



Pupil allergy policy

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REVIEW HISTORY

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1.0			

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This policy sets out our approach to allergy safety of OAK Multi Academy Trust.

The allergy safety lead responsible for implementing this policy at each school is named in section 3.2.

School specific procedures can be found in Appendix 1.

1. Aims

This policy aims to:

- Set out our Trust's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our Trust supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the Trust community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

3.1 The Board of Trustees

The board of trustees is responsible for ensuring:

- Risks relating to pupils with an allergy are included in the risk register and actively managed
- The Trust has an allergy safety policy which sets out:
 - Arrangements to reduce the risk of individuals coming into contact with their known allergens
 - Emergency response plans for cases of anaphylaxis
- Ensuring the allergy safety policy is reviewed at least annually, updated when needed, and is published

The board of trustees delegates the day-to-day implementation of this policy to the allergy safety lead in each school.

3.2 Allergy Safety Lead

The nominated allergy leads for each school are:

- Brookside Primary School: Grace Brown
- Manor High School: Shaun Tweed
- Overdale Junior School: Tanya Cross and Alison Knighton
- Overdale Infant School: Amy Scott
- Woodland Grange Primary School: Hayley Brown and Sue Longstaff

They're responsible for:

- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across the school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
 - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
 - All staff receive regular allergy awareness training
 - All staff are aware of the school's policy and procedures regarding allergies
 - Relevant staff are aware of what activities need an allergy risk assessment
 - Checking spare AAls are present and in date monthly
 - Making sure that replacement AAls are obtained when expiry dates approach
 - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 The Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.4 Parents/carers

Parents/carers are responsible for:

- Being aware of our Trust's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their child as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying Pupils at Risk

Each school will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary using Arbor

We ask that parents/carers proactively inform their child's school by either phone call or email if their child's medical needs change during the school year. **See Appendix 1 for school-specific information on how to relay this information.**

4.2 Identifying Staff and Visitors at Risk

Each school will:

- Ask new staff to provide details of their allergies in advance of their start date
- Ask visitors to provide details of their allergies in advance of their visit

4.3 Individual Health Care Plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm because of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. Each school will make every effort to make sure that arrangements

are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to the school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally. The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The schools will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and Asthma Action Plan

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of Pupils with Known Allergies

The school maintains a register of pupils who have a known allergy. The register includes:

- Known allergens
- Whether a pupil has been prescribed Ads
- The register is kept in a location easily accessible to staff and in areas where food is served or handled and can be checked quickly by any member of staff as part of initiating an emergency response. See Appendix 1 for school specific information.
- Records are also up to date on Arbor MiS

Allowing all pupils to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register.

5. Assessing Risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising Risk

6.1 Hygiene Procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

Each school is committed to providing a safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect Bites and Stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.4 Visits and Trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

6.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, **this must be followed**
- A spare school AD device will only be used if:
 - The pupil does not have a prescribed AD
 - The pupil's prescribed AD is not available or misfire

8. Adrenaline Devices (ADs)

Following the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#), Trust procedures for ADs are as follows:

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to always keep them near or on their person including when travelling to or from the school and on school trips. It is recommended that two devices are always carried. At Primary level, pupils do not carry their ADs with them at school. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

A spare AD is to be handed into reception so that it can be accessed in the event of an emergency.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

8.2 Spare ADs and Inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAI may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs [and an emergency asthma reliever inhaler] and ensuring they are stored according to the guidance.

Spare ADs will be stored in an appropriate central location that is unlocked and accessible to staff only at all times, and no more than 5 minutes away from where they may be needed. They will be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature and separate to any prescribed ADs. They will be checked monthly by the allergy lead to ensure they are present and in date. The allergy lead will obtain replacements ADs when the expiry date is near.

Information on where each school stores its AAIs can be found in Appendix 1.

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (for example, in a sharps bin)

8.4 Using Spare AD's in an Emergency Situation Without Prior Consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment. This is also the case if someone is having symptoms that resemble an allergic reaction.

8.5 Use of ADs off School Premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events.

- Before the student attends the trip a check from the responsible staff member must be conducted to ensure they have their ADs on them.
- The spare given to school is also to go on the trip.
- If the child has not access to their AD, they are not to go on the trip

9. Serious Incidents and 'Near Misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A '**near miss**' is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident Recording

Each school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The schools will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons

9.2 Incident Reporting

The parents/carers should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the allergy safety lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.
- To Aspens catering services: any allergen-related food safety incidents.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy Awareness

10.1 Staff Training

The Trust ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

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 pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- 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 triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
 - Calling emergency services and informing parents/carers
 - How to locate and administer emergency medication
 - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with 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
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')

10.2 Awareness of Allergy Safety Policy

This Allergy Safety Policy will be published on the Trust's website, all school websites, and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy and the Trust Anti-Bullying Policy.

The Trust recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding, and any witnesses. The school will provide support to those involved. The school will support staff

involved in any incident or 'near miss'. See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with OAK Multi Academy Data Protection Policy.

13. Monitoring Arrangements

This policy will be monitored by the Board of Trustees. It will be reviewed and approved annually in collaboration with the school allergy safety leads, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

14. Other Policies

This policy links to the other following Policies and Procedures

- Health and safety policy
- Supporting pupils with medical conditions policy
- First Aid Policy
- Data protection policy
- Behaviour policy
- Anti-Bullying Policy

Appendix 1: School Specific Procedures

Brookside Primary School

Section 4.1 Identifying pupils at risk

Parents/carers to inform the school by either phone call to the school 0116 2713680 or an email to office@brookside.leics.sch.uk if their child's medical needs change during the school year.

