RICHMOND HILL SCHOOL

ALLERGY SAFETY POLICY AND PROCEDURES

At the time of publishing the following roles were held:	
Head teacher:	**Rachel Blair**
Allergy Safety Lead:	**Rachel Blair**
Allergy Safety Governor (not statutory):	**Lisa Steele**
SENDCo	**Abi Drago**

Approved by[1]			
Name:	Fiona Pearson		
Position:	Chair of Governors		
Signed:	F.Pearson.		
Version Date:	01/11/2026	**Version No:**	**1**
Review date[2]**:**	01/11/2027		

[1] This document requires approval from the Governing Body
[2] This document must be reviewed annually

REVIEW SHEET

The information in the table below provides details of the earlier KAHSC versions of this document and brief details of reviews and, where appropriate amendments which have been made to later versions.

Version Number	Version Description	Date of Revision/Review
1	Original based on the DfE Allergy safety policy template 2026. Information in this Policy will significantly impact the contents of the model Supporting pupils with medical conditions Policy which will be reduced once the final DfE statutory guidance has been published.	Oct 2026

Contents

POLICY STATEMENT **5**
1. Definitions **5**
2. Introduction **5**
3. Culture **6**
3.1 Awareness training 6
3.2 Wellbeing 8
3.3 Minimising risk 8
3.4 Food allergy 9
School meal and wraparound care providers *10*
Other food handlers *11*
4. Individual children, young people and others **11**
4.1 Identification 11
4.2 Individual Healthcare Plans 12
4.3 Prescribed adrenaline 12
Summary of emergency action – Anaphylaxis *13*
Summary of emergency action - Asthma *13*
5. School-wide policies **14**
5.1 "Spare" adrenaline and salbutamol (acute asthma) devices 14
Obtaining and replacing "spare" devices for school *15*
School adrenaline kit contents *15*
School salbutamol (acute asthma) kit contents *16*
Storage and care of school "spare" emergency medicines *16*
Disposal *17*
5.2 Visits and trips 17
5.3 Serious incidents and "near misses" 17
5.4 Information sharing 18
5.5 Awareness of the allergy safety policy 18

Posters A & B: How to recognise a mild to moderate allergic reaction, signs of anaphylaxis and what to do.

Posters C & D: How to recognise an asthma attack and what to do.

Benedict Blythe Foundation – Schools Allergy Code

Beat Anaphylaxis - Best practice checklist

This page is intentionally blank for printing purposes

POLICY STATEMENT

1. Definitions

Allergy is a spectrum of different allergic diseases. It is a medical condition in which the body's immune system has an abnormal reaction to normally harmless substances such as food, insect stings, contact allergens (e.g. nickel) and airborne allergens such as pollen. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylaxis is a potentially fatal reaction affecting the Airway/Breathing/Circulation ("ABC"). Many individuals with allergies to food or insect stings are at risk of anaphylaxis.

Asthma is a lung disease caused by inflammation and tightening of the airways. It is frequently associated with allergy and anaphylaxis, because exposure to allergens can provoke an asthma attack, a potentially life-threatening condition.

Intolerance to foods or an ingredient that the body is unable to digest is different to allergy and does not cause a serious allergic reaction. It can cause long-term health problems if not avoided. Common food intolerances include lactose and gluten.

Coeliac disease is a medical condition where the immune system attacks its own tissues when gluten, found in rye, barley and wheat, is consumed. This damages the gut (small intestine) so the body cannot properly take in nutrients and can cause unpleasant symptoms such as bloating, wind and diarrhoea, and damaging long term consequences. It can be very serious and the measures in this policy will help to prevent exposure to gluten, but exposure does not cause anaphylaxis and so it is not specifically included here.

Parents are anyone with parental responsibility, including carers.

"Spare" is a school-owned medical device, specifically an adrenaline auto-injector or an asthma reliever inhaler that is not prescribed to an individual.

2. Introduction

Section 100 of the *Children and Families Act 2014* places a duty on governing bodies to plan support for pupils at school with medical conditions, except for "young children" (those aged from birth until 1st September following their fifth birthday and subject to the requirements of the EYFS Statutory framework for group and school based providers). In meeting the duty, school must have regard for statutory guidance Supporting pupils at school with medical conditions.

Section 34 of the *Children's Wellbeing and Schools Act 2026* amends the Section 100 duty by placing a further requirement on schools to have regard to statutory guidance on allergy safety, develop an allergy safety policy, publish it on the school website, keep it under review, stock "spare" adrenaline auto-injector devices and require allergy and acute asthma awareness training for all staff present when children are.

Other statutory duties relevant to children and young people with an allergy, include:

- The duty of care under section 3 of the *Children Act 1989* for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the *Education Act 2002*, the *Education (Independent School Standards) Regulations 2014* (and associated statutory guidance *Keeping Children Safe in Education*);
- The duty of the employer under section 2 of the *Health and Safety at Work etc Act 1974* to take reasonable steps to ensure that employees and non-employees are not exposed to risks to their health and safety;
- The duties under the *Equality Act 2010* to provide equality of opportunity for all, including those who are disabled.
- The *Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years*.
- The *Early Years Foundation Stage (EYFS) statutory framework*.

