



Policy on Emergency Adrenaline Auto-Injectors and Salbutamol Asthma Inhalers

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1.0 Introduction

The Corporation of Oundle School includes both Oundle School, a boarding and day School for pupils aged 11 – 18 and Laxton Junior School, a day School for pupils aged 4 – 11. This policy applies to both Oundle School and Laxton Junior School.

This policy supplements and links to the Oundle School's Medicines Management Policy (G37), Oundle School Allergy Policy (G33), and Laxton Junior School's Allergy Policy. It is based on Department of Health guidance documents for schools which are listed in Section 12.0.

1.1 Emergency Adrenaline Auto-Injectors (AAIs)*

The Human Medicines (Amendment) Regulations 2017 provides schools with the option of buying adrenaline auto-injector (AAI) devices without a prescription for emergency use on pupils who are at risk of a severe allergic reaction (anaphylaxis) but their own devices are not available or not working.

The emergency AAI should normally only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the emergency AAI has been provided.

In relation to using an emergency AAI on a pupil suffering an allergic reaction who does not have the necessary authorisation and consent, the Medicines and Healthcare Regulatory Agency (MHRA) clarified their guidance on this in their published letter of 23 March 2023. The letter stated: "The MHRA would like to clarify that, in principle, a legal exemption under Regulation 238 permits a school's emergency adrenaline auto-injector(s) to be used for the purpose of saving a life, for a pupil or other person not known by the school to be at risk of anaphylaxis (and thus does not have medical authorisation/consent in place for the spare device). This might be, for example, a child presenting for the first time with anaphylaxis due to an unrecognised allergy. The provision under Regulation 238 should be reserved for exceptional circumstances only, that could not have been foreseen". The previous guidance was to dial 999 and ask for advice as to whether the administration of the emergency AAI is appropriate.

In all cases, if someone appears to be having a severe allergic reaction, **an AAI device should be administered without delay.** An ambulance should be called by dialling 999 immediately after giving the injection and the call handler should be informed that **"this is an emergency case of anaphylaxis."**

***Note:** There are two types of AAIs currently available in the UK, these are called Epi-Pen and Jext (Emerade pens were recalled by MHRA in May 2023). They both contain the same type of medication called 'adrenaline' (also referred to as 'epinephrine') which is given by injection into the outer mid-thigh muscle. Within this policy the term AAI is used as the generic term for both types of devices in use.

1.2 Emergency Salbutamol Asthma Inhalers

The Human Medicines (Amendment) (No.2) Regulations 2014 permit schools to purchase salbutamol inhalers (and spacers – enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) without a prescription for emergency use on pupils who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The emergency salbutamol inhaler should only be used by pupils who have been diagnosed with asthma and prescribed a reliever inhaler; OR who have been prescribed a reliever inhaler; AND for whom written parental consent for use of the inhaler has been given.

2.0 Guidance for Pupils

2.1 Oundle School Pupils

Pupils at risk of anaphylaxis

Senior school pupils are encouraged to be independent and are informed of the importance of always keeping two of their own prescribed AAls with them. Guidance from the Medicines and Healthcare Products Regulatory Authority (MHRA) is that **anyone prescribed an AAI should always carry two of the devices.**

Pupils at risk of an asthma attack

In a similar manner, senior school pupils should keep their inhaler on them at all times and be educated and encouraged to manage their asthma themselves.

2.2 Laxton Junior School Pupils

Pupils at risk of anaphylaxis

For pupils of primary school age (although educated on the importance of AAls), the prescribed AAls are kept in the rucksack which travels with the class at all times, including when going on school trips and off site visits. Older pupils are encouraged to be independent and informed of the importance of always keeping two of their own prescribed AAls with them. If it is forgotten to send the AAls into school, schools may find it easier to request AAls are kept on school premises in term time. However, children at risk of anaphylaxis should always have access to AAls including during the journey to and from school.

Pupils at risk of an asthma attack

Similarly, junior school pupils should be made aware of the reasons why it is important to have their inhaler. However, staff will keep the individual prescribed inhalers for the pupil(s) in their charge in a safe and accessible. They are kept in the class rucksack which travels with the class at all times, including when going on school trips and off site visits. Older pupils are encouraged to be independent and informed of the importance of keeping their asthma inhaler close and knowing where it is stored.

Important Note for all Pupils: To avoid complacency it must be emphasised **that these devices are for use in an emergency only** and are not being provided as a 'back-up' for pupils who forget to keep their devices with them.

3.0 Location of Emergency Meds Kits Containing AAIs and Asthma Inhalers

Allergy Response Boxes containing emergency AAIs and Asthma Inhalers:	Meds kits containing emergency Asthma Inhalers only:
<ol style="list-style-type: none"> 1. Health Centre. 2. Oundle School Sports Centre Reception. 3. SciTec Biology prep. 4. Cloisters – Staff kitchen next to the Examinations Office. 5. Laxton and Sadler House Reception Office. 6. Scott House Reception. 7. LJS Reception. 8. Stahl Theatre – Box Office. 9. Athletics Track – Hub kitchen. 10. Pupil Club. 	<ul style="list-style-type: none"> • The Berrystead. • Bramston. • Dryden. • Sanderson. • Fisher. • Crosby. • Grafton • Sidney. • Kirkeby • Wyatt. • Laundimer. • New House. • School House. • St Anthony. • Laxton and Sadler House. • Scott House. • Laxton Junior School.

Dining room wall-mounted Allergy Response Boxes containing emergency AAIs and Asthma Inhalers:	
<ol style="list-style-type: none"> 11. Oundle School Sports Centre – Studio 3. 12. Kirkeby House – Dining room. 13. Wyatt House – Dining room. 14. Two Acre – Fisher House dining room. 15. Two Acre – Crosby House dining room. 16. Two Acre – Laxton / Sadler Dining room. 17. Sidney House– Dining room. 18. Grafton House – Dining room. 	<ol style="list-style-type: none"> 19. St Anthony House – Dining room. 20. Common Room. 21. Sanderson House – Dining room. 22. Dryden House– Dining room. 23. Refectory – Lower floor dining room. 24. Refectory – Upper floor – central area. 25. School House – Dining room. 26. New House – Dining room.

At each of the above locations, a designated member of staff is appointed to ensure that the kits are kept in a safe and secure place to avoid unauthorised use but are still available for use in the event of an emergency.

Allergy Response Boxes Containing Emergency AAIs and Asthma Inhalers - Contents:

- 1 AAI and a map showing the locations of all Allergy Response Boxes, with the position of the nearest alternative box highlighted.
- Instructions on how to use the devices and the manufacturer’s instructions including instructions on storage.
- An administration record.
- Instructions on the arrangements for replacing the AAIs and informing the Health Centre.

Note: Instructions will also be displayed on each Allergy Response Box informing staff that the emergency AAI can be used on anyone showing symptoms of anaphylaxis.

- 1 salbutamol metered dose inhaler.
- Disposable cardboard spacers compatible with the inhaler.

- Instructions on how to use the inhaler and spacer and the manufacturer's instructions including information on cleaning and storing the inhaler and spacer.
- An administration record.
- Instructions on the arrangements for replacing the inhaler and spacers and informing the Health Centre.

Note: Behind each Allergy Response Box, there will also be a record sheet for documenting the visual checks on the plastic seals which are carried out 4 times each month.

Emergency Salbutamol Asthma Inhaler Kit - Contents:

- 1 salbutamol metered dose inhaler.
- Disposable cardboard spacers compatible with the inhaler.
- Instructions on how to use the inhaler and spacer and the manufacturer's instructions including information on cleaning and storing the inhaler and spacer.
- An administration record.
- Instructions on the arrangements for replacing the inhaler and spacers and informing the Health Centre.

The Health Centre will also keep a checklist of injectors and inhalers identified by their batch number and expiry date with monthly checks recorded.

4.0 Responsibilities

4.1 Staff Authorised to Oversee the use of the Allergy Response Boxes

At each location, the member of staff appointed to oversee the storage and use of the allergy response boxes shall:

- Keep it in a safe and secure place to prevent unauthorised use;
- Inform the Health Centre as soon as possible when any of the devices have been used;
- Ensure that the Health Centre are provided with a copy of the administration record form; and
- Check that the seal on the allergy response box is still intact 4 times each month and inform the Health Centre if it is not.

4.2 Health Centre Staff

Health Centre staff shall:

- Purchase the devices.
- Maintain checklists of AAI and inhalers identified by their batch numbers and expiry dates;
- Keep the list of Oundle School pupils diagnosed with allergies and / or asthma up to date on iSAMS. **NOTE** - The Deputy Head and School Administrator keep the list of LJS pupils diagnosed with allergies and/or asthma up to date on iSAMS and on the pupil data sheets located on the LJS Shared Drive.
- Replace the devices prior to their expiry dates at each location;
- Replace any devices that have been used in an emergency;
- Append a copy of the administration record to the pupil's healthcare plan;

- In addition to the first aid training organised by the school, provide relevant members of staff who have responsibilities for administering medication and /or supporting pupils with medical conditions or those who volunteer to take on the responsibility to use the emergency devices with adequate training; and
- Maintain accurate records of staff training.

4.3 Staff Administering Emergency Treatment

Members of staff who administer emergency treatment, including those who have received a formal first aid qualification, or other relevant training on the use of an AAI, shall:

- Administer the treatment in accordance with the training they have received;
- Inform the Health Centre as soon as possible that the device has been used; and
- Complete an administration record form and provide the Health Centre with the form.

Note: Whilst it is better to be trained, in an emergency, anyone can administer an AAI, whether they have been trained or not.

5.0 Staff Training

The regulated and nationally recognised qualifications provided for staff include - Level 3 Award in First Aid at Work; Level 3 Award in Emergency First Aid at Work; Level 3 Award in Paediatric First Aid; and a recognised and regulated qualification in Outdoor and Wild Country Emergency First Aid at Work and Basic Life Support. All first aid courses cover the causes, identification and treatment of those who suffer allergies and those with asthma in varying levels of detail.

All pupil-facing staff should complete the Educare online training courses – “Understanding Anaphylaxis” and “Understanding Asthma” Modules. In addition, at the beginning of each academic year, the house nurse will visit and provide refresher training. The training provided includes, but is not limited to, the following.

5.1 Allergic Reactions and Anaphylaxis

- How to recognise the range of signs and symptoms of an allergic reaction.
- An understanding of the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may, or may not, occur with prior mild (e.g. skin) symptoms.
- The correct positioning of the person experiencing anaphylaxis who should be lying down with their legs raised, or sitting propped up if they are struggling to breathe. They should remain in this position until the paramedics arrive, even if they are feeling better.
- An appreciation of the need to administer adrenaline **without delay** as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective).

Note: In all cases, after an AAI is administered, 999 must be dialled immediately and an ambulance requested. The call handler should be informed that ‘this is an emergency case of anaphylaxis’. In all cases, the patient should be taken to hospital.

- Recognising when emergency action is necessary and when to request assistance from other members of staff.
- How to access the emergency meds / allergy response boxes.

- How to check if a pupil is on the register of those diagnosed with allergies.
- How to administer AAI in accordance with the manufacturer's instructions.
- Making appropriate records of the allergic reaction and the administration of medication.
- Informing the Health Centre that the device has been used and providing them with the completed administration record form.
- An appreciation of risk reduction measures and a good understanding of how allergies can impact on a pupil's general wellbeing.

5.2 Asthma Attacks

- How to recognise the symptoms of an asthma attack and how to distinguish it from other conditions with similar symptoms.
- Recognising when emergency action is necessary and when it is essential to dial 999 and request assistance from other members of staff.
- How to access the emergency meds / allergy response kits.
- How to check if a pupil is on the register of those diagnosed with asthma.
- How to administer salbutamol inhalers through a spacer.
- Making appropriate records of the asthma attack and the administration of medication.
- Informing the Health Centre that the devices have been used and providing them with the completed administration record form.
- When it is necessary to call 999.

5.3 Educare Online Training Courses

The School is also working towards all pupil-facing staff completing the Educare online training course – "Administration of Medication in Schools". The Educare "First Aid Essentials" course also includes sections on anaphylaxis and asthma.