Section 4.5 – register of pupils with known allergies

At Brookside Primary School, we keep a register of pupils with known allergies in the main school office so that staff can access it. This information is also on Arbor. Individual children who have an allergy have this information pinned on their student profile (just below the main section).

Section 8.1 – Prescribed ADs

We keep ADs for pupils who are prescribed them in the main school office. They are taken on school trips. Parents are responsible for their children's medication when travelling to and from school. Parents are also responsible for ensuring that they are in date, however we do send timely reminders.

The school office is no more than 5 minutes away from where they may be needed. The devices are kept in named boxes in the cupboard. In the box will be the action plan for them and their medication. The medication is kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Pupils out of date ADs are collected by parents for them to dispose of when they have given us a new, in date device.

We have a list –that includes a photograph to support all staff in the recognition and administration of any medication in an emergency. This is updated annually, and again if required during the year. Records are stored in folders located in our main office. These are also scanned onto Arbor for communication with staff.

Section 8.2 – Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs [and an emergency asthma reliever inhaler] and ensuring they are stored according to the guidance.

Procedures for buying spare ADs

- The school have sourced ADs from Eureka Direct
- The number of ADs purchased – 2 of each size for the central storage in the office, plus an additional set in the school kitchen.
- The brand of ADs purchased is EpiPen.
- We have both dosages required (based on Resuscitation Council UK's age-based criteria, see page 11 of [the AAI guidance](#))

Spare ADs will:

- Be unlocked and accessible to **staff only** at all times
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Manor High School

Section 4.1 Identifying pupils at risk

Parents/carers to inform the school by either phone call to the school 0116 2714941 or an email to admin@manorhigh.leics.sch.uk if their child's medical needs change during the school year.

Section 4.5: Register of pupils with known allergies:

- The register is kept in the following file path:
 - Staff Shared → MHS – All Staff (NEW) → 2. Policies → 2. Original Word Docs → First Aid Policies → Students with Allergy Information

Section 8.1 – Spare ADs and inhalers:

Spare AAls will be stored:

- Location 1 – Reception
- Location 2 – D&T Room 4
- Location 3 – Science Technicians Room
- Location 4 – Viking Building – Reprographics Room
- Location 5 – Sports Centre – PE Office

The above locations are all within 5 minutes of the schools main co-hort.

- They will be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature and separate to any prescribed ADs

They will be checked monthly by either Shaun Tweed or Gillian Patterson.

Overdale Infant School and Overdale Junior School

Section 4.1 Identifying pupils at risk

Parents and carers to inform school by completing registration forms, contacting the school office by phone or email.

Overdale Infant School

Telephone: 0116 2882724

Email: reception@overdale-inf.leicester.sch.uk

Overdale Junior School

Telephone: 0116 2883736

Email admin@overdale-jun.leicester.sch.uk

Section 4.5: Register of pupils with known allergies:

Information on children's allergies will be logged on Arbor and stored centrally in staff shared area. The allergy register will be available in the following locations:

Overdale Infant School:

- First Aid rooms – KS1 and Reception
- Wraparound Care Kitchen
- Dining Hall
- Classrooms

Overdale Junior School:

- First Aid room
- Food Routes room
- Dining Hall
- Classrooms

Section 8.1 – Spare AAs and inhalers:

Spare AAs and Inhalers will be stored in the following locations:

Overdale Infant School – Preschool office and main Reception, dining room

Overdale Junior School – Staffroom, dining room

Individual AAs and Inhalers will be kept in the class cupboard in a clear bag with the child's name and photograph.

All locations are within 5 minutes of the school's main cohort. They will be kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature and separate to any prescribed AAs

They will be checked monthly by allergy leaders.

Woodland Grange Primary School

Section 4.1 – Identifying pupils at risk

We ask that parents/carers proactively inform us by email to Mrs Longstaff on wgpoffice@woodlandgrange.leics.sch.uk if their child's medical needs change during the school year.

Section 4.5 – register of pupils with known allergies

At Woodland Grange, we keep a register of pupils with known allergies in the main school office so that staff can access it. This information is also on Arbor. Individual children who have an allergy have this information pinned on their student profile (just below the main section).

Section 8.1 – Prescribed ADs

We keep ADs for pupils who are prescribed them in the school office. They are taken on school trips. Parents are responsible for their children's medication when travelling to and from school. Parents are also responsible for ensuring that they are in date, however we do send timely reminders.

The school office is no more than 5 minutes away from where they may be needed. The devices are kept in named boxes in the cupboard. In the box will be the action plan for them and their medication. The medication is kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Pupils out of date ADs are collected by parents for them to dispose of when they have given us a new, in date device.

We have a list –that includes a photograph to support all staff in the recognition and administration of any medication in an emergency. This is updated annually, and again if required during the year. Records are stored in folders located in our main office with the medication. These are also scanned onto Arbor for communication with staff.

Section 8.2 – Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs [and an emergency asthma reliever inhaler] and ensuring they are stored according to the guidance.

Procedures for buying spare ADs

- The school have sourced ADs from Eureka Direct
- The number of ADs purchased – 2 of each size for the central storage in the office, plus an additional set in the school kitchen.
- The brand of ADs purchased is Epipen.
- We have both dosages required (based on Resuscitation Council UK's age-based criteria, see page 11 of [the AAI guidance](#))

Spare ADs will:

- Be unlocked and accessible to **staff only** at all times

- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature