

The Snaith School

A High Performing Specialist School in Business,
Enterprise and Applied Learning



Adrenalin Auto Injector Policy

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Date Created:	Dec 2020	
Approved by:	Headteacher:	Governing Body:
Last reviewed:	Date:	By:
Date of Next Review:	Dec 2021	

What is an adrenalin auto injector?

An AAI is a single dose of adrenalin which will help treat the symptoms of anaphylaxis. The AAI can be administered within seconds and can be a life saving medication.

From October 2017 schools have been able to hold emergency adrenaline auto injectors for emergency use on (AAI) children who are at risk of anaphylaxis. This guidance has been written in conjunction with the Department of Health.

What is anaphylaxis?

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 up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a 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 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Guidance

The schools emergency AAI should only be used on pupils known to be at risk of anaphylaxis and who have both medical authorisation and written parental consent for use of the spare AAI.

The schools emergency AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay. The emergency AAI will be stored behind the reception area in a clearly sign posted box for ease of access.

The schools emergency AAI should not be considered a spare / back up device and not a replacement for a pupils. Current MHPRA guidance is that anyone who is prescribed an AAI should carry two of the devices at all times.

Schools are not required to hold an AAI but can do so at their discretion.

The school will hold a register of pupils who are prescribed an AAI and parental consent will be obtained and recorded on the pupil's health care plan (HCP) and on SIMS.

Treatment

At the first signs of a severe reaction to an allergy it is essential to call the emergency services as more than one dose of adrenalin maybe required.

The school will only use the emergency AAI on a pupil with written parental consent and with medical consent. The school will record the use of any AAI on the pupil's record on SIMS.

Depending on the pupils health they should be encouraged to administer the AAI themselves, however if they are not able to any adult can follow the instructions on the device and administer the single dose.

It is recommended that the dose be administered in the persons thigh and can be delivered through clothing.

The device must be activated and held in place for 10 seconds and then a gentle massage of the injected area will help the medication disperse.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact




↓ Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY: Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing
Wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

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

Further reading

Guidance of use of auto injectors in schools gov.uk