5.4 Additional Online Training Resources

Although not a substitute for face-to-face training, additional online resources and e-learning training modules are available via the links below.

- Anaphylaxis - [The Allergy Team - AAI training videos](#)
- Anaphylaxis - www.sparepensinschools.uk
- Asthma - www.asthma.org.uk-using-inhalers

6.0 Anaphylaxis

6.1 Causes of Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur up to 2 hours later. **It is potentially life threatening and always requires an immediate emergency response.**

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya).

- Insect stings (e.g. bee, wasp).
- Medications (e.g. antibiotics, pain relief such as ibuprofen).
- Latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten.

It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food. Contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen.

While severe reactions often occur very quickly, within minutes, others can occur up to 1 to 2 hours later. Severe reactions to insect stings often occur particularly quickly.

Anaphylaxis may also mimic a severe asthma attack with no other symptoms (e.g. skin rash or hives) being present.

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE).

This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched sound (stridor) when breathing in. An easy way to remember the symptoms for anaphylaxis is by the letters A, B, C which stand for the key indicators: Airway, Breathing and Circulation or Consciousness.

Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately at the first signs of anaphylaxis.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. **It is therefore vital to contact the Emergency Services as early as possible, after adrenaline has been administered.** Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately at the first signs of anaphylaxis.

6.2 Signs and Symptoms of an Allergic Reaction and Anaphylaxis

Mild-moderate allergic reaction:

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

ACTION:

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



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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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

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



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

After giving Adrenaline:

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

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

6.3 Treatment and Actions for an Allergic Reaction or Anaphylaxis

While “allergy” medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. **It is therefore essential to always call for an ambulance, immediately after the first dose of adrenaline has been administered, to provide further medical attention, whenever anaphylaxis occurs.** The use of adrenaline as an injection into the muscle is safe and can be lifesaving.

The emergency AAls are normally administered only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the emergency AAI has been provided. However, and as stated in Section 1.1, in exceptional circumstances, where someone experiences anaphylaxis unexpectedly, the emergency AAI can be given to anyone for the purpose of saving their life. Note that this is a change to the guidance issued by MHRA in March 2023. The previous guidance was to dial 999 and ask for advice as to whether the administration of the emergency AAI is appropriate.

AAls can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

Practical points:

- When dialling 999, after informing them that it is an anaphylaxis case, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil’s condition deteriorates and a second dose of adrenaline is administered after making the initial 999 call, make a second call to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - if the child is known to have an allergy;
 - what might have caused this reaction e.g. recent food; and
 - the time the AAI was given.
- **The medication should always be taken to the pupil, and they should be lying down with their legs raised, or sitting propped up if they are struggling to breathe. They should remain in this position until the paramedics arrive, even if they are feeling better.**
- The pupil’s House should be informed to enable them to contact the parents or guardians at the earliest opportunity.
- A member of staff should always accompany a child taken to hospital until they return to their House or until their parent or guardian arrives.

7.0 Asthma

7.1 Causes of Asthma

What *causes* asthma is different to what *triggers* asthma:

- The *causes* are the underlying reasons why someone gets asthma in the first place.
- *Triggers* are things like dust mites or pollen that make asthma symptoms worse.

Asthma and allergies tend to run in families. If there is asthma, eczema, hay fever or other allergies in the family it makes asthma more likely.

Other possible causes of asthma in children include:

- Mothers smoking during pregnancy.
- Children being born prematurely.
- Bronchiolitis in babies and young children.
- Environmental pollution.

7.2 Signs and Symptoms of an Asthma Attack

The signs and symptoms of and asthma are not always obvious but can include some or all of the following. If in doubt, obtain medical advice immediately.

- Persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Being unusually quiet.
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache).
- Difficulty in breathing (fast and deep respiration).
- Nasal flaring.
- Being unable to complete sentences.
- Appearing exhausted.
- A blue /white tinge around the lips.
- Going blue.

If a child is displaying the above signs of an asthma attack, the guidance in Section 7.3 below on responding to an asthma attack should be followed.

Call 999 and ask for an ambulance immediately and commence the asthma attack treatment without delay if the child:

- Appears exhausted.
- Has a blue / white tinge around the lips.
- Is going blue.
- Has collapsed.