- The *common law duty of care* which requires schools, educational settings, and other persons responsible for children and young people to take reasonable care to avoid acts or omissions which could reasonably be foreseen to cause injury or harm. This includes taking appropriate steps to identify, assess and manage allergy-related risks and to respond appropriately in the event of an allergic reaction.

This policy and procedures set out how we will meet these duties and achieve our allergy safety aims.

For information about how we plan to support pupils at school with medical conditions in line with statutory guidance and non-statutory advice see our *Supporting pupils at school with medical conditions Policy*.

For information about the management of staff diagnosed with potentially life-threatening medical conditions, see staff with medical conditions document.

3. Culture

This school welcomes all pupils, including those who have allergies, and encourages them to achieve their full potential in all aspects of school life by providing a positive educational environment, procedures to control the risks and to prevent and manage emergencies, and well-trained staff to implement them.

The Governors are committed to ensuring that:

- statutory guidance on allergy safety is used to develop this allergy safety policy;
- this policy is published on the school website;
- a member of the senior leadership team is identified as the Allergy Safety Lead (named allergy safety Governor is recommended);
- guidance and the policy are reviewed no less than annually;
- school stocks “spare” adrenaline auto-injector devices; and
- allergy safety training is provided for all staff present when children are and is updated at least annually.

The role of the Allergy Safety Lead is to:

- take the lead on developing and reviewing this policy;
- maintain an overview of the:
  - identification and control of allergy and acute asthma hazards and risks,
  - development and communication of IHCPs for those with anaphylaxis and/or acute asthma which include responses to allergen exposure,
  - Identification and meeting of training needs, and ensuring arrangements are ongoing accounting for new staff or regular volunteers
- engage with school caterers to understand the controls in place to ensure that food service conforms to legislation;
- ensure that where food is provided by the school and/or parents, all staff are aware of allergens when handling, preparing and serving food to pupils with alternatives provided when needed;
- monitor the system that manages personal, personal spare, and school “spare” devices.

This policy will be reviewed at least annually or when an incident or near miss suggests areas for improvement. Reviews will seek to learn lessons. The policy will also be reviewed when there is a significant change in the law, good practice, or the circumstances of this school e.g., the named lead.

3.1 Awareness training

All staff present during times when pupils are scheduled to be on site should receive training in allergy and acute asthma awareness and emergency response. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee children and young people at breakfast or after school clubs.

This does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The allergy and acute asthma awareness training delivered aims to ensure all staff and other adults who are regularly supervising children during school activities:

- have an awareness of allergy and acute asthma, the risks they pose, how allergic reactions and severe asthma attacks can occur and how to manage them;
- understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information on allergy or asthma triggers;
- can identify the range of symptoms of allergic or asthmatic reactions;
- understand and can recognise anaphylaxis or severe asthma;
- know how to respond in an emergency, including:
  - calling emergency services and informing parents;
  - how to locate and administer personal and school supplies of emergency medication (adrenaline auto-injector for anaphylaxis, asthma reliever inhaler for an asthma attack).
  - training on how to use the device in an emergency (whether prescribed to a given person or a "spare" device);
- understand the impact allergy can have on a child or young person's wellbeing;
- understand this school's allergy safety policy;
- know how to check whether an individual is on the record of those with a known allergy and how to use an Allergy or Asthma Action Plan;
- understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens or triggers;
- Understand how to report an allergic/trigger reaction or case of anaphylaxis (whether an incident or a "near miss").

New staff, temporary staff, and regular volunteers who need this training will undergo it as part of their induction. **All** food handlers must receive suitable allergy and acute asthma training on their first day of employment and *before* food handling duties start.

Anaphylaxis training for all staff is arranged using online resources and introductory e-learning modules e.g., https://learninghub.nhs.uk/resource/61442; https://www.highspeedtraining.co.uk/courses/education/allergy-anaphylaxis-for-schools/; http://www.sparepensinschools.uk (although not a substitute for face-to-face training), the manufacturer's training materials EpipenOfficial YouTube | Administering a Jext adrenaline auto-injector, or from the school or community anaphylaxis nurse, or another suitably qualified health professional.

Acute asthma training for all staff is arranged using online resources such as How to use your inhaler | Asthma + Lung UK (asthmaandlung.org.uk), free and accredited online training from the George Coller Memorial Fund, the manufacturer's user training materials, and specific training or advice offered by the school or community asthma nurse or another suitably qualified health professional. Pupils who have their own reliever inhaler are also asked to demonstrate to their teachers or support staff how they use it (with parental support, if necessary) to understand their technique and to compare it with their asthma care plan and the training staff have received.

When contracting with supply staff agencies or with independent individuals to fulfil temporary teaching and non-teaching positions where the person will be present in school when children are, the contract will stipulate that agency employees and self-employed individuals **must** have already received adequate training as per section 3.1 of this school Allergy Safety Policy from their own employer **before** they can start work in this school.

We expect other employers who send their own workers to our school to work with our pupils e.g. peripatetic music teachers, sports coaches, physiotherapists, educational psychologists etc. to have trained their staff in allergy awareness to the same standard as our own employees. The only exception to this is where school guarantees pupils will be supervised by a trained member of school staff as well. School staff who contract with third parties to work with pupils, on or off-site, are required to identify whether supervision by school is guaranteed and if not, to check that the adult being sent will be adequately trained in allergy awareness **before** entering into any agreement.

