



## Department of Health & Social Care

### **EpiPen and EpiPen Junior shortage – please ensure you are aware of the following information**

Schools should be aware that there is currently a supply issue affecting EpiPen and that there is likely to be limited availability of EpiPen and EpiPen Junior for the remainder of 2018. The Department of Health and Social Care (DHSC) recently issued guidance for healthcare professionals about the supply issue (link to guidance can be found here:

[https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment\\_id=103102](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103102).) This provides supply and clinical management advice. Below is some information drawn up by NHS allergy experts that is useful for schools to familiarise themselves with.

### **Availability of adrenaline auto-injector devices on school premises**

If it has been recommended that 2 personal adrenaline auto-injector devices are to be available both at school and outside school for a particular child but if insufficient adrenaline auto-injector devices are available during this shortage period to permit this, one personal device could be left at school, provided the school holds a back-up (non-personal) device, under the change in legislation as laid out in the current Department of Health and Social Care guidance, 2017. This also requires the pupil to be registered by the school as having medical authorisation and parental/legal guardian consent to receive the non-personal device in an emergency.

In the event that a child experiences an onset of symptoms of anaphylaxis, the advice for management remains the same:

1. The child's own adrenaline auto-injector device should be administered immediately.
2. Staff should then immediately call an ambulance or send someone to do this. Whoever makes the call needs to say this is an emergency case of anaphylaxis.
3. A second auto-injector device (either the child's own or a device from the school's own stock) should be administered after 5 minutes if the child is not improving.

### **Alternative devices**

- Schools should also note that during this time it is possible that some children may need to switch from their usual device to other alternative adrenaline auto-injector devices that may be more readily available.
- In the UK there are two alternative adrenaline auto-injector devices available, Emerade and Jext. Both companies manufacture the adult and paediatric presentations of adrenaline auto-injectors.

- Schools will likely already be aware that the different brands of adrenaline auto-injectors are not used in exactly the same way. During this time, we would encourage schools to ensure they are familiar with the different devices and how to administer them.
- Guidance on how to use different devices is available via the following link: <https://www.nhs.uk/conditions/anaphylaxis/treatment/>

### **Expiry dates and use beyond expiry for adrenaline auto-injector devices**

- It may also be useful to be aware that the expiry dates on adrenaline auto-injector devices apply until the final day of the month shown on the packaging. e.g. a device labelled 'April 2019' does not expire until the 30th of April 2019.
- Furthermore, recently it has been approved that certain batches of adult EpiPen 0.3mg auto-injectors (children over 30kg can be prescribed adult 0.3mg auto-injectors) can be safely used for four months after the expiry date has passed – further information about these batches is available on the EpiPen website <http://www.epipen.co.uk/> or via healthcare professionals.
- The extension of use beyond the labelled expiry date only applies to those batches of EpiPen specified on the EpiPen website. For other EpiPens, not covered by the batch numbers on the EpiPen website, including all EpiPen Junior devices, the expiry date labelled on the EpiPen should continue to be adhered to.
- Schools might also find it helpful to know that children weighing above 30kg can be prescribed 0.3mg devices in line with existing established guidance. During the current shortage prescribers have been reminded that it is particularly important to conform to this existing guidance to preserve the limited supplies of 0.15mg devices (junior devices) for smaller children, particularly as there is currently greater availability of the adult devices. Therefore, some children might be switched to higher doses of adrenaline auto-injectors, which are more readily available.

### **Further information**

- Guidance from the Department for Education on supporting pupils at school with medical conditions can be found at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf)
- Guidance from the Department for Health on the use of adrenaline auto-injectors in schools can be found at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)