7.3 Treatment and Responding to the Signs of an Asthma Attack

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler or, if not available, use the emergency inhaler.
- If using the emergency inhaler, remain with the child while the inhaler and spacer are brought to them.

- Immediately help the child to take two separate puffs of the salbutamol using the spacer.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at **any time** before they have reached 10 puffs (or if they are displaying any of the four serious symptoms highlighted in Section 7.2 above), **call 999 and ask for an ambulance.**
- If an ambulance does not arrive within 10 minutes, give another 10 puffs in the same way.
- The pupil's House should be informed to enable them to contact the parents or guardians as soon as possible after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital until they return to their House or until their parent or guardian arrives.

8.0 Arrangements for School Trips and Off-Site Visits

These arrangements apply to all school trips i.e. day trips and residential trips when trip leaders will need to have full and clear information on the medical needs of the children they are accompanying. The same principles will apply to away sports fixtures and off-site activities at Oundle and Tansor Boathouses and Elmington Range.

Trip Leaders and other members of staff in charge of trips and other off-site activities shall be responsible for ensuring that pupils with allergies carry 2 AAIs and pupils with asthma carry their inhaler prior to departing. **Pupils who do not have the necessary devices in their possession will not be allowed to make the journey to the trip location, sports fixture, or other off-site activity.** Refer to **Appendix 1 – Guidance for Pupils and Staff** for further details.

Trip leaders should liaise with the Health Centre regarding any training requirements or the provision of medical devices.

9.0 Arrangements for the Supply, Storage, Care and Disposal of Devices

9.1 AAIs

Supply:

As stated, Health Centre staff shall purchase the AAIs.

Storage and Care:

The AAI devices should be stored at room temperature (in line with manufacturer's instructions), and protected from direct sunlight and extremes of temperature.

The devices should never be locked away.

Disposal:

Once an AAI has been used it cannot be reused and must be disposed of in accordance with the manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics for disposal or disposed of in the clinical sharps' bins at the Health Centre.

9.2 Salbutamol Asthma Inhalers and Spacers

Supply:

As with AAI, inhalers and spacers are purchased by Health Centre staff. Salbutamol asthma inhalers can still be used in an emergency on all children with asthma, even in cases where a child has been prescribed alternative reliever medication (such as terbutaline).

Storage and Care:

The inhalers should be stored at room temperature (in line with manufacturer's instructions) and protected from direct sunlight and extremes of temperature.

The inhaler can be reused provided it is cleaned after use. This is done by removing the inhaler canister, washing the inhaler housing and cap in warm running water, and leaving them to dry in air in a clean and safe place. The canister can then be returned to the dry housing and the cap replaced. However, if there is any risk of contamination with blood (e.g. if the inhaler has been used without a spacer), it should be disposed of. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The devices should never be locked away.

Disposal:

Manufacturer's guidelines recommend that spent inhalers are returned to the pharmacy to be recycled. This is done legally as the school is registered as a lower-tier waste carrier.

10.0 Liability and Indemnity

The school has appropriate levels of insurance in place to cover liability relating to the administration of medication. The only exception would be where the actions of an employee amount to serious and wilful misconduct. Carelessness, inadvertence or a simple mistake do not amount to serious or wilful misconduct.

11.0 Policy Review

This policy shall be formally reviewed annually and when other circumstances necessitate a review to ensure that the arrangements remain effective. It will also be kept up to date in light of organisational changes and when new or revised legislation or guidance is introduced.

12.0 References

- Department of Health Guidance on the use of adrenaline auto-injectors in school (September 2017).
- Department of Health – Guidance on the use of emergency salbutamol inhalers in schools (March 2015).
- The Human Medicines (Amendment) Regulations 2017.
- MHRA Letter of 23 March 2023 – Clarification of AAI guidance for schools in relation to Regulation 238 of the Human Medicines Regulations 2012 (in response to queries received).

Appendix 1 – Guidance for Oundle School Pupils and Staff

Asthma Inhalers and Adrenaline Auto Injectors (AAs)

Pupils at risk of anaphylaxis

Senior school pupils are encouraged to be independent and are informed of the importance of always keeping two of their own prescribed AAs with them. Guidance from the Medicines and Healthcare Products Regulatory Authority (MHRA) is that anyone prescribed an AA should always carry two of the devices.