3.2 Wellbeing

This school recognises the important part we can play in helping children and young people with medical conditions manage them well to achieve good health, active learning, and personal independence.

We recognise that some pupils may need time off school or suffer disturbed sleep due to their health which can leave them feeling ill, tired, irritable, anxious, and struggling to concentrate or catch up at school. We also recognise that stress can be a key factor in determining how successfully a pupil can manage their health which can affect their mental health, physical health and their ability to learn and grow alongside their peers.

We aim to treat pupils as individuals with due consideration given to their age, beliefs, opinions, experience, ability, cultural needs, and any other factors important to them such as preserving their dignity and privacy.

These procedures address the needs of adult staff, volunteers, and visitors as well but are centred on the safeguarding of pupils at risk from exposure to allergens. These principles are also transferable to managing other serious health concerns that can lead to pupils experiencing similar struggles.

Pupils are involved in age and developmentally appropriate ways in our emergency procedures but only in specific ways that have been discussed and agreed with the individual pupil and their family e.g., buddy role, fetching help or equipment. This should help to increase community awareness of severe medical conditions, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

When a pupil is missing a lot of school, or are distracted by their symptoms or health worries, or are always tired because their medical condition disturbs their sleep at night, class teacher will initially talk to the parents/carers to develop a plan to support better management of their symptoms and/or to prevent their child from falling behind. If appropriate, the member of staff taking this initial action will then talk to the school or community nurse and SENDCo/Allergy Safety Lead about the pupil's further needs.

We recognise that it is possible for pupils with allergy or acute asthma to have special education needs (SEN) due to their medical condition which may also be a disability under the Equality Act 2010 which requires reasonable adjustments.

Pupils will be involved in age and developmentally appropriate ways in our emergency procedures e.g., fetching help or equipment, and to increase community awareness, build peer-to-peer resilience, promote leadership skills, and reduce stigma or bullying.

3.3 Minimising risk

Schools have a duty of care for the health, safety, and wellbeing of pupils and must identify the seriousness of the risks to their health from exposure to known triggers and take reasonable action to eliminate or manage the risks. This school does all that we reasonably can to ensure the school environment is as favourable to pupils with allergy or acute asthma as it is to their peers without those medical conditions.

Areas of the curriculum we pay particular attention to which may expose pupils to triggers like allergens, humidity, extremes of temperature, fumes, smoke, dust, pollutants, food & drinks etc. include science, design technology, food technology, art, religious studies, drama, PE, and outdoor activities.

Steps taken to eliminate or reduce the presence of known triggers regularly include:

- Exclude animals, which can trigger allergy reactions, throughout the site unless very carefully planned and fully risk assessed. Where contact is unavoidable e.g., in the presence of disability service animals on-site or dog walkers etc. on educational visits off-site, situations which may cause a reaction are carefully managed.
- Enforce a no smoking/vaping policy throughout site, indoors and outdoors, *and* during off-site visits.
- Maintain good ventilation to control humidity and temperature, and to prevent dust accumulation, damp, and mould e.g., open doors and windows in line with the security and fire risk assessments and/or forced ventilation/air conditioning.
- Look for damp and mould problems during normal premises condition monitoring and take action to prevent and deal with incidents as a high priority.
- Wet dust and/or vacuum regularly to reduce dust and dust mites.

- Agree control measures with contractors on-site when their work will create fumes, smoke, dust etc. to eliminate or reduce the risk of acute asthma. Plan for these same risks off-site, poor air quality in some major cities etc.
- Mow grassed areas outside school hours and avoid keeping pollinating plants inside school buildings.
- Well ventilate rooms where pupils change clothing and encourage everyone to use unscented and non-aerosol deodorants or other permitted products.

Taking part in sports, games and physical activities is an essential part of school life for all pupils but can be a trigger for pupils with anaphylaxis or acute asthma.

To maximise participation by and minimise the risks to these pupils we:

- Carry out specific risk assessments i.e., use IHCPs to review existing on and off-site and activity risk assessments and plan any additional controls necessary.
- Take reasonable steps to make the activities we offer accessible alongside their peers e.g., moving an outdoor activity indoors at times of very high pollen counts, kit checks that include personal, personal spare, and school "spare" devices etc.
- Ensure staff have access to "spare" adrenaline auto injectors (located **no more than 5 minutes away from any pupil**).
- Require all activity leaders to remember to include emotions and pollen in their dynamic risk assessments and take steps to control triggers where possible including regularly reminding pupils at risk how to reduce their environment or exercise-related triggers or reduce their response to triggers.
- Require all activity leaders to encourage pupils experiencing worsening symptoms to stop, take action to slow or stop the symptoms e.g., use their reliever inhaler, sit out quietly until symptoms subside and they can continue. Anyone experiencing symptoms must not be left alone until they feel better and are continuing with normal activities.
- Have a simple procedure for ensuring pupils' own emergency medicines are easily available to them during activities when they are not competent to or cannot physically carry them. Procedures vary slightly depending on the pupils and locations, but they all involve staff gathering clearly labelled personal devices, storing them in a hygienic manner which is immediately accessible to pupils throughout activities, carrying or having access to a pupil's own spare device if they have one, and returning them.
- Have clear learning objectives for and plans for the inclusion of pupils who are too unwell to participate in physical activities e.g., referee, coaching, or other lower risk role.
- Reassure parents, carers, and pupils that we understand their condition and can help them manage it and be active.

