unwell. The symptoms of food intolerances tend to come on slower, even several hours after consumption. For example, people can be intolerant to gluten. This is called coeliac disease.

Typical symptoms include bloating and stomach cramps.

This Policy focuses on allergies rather than food intolerance.

Guidance:

Useful Links
Department for Education: Supporting pupils with medical conditions at school

Link: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Anaphylaxis Campaign
Link: https://www.anaphylaxis.org.uk/

Appendix A

Maple Infants' School- Pupil Food Allergy Action Plan

Family/Pupil Section

Student's Name	
Class	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as epipens etc.) required for the student to deal with allergy? If yes, which? (If yes to this, the parent/guardian will also need to complete a medication request form)	Yes/No
Has the above allergy been confirmed by the student's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form and (where required) a photo of my child to be displayed in the school's staff room, medical area, and the school's catering kitchen (near main servery)	Yes/No
I am aware that the school may require more information, which may include medical information to ensure the safety of the pupil.	Yes/No
Name of parent/guardian completing form	
Signature of parent/guardian completing form	
Date of completion	

Maple Infants' School Section (school to complete section)

Does the student's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Does the student have a separate Individual Health Care Plan	Yes/No/NA
Confirmation that the parent/guardian has completed a medication request form that has been agreed by the school?	Yes/No/NA
Confirmation that the parent/guardian has supplied the above medication?	Yes/No/NA
Has the school requested/taken a photo of the student for display?	Yes/No/NA
Has the relevant information regarding person's allergy been passed on to the school's first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	

Caterers and other Food Providers

If a pupil or staff member has a food allergy covered by this document, the school's food provider will be informed, so they can review ingredients and menus where required and help avoid serving food to people who should not have it.

Has a copy of the completed form (and in relation to pupils, a photo) been passed to the caterers? Yes/No

Appendix B

Staff Member Food Allergy Form

Staff Member Section

Please complete this section of the form. Thank you.

Member of Staff's Name	
Contact Number	
Working Locations	
Email address	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction? Please note them here, stage by stage as appropriate.	
Is medication (epipens etc.) required for the member of staff to deal with the allergy? If yes, which?	Yes/No
Where is/are the medication(s)/device(s) stored?	
Has the above allergy been confirmed by the member of staff's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form to be shared with the First Aid Team at the	Yes/No
Name of person completing this form:	
Signature of member of staff to whom this form applies:	
Date of completion	

Management Section (Management to complete section)

Does the member of staff's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes/No
What, if any, additional controls are required?	
Has the relevant information regarding the member of staff's allergy been passed on to the first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'epipen' training etc.)	
Date of completion	
Review date (Annual)	

Anaphylaxis UK - Save a Life - Symptoms and Actions

anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication & latex.

Recognise the ABC symptoms and act quickly - you could save a life.

WHAT TO LOOK FOR

A Airway
- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty swallowing
- Swelling in throat, tongue or upper airway

B Breathing
- Difficult or noisy breathing
- Wheezing

C Consciousness/Circulation
- Feeling lightheaded or faint
- Clammy skin
- Confusion, sudden sleepiness
- Unresponsive/ unconscious (due to a drop in blood pressure)

These severe symptoms may occur alongside milder stomach or skin symptoms.

Anaphylaxis may occur without any skin symptoms.

WHAT TO DO

1. Lay the person flat and raise their legs - do NOT allow them to stand or walk anywhere.
   A. If unconscious, place them in the recovery position
   B. If breathing is difficult, allow them to sit up

2. Administer an adrenaline auto-injector without delay (refer to device label for instructions)

3. Phone 999 and tell them the person is suffering from anaphylaxis (anna-fill-ax-is)

4. If there is no improvement of symptoms after 5 minutes, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis

01252 542029 info@anaphylaxis.org.uk anaphylaxis.org.uk

Charity Number: 1085527

Appendix D

NHS advice on anaphylaxis and how to use an adrenaline auto-injector

Link to NHS Advice on Anaphylaxis

How to use an adrenaline auto-injector

There are different types of adrenaline auto-injectors and each one is given differently.

- EpiPen instructions (EpiPen website)
- Jext instructions (Jext website)

Appendix E

Medicines & Healthcare products Regulatory Agency

10 South Colonnade
Canary Wharf
London
E14 4PU
United Kingdom
gov.uk/mhra

FAO Prof A Fox and Dr P Turner
BRITISH SOCIETY FOR ALLERGY & CLINICAL IMMUNOLOGY
STUDIO 16,
CLOISTERS HOUSE,
8 BATTERSEA PARK ROAD,
LONDON
SW8 4BG
UNITED KINGDOM

23rd March 2023

Dear Dr Turner,

Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (in response to queries received):

The MHRA is aware of some uncertainties in relation to the permitted scope of use of "spare" adrenaline auto-injectors held by schools.

Under Schedule 17 of the Human Medicines Regulations 2012 (as amended in 2017), adrenaline auto-injectors can now be supplied to schools, without being issued against a prescription for a named patient. The intention is for schools to hold such adrenaline auto-injectors as back-ups for use in an emergency to treat anaphylaxis. The guidance issued at the time indicated that such "spare" adrenaline auto-injectors could only be administered to pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the school's auto-injector(s) had been provided, for example through an allergy care plan.

The MHRA would like to clarify that, in principle, a legal exemption under Regulation 238 permits a school's adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy. The provision under Regulation 238 should be reserved for exceptional circumstances only, that could not have been foreseen. The normal expectation would be for those at risk of anaphylaxis to have been clearly identified by the school in advance, to reduce the risk of

equivocation, and potential delay in adrenaline auto-injector administration, in the event of an anaphylactic emergency.

"Spare" adrenaline auto-injectors held by schools are not supplied against a named prescription for an individual patient, which distinguishes them from adrenaline auto-injectors prescribed to individual pupils and that should be accessible to them at all times. The use of a school's adrenaline auto-injector, rather than using another pupil's personal auto-injector, to treat an individual not known by the school to be at risk of anaphylaxis ensures that the personally prescribed auto-injector remains available to that pupil. The schools' guidance makes it clear that the spare auto-injectors held by schools are not intended to replace children's own adrenaline auto-injectors. They are available for exceptional use as would apply in this circumstance.

This clarification will be published from the agency, to ensure that this guidance is available to all.

Yours faithfully

Mr Julian Beach
Deputy Director, Population Health