Pupils at risk of an asthma attack

In a similar manner, senior school pupils should keep their inhaler on them at all times and be educated and encouraged to manage their asthma themselves.

Extract from School Policy on Emergency Adrenaline Auto-Injectors (AAs) and Salbutamol Asthma Inhalers [N06].

Guidance for Oundle School Pupils

- It is **your** responsibility to have your inhaler/TWO AAs with you at all times.
- If a member of staff asks you to show them your inhaler/two AAs and you do not have them you will be sent back to House to collect them and your Hsm/Matron will be informed. If you are a day pupil and you have come to school without your medication, your parents may be asked to deliver the medication to School or you may be sent home to collect them.
- You must take your inhaler/two AAs to sport, whether a training session or a match, and to CCF/CA or any other activity. If you are found not to have your medication with you, you will be sent to House to get it and you may have to sit out the session. If this is not the first time, you may be sanctioned further with an EMR in the first instance. Your Hsm/Matron will be informed.
- If you are going on an away match or a trip and you do not have your medication you will not be permitted to travel without it and will have to stay at School. If this is not the first time, you may be sanctioned with an EMR in the first instance. Your Hsm/Matron will be informed. We want to be able to look after you as well as we can. However, you also have a part to play in this. You must take responsibility for your medication. If you have any questions please speak to your Matron or Hsm or to the Health Centre so that they can offer further support and advice.

Note - This page for display on House boards.

Guidance for Staff

It is your responsibility to ensure that you are aware of any significant medical issues for pupils in your class, sports session or co-curricular activity to the best of your ability. This information can be found in iSAMS and on SOCs. If a pupil has a red flag and the note that says that they should carry an inhaler or two AAls, they must do so at all times and you should take all reasonable steps to check that they have it with them when in your care including if you are covering a session and are working with children you do not know. This should involve verbal checks as a matter of routine with sport, CCF, CA and other elective activities that involve physical activity. Ideally you will ask specific people in a sensitive manner without drawing attention to them. If you are working with a group that you do not know it may be appropriate to ask the group if there is anyone that should have inhaler/two AAls and to ask them if they have them with them.

If, at any time, a pupil is found not to have their medication they should be sent back to House to get it and their Hsm/Matron informed. If it is the first time they should be warned that if this happens again an EMR may be awarded.

Trips/Away Matches

Please ensure that any pupil who you are taking out of school on a trip or for an away match has their inhaler/two AAls. If they do not have them, they cannot travel. If you have a child joining a team who is not known to you, you should ask them directly if they should be carrying an inhaler/two AAls. The House should be informed if a child is not being taken on a trip and is, instead, staying in school.

If you have any concerns about a pupil's medication or wellbeing please speak to their Matron or Hsm or to the Health Centre.

Appendix 2 – Map Showing Locations of Allergy Response Boxes

Key:

- | | | | | | | | | |
|----------------------------------|------------------------------------|---------------------------------|------------------------------------|---|--|--|-----------------------------------|--|
| 1 Health Centre | 2 Sport Centre Reception | 3 SciTec Biology Prep | 4 Cloisters – Staff Kitchen | 5 Laxton and Sadler House Reception | 6 Scott House Reception | 7 LJS Reception | 8 Stahl Theatre Box Office | 9 Athletics Track – Hub kitchen |
| 10 Pupil Club | 11 Sports Centre – Studio 3 | 12 Kirkeby Dining Room | 13 Wyatt Dining Room | 14 Two Acre – Fisher Dining Room | 15 Two Acre – Crosby Dining Room | 16 Two Acre – Laxton Sadler Dining Room | 17 Sidney Dining Room | 18 Grafton Dining Room |
| 19 St Anthony Dining Room | 20 Common Room | 21 Sanderson Dining Room | 22 Dryden Dining Room. | 23 Refectory – Lower Floor Dining Room | 24 Refectory – Upper floor Central Area | 25 School House Dining Room | 26 New House Dining Room | |