See section 3.4 for more specific information on the management of food allergies.

3.4 Food allergy

This school is aware that:

- as many as 1 in 50 pupils has a nut allergy;
- children can be as dangerously allergic to other common food and non-food allergens e.g., milk, egg, latex etc. and it would be impossible to ban them all;
- "free-from" environments can create a false sense of security and don't prepare pupils for the world outside school;
- a nut-free policy still cannot guarantee that we would be a nut-free site because pupils and staff bring food and other items like deodorant sprays into school.

However, sometimes, the risk to an individual pupil from exposure to their allergens is so high and difficult to manage that we may try to take additional school-wide action to protect them for as long as the risks are unacceptable if we don't. For example:

- Ensure all vending machines stock snacks that comply with legislation on healthy eating and the School food standards practical guide - GOV.UK (www.gov.uk), and make support for healthy eating available

from staff. Consider exposure to allergens and how clear allergen information is before vending products are changed or any new supplier or contract is agreed.

- Educate and engage with parents and carers and the wider school community by:
  - Asking parents and carers to clearly label their child's bottles, other drinks, and lunch boxes with their name, but especially those items from the homes of children with food allergies.
  - Requiring parents and carers to take responsibility for checking that food purchased from the school canteen is suitable for their child before ordering and encouraging them to teach their child how to check allergen information when being given food or ordering it for themselves and to discourage their friends from trying to swap or share with them.
  - Requiring written parental consent before a child with known allergies or intolerances can share or buy and consume food or drink treats at school e.g., share a birthday cake brought in by another child or eat a cake the child bought at a school morning bake sale.
  - Requiring all food items brought into school or donated with the intention of sharing or selling them to raise money, be labelled with the allergens they may contain or clearly advising purchasers that items may contain allergens with the use of signs and notices.
- Educate staff on:
  - Allergen labelling and measures to prevent cross-contamination, especially during the handling, preparation and serving of food e.g., preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
  - Safer use of food or other allergens in crafts (discarded food/egg boxes can still contain allergens), cooking classes, science experiments and special events e.g., fetes, assemblies, cultural events, and the substitutions, restrictions or protective measures necessary e.g., wheat-free flour for play dough or cooking.
  - Where to find relevant guidance e.g., on creating Safer Eating Plans in the Food Safety section of our Health & Safety Policy, on safely managing food activities in risk assessments etc.
- Educate pupils that:
  - when food is not labelled with allergens, they should look for a sign bearing the information or a sign that instructs them to ask a member of kitchen staff;
  - unlabelled food can pose a greater risk of allergen exposure than packaged food with precautionary "may contain traces" label;
  - trading and sharing food, food utensils or food containers is discouraged to protect and not to upset people.

Our focus will always remain on education and awareness raising and our procedures and hygiene arrangements to manage risk.

School meal and wraparound care providers

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties start in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes.
- handling requests for allergen information.
- properly labelling all foods they prepack.
- how cross contamination can occur and how to prevent it.
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

Other food handlers

Staff or volunteers working with food in play, the curriculum, or other school activities are considered food handlers e.g., in food technology, classroom baking, cookery club, nursery, other staff and volunteers or PTA members serving snacks and treats etc. at events. They must receive adequate information, instruction, training and/or supervision to minimise the risks of anaphylaxis or food intolerance during food-related activities before activities begin.

4. Individual children, young people and others

4.1 Identification

The school *Supporting Pupils at School with Medical Conditions Policy* describes how we identify whether a pupil has a medical condition that might require us to take preventative or emergency action during school activities and needs a written plan.

It involves gathering data from admission forms, the Local Authority admissions system, the pupil file where one exists, previous schools or educational settings, and directly from pupils and families, childcare or healthcare providers, and others who work with or know the family in a professional or third agency capacity (voluntary e.g. Barnardos).

When a new member of staff is recruited, part of the offer process includes a requirement to disclose significant disabilities or medical conditions which could lead to serious outcomes at work for them, potential safeguarding risks for the pupils they are in charge of, and which may require reasonable adjustments or impact school insurance arrangements. This is because school must put a risk assessment in place to identify hazards, significant risks arising from exposure to the hazards, and control measures to reduce the likelihood of exposure and/or the severity of any resulting harm.

Existing staff are regularly reminded about our duty of care to them and to pupils, and the need to tell us when there might be new or higher risks at work to them or others.

When a member of staff discloses that they have been newly diagnosed with anaphylaxis and prescribed adrenaline, or newly (or re-diagnosed) with asthma, where exposure to allergens like dust and pollen can cause a severe reaction, and they have been prescribed a reliever inhaler, we might ask to see any completed care plan e.g., the Adult Action Plan available from BSACI or Your asthma action plan | Asthma + Lung UK, so we can carry out a risk assessment to understand how to support them at work and safeguard pupils. Support might include their consent to share their diagnosis with limited others on a need-to-know basis e.g., first aiders in case of emergency. If no plan is in place, we might consult with the member of staff and develop one. A completed plan is a risk assessment and will undergo regular review.

Staff who invite visitors to school should ask, when they make the visit arrangements, whether the visitor has a disability that requires reasonable adjustments to evacuate the premises safely in an emergency or a medical condition that might require school to take preventative or emergency measures.

When visitors arrive and sign in, the process includes them clearly indicating whether they need a Personal Emergency Evacuation Plan (PEEP) and whether preventative or emergency action due to a medical condition such as allergy may need to be taken by school, including whether they carry their emergency device on their person.

Pupils who may need adrenaline in an anaphylaxis emergency are recorded on the Anaphylaxis Register.

Pupils who may need salbutamol in an acute asthma incident, often brought on by exposure to an allergen like pollen, are recorded on the Asthma Register.

Each register includes:

- the pupil's name
- space to insert an optional photo i.e. to avoid confusing non-identical twins or pupils who have the same or similar names etc., - an extra way to identify them which could prevent serious mistakes,
- note of whether they carry their own device on their person,
- note of whether they have an Individual Healthcare Plan and/or Allergy Action Plan **and**

- whether parental consent is held to administer the school "spare" device(s).

A copy of each relevant register is kept with each emergency adrenaline or salbutamol kit and with the central reference copy of each IHCP on Compass and the child's oink and blue files

4.2 Individual Healthcare Plans

An IHCP will be developed for an individual pupil if they:

- have an allergy which has a functional impact on them at school;
- are at risk of harm because of their allergy **and**
- require arrangements which are additional to or different from those made generally.

A pupil's IHCP will set out the additional and/or different arrangements that will be in place for supporting them with their medical condition or allergy, including in emergency situations. Where pupils have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHCP should refer to or attach it.

Whenever an updated Action Plan becomes available, the child or young person's Individual Healthcare Plan should be reviewed to incorporate it.

For more information about the IHCP process including a KAHSC model, see Section 4.3 of the school *Supporting Pupils in school with medical conditions Policy*. The DfE have produced a template IHCP for use with children with allergies. Where a child already has an IHCP for other medical conditions, any allergy safety information must be included in that original IHCP. Under no circumstances should a child have more than 1 IHCP.

All children with a diagnosis of allergy and anaphylaxis should have a written Allergy Management Plan. BSACI produces three Paediatric Allergy Action Plans - BSACI, one for each of the two manufacturers currently authorised to supply adrenaline in the UK and one for children who are not prescribed adrenaline. We will use the relevant plan to inform the school IHCP. This includes for pupils whose allergies require flexibility and "reasonable adjustments", as well as those who require emergency or proactive medicines.

All children with a diagnosis of asthma should have a written Child asthma action plan (asthmaandlung.org.uk) which they complete with the help of their GP, community nurse and family. We will use it to inform the school IHCP and create an emergency action plan.

These plans must be easily available to all trained staff who may need to refer to them in an ongoing emergency. We never allow unattended visitors in the area where the information is easily accessible.

4.3 Prescribed adrenaline

Pupils who have been prescribed adrenaline, or **any** emergency medicine, need immediate access to it and are encouraged to carry it as soon as their parent or carer, GP, and teachers agree they are mature enough and their peers would not be at risk. The medicines of children who are not capable of carrying them safely themselves are kept in their classroom. This applies equally to a pupil's prescribed asthma reliever inhaler.

The procedure for obtaining and using a pupil's own emergency device and the school emergency devices are similar with slight variations affecting certain staff e.g., where the easily accessible but secure place pupils' own medicines are kept if they cannot carry them, the nearest "spare" to their work area etc.

It is explained to all staff, temporary staff and regular volunteers (as part of their induction) that any child who appears to need and/or has asked for their emergency medicine, should be given it immediately and what procedure they must follow.

We ask all parents and carers to ensure they equip their child with the minimum number of devices that their medical practitioner advises them to carry, clearly labelled with their child's name. We will also ask for a clearly labelled spare that can be kept in a suitable location in school, during term time only, in case the pupil's own runs out, or is damaged, lost, or forgotten.

It is the responsibility of parents and carers to ensure the medicines their child carries have not expired and that the spare provided will last for the entire half term, or they have a plan to replace it. We do not check

the expiry dates of children's personal medicines periodically but will check the expiry date if it is required in an emergency.

If it comes to the attention of staff through their normal duties that a medicine has expired or will expire soon, we will inform a parent or carer, ask them to take it home and provide a replacement.

Teachers are not statutorily required to administer routine medicines (in accordance with their conditions of employment) to pupils, however all staff at this school are trained and willing to administer emergency medication, and to supervise or provide other support to a pupil able to self-administer.

Staff will supervise or otherwise support a pupil who is able to self-administer their own device or the "spare", or they will administer it for pupils who are unable to self-administer, in accordance with their training and **Poster A** - 'How to recognise a mild to moderate allergic reaction'; and **Poster B** - 'Signs of anaphylaxis and what to do', or **Poster C** – 'How to recognise an asthma attack'; and **Poster D** - 'What to do in the event of an asthma attack'. These posters are displayed throughout the school.

School staff who agree to administer medicines are insured by the local authority to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time.

Parents and carers will be informed about every use of an emergency medicine on their child.

Summary of emergency action – Anaphylaxis

Because a mild-moderate allergic reaction can develop over time into anaphylaxis, staff must be aware of the mild-moderate symptoms, how to treat them, and what to look for to prevent anaphylaxis later.

A mild-moderate allergic reaction can usually be managed by giving the pupil a dose of their usual antihistamine as described in their allergy action plan. A member of staff should stay with the pupil and monitor their symptoms, looking for signs that this mild reaction is developing into anaphylaxis, and then following the anaphylaxis treatment flowchart if necessary.

The pupil's parent or guardian should also be contacted.

In an anaphylaxis emergency:

1. Establish that the pupil in difficulty is experiencing an allergic reaction as far as possible and try to keep them calm. Once it has been established that administration of adrenaline is required, **call for an ambulance unless to do so would delay treatment.**
2. Lie the pupil flat with legs raised (or sit them up if having breathing problems).
3. Establish the pupil's identity and the correct action to take (posters A and B).
4. Obtain the child's adrenaline, the child's spare adrenaline, and/or the school "spare" if required.
5. Check the adrenaline to be administered is correct, not expired, and will be given at the right dose in the right way.
6. Administer or support self-administration of adrenaline in accordance with posters A and B **and call for an ambulance**.
7. Record the administration (see Form E3: Record Card Adrenalin Administration).
8. Inform parents or carers as soon as possible after an ambulance has been called.
9. Dispose of any sharps (needles etc.) in the designated sharps container.

If a pupil is having more frequent or more severe allergic reactions to their triggers, we will review the IHCP and inform their parents/carers. The pupil might need to see their GP for a review after which we might also need to review their IHCP with them and their parents.

Summary of emergency action - Asthma

1. Establish that the pupil in difficulty is experiencing an asthma attack as far as possible and try to keep them calm.
2. Establish the pupil's identity and the correct action to take i.e., whether poster C and poster D should be followed or the pupil's individual S/MART Plan i.e., their Maintenance and Reliever Therapy plan (using only one combination preventer/reliever inhaler – app enabled smart inhalers are not available in the UK yet).

3. Obtain the child's inhaler (and spacer), the child's spare inhaler, and/or the school "spare" with a spacer if required.
4. Check the medicine to be administered is correct, not expired, and will be given at the right dose in the right way i.e., whether a spacer is used or if there is a S/MART Plan.
5. Administer or support self-administration of the reliever inhaler in accordance with the posters/advice or the pupil's S/MART Plan and/or the pupil's ACP/IHCP **and call for an ambulance if necessary**.
6. Record the administration of the school asthma kit on Form E2: Record CARD Emergency Salbutamol Use or Form E2: Record SHEET Emergency Salbutamol Use which should be inside the kit. If there are privacy or confidentiality issues or a child's asthma is not well-controlled, use of the school asthma kit and the child's own personal supplies can all be recorded together on Form E2: Record SHEET Personal Salbutamol Use.
7. Inform parents or carers as agreed or as soon as possible if an ambulance has been called.

If a pupil appears to be using their reliever inhaler more often than expected according to the needs outlined in their ACP/IHCP, we will inform their parents or carers. We might need to review the child's plan with them, or the child might need to see their GP or a community asthma nurse for an asthma review after which we might also need to review their child's plan with the family.

5. School-wide policies

5.1 "Spare" adrenaline and salbutamol (acute asthma) devices

The DfE statutory guidance suggests most schools will need to obtain two pairs of adrenaline auto-injectors as follows:

School type	**AAIs for children aged 5 and under** (150 micrograms) **(NOT suitable for infants under 6mths old)**	**AAIs for individuals aged 6 and over** (300 micrograms)
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs

Note: additional pairs of "spares" may be required for off-site visits – see section 5.2.

This school has purchased and will manage at least **4 adrenaline devices** at the correct doses for pupils and others and **4 salbutamol reliever** inhaler devices in case of an anaphylaxis or acute asthma emergency during school activities, where a child's own adrenaline or reliever inhaler is not available or safe to use. It could potentially save their life.

This does not in any way release parents or carers from their absolute duty to ensure that their child attends school with a fully functional medical device containing enough medicine for their needs.

"Spare" school reliever inhalers are intended for use where a child is experiencing acute asthma. The symptoms of other serious conditions and illnesses, including allergic reaction, hyperventilation, and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

A pupil who has been prescribed a reliever inhaler for their asthma which contains an alternative medicine to salbutamol (such as terbutaline), should still use the "spare" if their own inhaler is not accessible and consent is held – it will still help to relieve their asthma symptoms and could save their life.

The school emergency adrenaline or salbutamol kits should only be used on a pupil where both medical authorisation and written parental consent have been provided. The pupil having their own prescribed device is the simplest form of evidence for medical authorisation.

This can also include children at risk of anaphylaxis who have an allergy action plan confirming this, but who have *not* been prescribed adrenaline. In such cases, specific consent for use of the "spare" from both a healthcare professional *and* parent or carer must be obtained. They can use the template Allergy Action

Plan available from the British Society for Allergy and Clinical Immunology (BSACI) and give us a copy, so we use it to develop any IHCP required.

In exceptional circumstances, a "spare" adrenaline device can be used in the event of an anaphylaxis emergency to save the life of anyone who develops symptoms unforeseeably or for the very first time.

A legal exemption under Regulation 238 of the Human Medicines Regulations 2012 (as amended in 2017), allows school adrenaline to be used to save the life or a pupil or any person not already known by the school to be at risk of anaphylaxis (so, no medical authorisation/consent for use of the "spare" is held). For example, a pupil unaware they are allergic to insect stings being stung for the first time at school and experiencing anaphylaxis. This exemption should be reserved only for exceptional circumstances that could not have been foreseen. The normal expectation is that this school will clearly identify those at risk of anaphylaxis in advance, to reduce the risk of ambiguity, and potential delay in administering adrenaline, in the event of an anaphylactic emergency.

There are no exceptional circumstances for the use of salbutamol. The school inhaler cannot be given to someone who is not on the school Asthma Register and for whom school does not hold written (parental) consent to administer it. In an emergency which resembles symptoms of **acute asthma** in a pupil who has not been prescribed a reliever inhaler and who does not have a medical plan that indicates school should administer the school emergency salbutamol either, the rules about parental consent can be ignored **only if** staff have dialled 999 and are being given medical authorisation to use it by an appropriate medical professional. In such situations the member of staff administering the salbutamol, in an emergency and acting under medical instruction, does not need to have had any specialist training.

Obtaining and replacing "spare" devices for school

This school will buy adrenaline and inhaler devices from a pharmaceutical supplier licensed in the UK, confirming the following to them in writing:

- the name of the school.
- the purpose for which the product is required; and
- the total quantity required and specifying the dose required for the ages of the children.

We will use the template letter in the Annex to the Department of Health (DoH) guidance Using emergency adrenaline auto-injectors in schools or the template letter from Spare Pens in schools to get the right supplies.

There is no DoH template letter for obtaining salbutamol, so we will keep our own template letter that includes the necessary information, modelled on the adrenaline letter. Additional information on using "spare" salbutamol inhalers is available in the Department of Health (DoH) guidance Using emergency salbutamol inhalers in schools.

Alison Cattanach will manage the orders with Seaton Pharmacy

School adrenaline kit contents

NOTE: (schools will need more than one kit)

Each emergency adrenaline kit should contain:

- 2 (a pair) "spare" device(s), both at the correct dose for pupils' ages.
- Instructions on how to use the device(s).
- Instructions on storage.
- Manufacturer's information and instructions on using the device.
- The issuing pharmacist's contact information.
- A checklist of devices identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing used devices.
- Sharps box or container.
- A list of pupils to whom the device can be administered (Adrenaline Register).
- The name and contact details of the Allergy Safety Lead.
- An administration of adrenaline record card/sheet.
- Pen to write with.

School salbutamol (acute asthma) kit contents

Each emergency asthma kit should contain:

- 2 salbutamol metered dose inhalers (MDI).
- At least two single-use plastic or disposable spacers compatible with the inhaler (see https://bit.ly/3nATvmj for disposable spacers compatible with salbutamol inhalers).
- Manufacturer's information and instructions on using the inhaler and spacer/ plastic chamber.
- Instructions on how to administer the inhaler using a spacer/plastic chamber e.g., https://www.rightbreathe.com/ or How to use your inhaler | Asthma + Lung UK (asthmaandlung.org.uk) or the inhaler manufacturer's videos.
- Advice that disposable salbutamol inhalers and spacers are for use by one person only because of the risk of cross-infection.
- Instructions on storing and disposing of single use inhalers/spacers and/or instructions on cleaning and storing inhalers and spacers that are not disposable and are allocated to one person.
- The issuing pharmacist's contact information.
- A checklist of inhalers, identified by batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the inhaler and spacers.
- A list of children permitted to use the emergency inhaler as detailed in their IHCP or other written parental consent (asthma register).
- The name and contact details of the Allergy Safety Lead.
- A record of administration (i.e., when the inhaler has been used).
- Pen to write with.

Storage and care of school "spare" emergency medicines

It is the responsibility of parents or carers to provide enough of the right medicine, in working condition, with a spare to remain in school during term-time only, and to check regularly that neither has expired.

It is the responsibility of class teachers to arrange for or remind pupils who keep a personal spare lot of emergency medicine at school, to take it home with them every holiday and bring it back at the start of the next half term. This also serves to provide parents and carers the opportunity to carefully examine it for defects or expiry and test and clean it if necessary.

It is the responsibility of Rachel Blair and Alison to maintain the school emergency adrenaline and acute asthma kits ensuring that:

- Numbers and correct doses are adequate and stored in pairs i.e.; **pupils are never more than 5 minutes away (2.5 minutes each way) from a "spare" device of the correct dose**;
- Monthly, the devices are present and in-date, that the inhaler and spacers are present and in working order, and the inhaler has enough doses available;
- Replacement devices are obtained when used or when expiry dates approach, and we have signed up to receive any manufacturer expiry or defect alerts available;
- Replacement spacers are available following a single use;
- Adrenaline is being stored at room temperature (in line with manufacturer's guidelines) and protected from direct sunlight and extremes of temperature;
- The plastic inhaler housing (which holds the canister) has been cleaned, air-dried, and returned to storage following use, or that replacements are available if necessary.

The school emergency device kit/s will be clearly labelled and kept separately from pupils' own spare devices to avoid any confusion in the medical room. This is a safe and suitably central location in school, known to all staff, and to which all staff always have access, but in which the medicine is out of easy reach and sight of children. They will not be locked away.

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature. Spacers will not be stored in plastic bags to prevent them developing a static charge that causes the asthma medicine stick to the spacer rather than being delivered to the lungs.

An inhaler should be tested before use e.g., held away from the face while spraying one or more puffs as necessary. As it can become blocked when not used regularly, testing will be carried out before each use and monthly as part of the working order checks.

To avoid the risk of cross-infection and because it goes directly in the mouth and can only be cleaned with gentle detergents, the plastic spacer cannot be reused by a different person. It could be given to the child who used it to take home/keep labelled with their name in school for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The canister of salbutamol should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e., if the inhaler has been used without a spacer, it should not be re-used but disposed of.

Disposal

This school is registered online at www.gov.uk/waste-carrier-or-broker-registration as a waste carrier so that we can legally dispose of spent, expired, or faulty adrenaline, inhalers, or other medicines or medical devices that we are responsible for. For more information about school policy on the disposal of medicines, including those belonging to pupils or ex-pupils, please see our Administration of Medicines Procedures.

Where they can be returned to be recycled by the manufacturer, we will follow the manufacturer's instructions. Otherwise, we will follow any guidelines provided by our pharmaceutical supplier.

A proprietary sharps container is always available to staff and to pupils who are self-injecting or prick testing.

5.2 Visits and trips

On-site procedures to manage allergy risks must be suitably adapted to be carried out off-site by the visit leader. This may mean they need to identify significant health and medical needs at the earliest planning stage and seek advice from the Allery Safety Lead to ensure equality of access to the curriculum and to be suitably prepared for their visit, for example:

- to understand which pupils, have allergy.
- the severity of their symptoms.
- relevant triggers to be avoided and how exposure could happen.
- their treatment or care plan, especially out-of-hours arrangements which school is normally unfamiliar with, and the role of staff.
- the pupil's competence in carrying and administering their own emergency and other medicines.
- distance from emergency services at any point in time on the visit.

Parental consent to attend a residential visit may need to include a review of and additions to an IHCP because a medicine or other treatment school does not normally manage is required. This must be done in consultation with the Allergy Safety Lead.

All medicines provided for educational visits must be handed over to school already clearly labelled with the pupil's full name. Information about the dose, frequency, method of administration etc. does not need to be obtained via the ordinary consent for administration at school forms because there is space for that on the residential trip consent confirmation form instead.

The visit leader may need to consider whether it is appropriate to take "spare" adrenaline or acute asthma devices with them in case of emergency on some trips. However, this should **not** cause a lack of "spare" devices on school premises, and the Allergy Safety Lead must agree to "spare" devices being taken on all excursions where requested.

5.3 Serious incidents and "near misses"

Serious incidents or "near misses" involving allergy safety will be recorded, reported and responded to. We will follow the H&S Policy Accident/Incident Procedures for any near miss.

Because the onset of symptoms can be delayed, Rachel Blair will inform others of serious incidents or near misses e.g. parents/carers or the wraparound Club staff.

5.4 Information sharing

At the beginning of each school year or when a child joins our school, parents/carers are asked if their child has any medical conditions on their enrolment form and data is entered on the school information management system.

All parent or carers of pupils with emergency medicines are asked to complete an IHCP or other care plan with advice from their GP or community nurse where needed, to help us manage their child's exposure to triggers and their symptoms during school activities.

The information will be used to update the school anaphylaxis or asthma register and these procedures. The plans must be easily available to staff, especially trained staff who may need to refer to them in an ongoing emergency. We never allow unattended visitors in the area where the information is easily accessible.

The use of **any** emergency medicine will be recorded including:

- Where and when the reaction took place (e.g., date, time and whether it was during a PE lesson in the changing room, in the playground, science laboratory etc.).
- How much was given, and by whom.
- When and how the person given it was transferred to hospital for further monitoring.
- When and how parents were contacted to inform them (hospital discharge documentation should be sent to the pupil's GP to inform them of the emergency incident).

The use of a pupil's own reliever inhaler is recorded and notified, if necessary, as agreed with parents/carers.

Extra-curricular activities and out-of-school clubs operated by this school, or by others on behalf of the school, are open to all pupils equally. To enable everyone to participate as safely as possible, we ensure that all teaching, teaching support staff, sports coaches, and other activity leaders who run school activities outside of normal school hours are aware of our procedures, the pupils affected, how to minimise triggers and reactions and where emergency devices are stored..

Where children and young people are prescribed adrenaline devices, it *may* be appropriate for their friends to be made aware of how to seek help in an emergency. Any wider awareness or training should be considered carefully and discussed with the pupil **and** their parents. Such wider awareness or training should not replace staff emergency response arrangements.

5.5 Awareness of the allergy safety policy

- for everyone e.g., published on the school website;
- for staff e.g., part of annual allergy awareness training;
- for all pupils e.g., how general allergy safety awareness will be raised (PSHE, small roles in IHCPs as buddies etc.);
- for pupils with prescribed adrenaline e.g., involving their friends but only with their informed consent.

Any wider awareness or training should not replace staff emergency response arrangements.