MOULSHAM HIGH SCHOOL

EMERGENCY ASTHMA & ADRENALINE AUTO-INJECTOR POLICY

September 2026

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INTRODUCTION

1.1 Critical situations may occur where children find themselves with no access to their own inhalers and adrenaline auto-injectors (EpiPen); Moulsham High School keeps emergency kits in order to treat children promptly.

1.2 Since 1st October 2014, The Human Medicines Regulations 2014 will allow schools to buy inhalers without prescription for use in emergencies where a child's device is not available or is not working.

1.3 Under The Human Medicines Regulations 2017 schools are able to purchase adrenaline auto-injector devices without a prescription, for emergency use on children who are at risk of anaphylaxis, but whose device is not available or is not working.

1.4 This policy is to ensure the safety of staff and children when using emergency kits.

EMERGENCY INHALER

2.1 Asthma emergency kits will contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers / cup disposable spacers
- Instructions on using the inhaler and spacer
- Instructions for replacing inhalers and storing the inhaler
- The manufacturers information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler.
- A record of administration showing when the inhaler has been used.

2.2 The emergency inhaler should only be used by children, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. See Appendix A.

2.3 Parental consent for the use of an emergency inhaler is obtained from the Emergency Inhaler Asthma Card (Appendix A) which forms part of the child's Individual healthcare plan and reviewed annually.

2.4 When purchasing salbutamol inhalers for emergency kits a pharmaceutical supplier will be used.

2.5 When not in use, emergency inhalers are stored in the temperature conditions specified in

the manufacturer's instructions, out of reach and sight of children but not locked away.

2.6 Expired or used-up emergency inhalers are returned to local pharmacy to be recycled.

2.7 Spacers must not be reused and may be given to the child for future home use.

2.8 Emergency inhalers may be reused, provided that they have been properly cleaned after use.

2.9 Appropriate support and training will be provided by individual schools for relevant staff on the use of inhalers and administering when emergency kits are available.

2.10 Whenever the emergency inhaler is used, the incident must be recorded stating where the attack took place, how much medication was given and by whom.

2.11 Parents will be notified.

2.12 It is the Headteacher's responsibility to ensure either themselves or another member of staff is delegated the responsibility for overseeing the protocol for the use, monitoring and maintaining emergency inhalers.

2.13 Additional information/point of reference www.asthmaandlung.org.uk

ADRENALINE AUTO-INJECTOR

3.1 Adrenaline auto-injector emergency kits will contain the following:

- Two adrenaline auto-injectors (EpiPens)
- Instructions on how to use the device
- Instructions on the storage of the device
- Manufacturers information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of children to whom the adrenaline auto-injector can be administered
- An administration record

3.2 Adrenaline auto-injectors should only be used by children, for whom written parental consent has been received and who have been diagnosed and prescribed an adrenaline auto-injector medication. See appendix B.

3.3 Parental consent for the use of an emergency adrenaline auto-injector is obtained from the Allergy Action Plan which is reviewed annually (Appendix B)

3.4 When not in use, emergency adrenaline auto-injectors are stored in the temperature conditions specified in the manufacturer's instructions, out of reach and sight of children but not locked away.

3.5 When purchasing adrenaline auto-injectors for emergency kits a pharmaceutical supplier will be used.

3.6 Adrenaline auto-injectors will only be purchased for the relevant age group for children at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

For children under age 6	0.15 milligrams of adrenaline
For children aged 6-12	0.3 milligrams of adrenaline
For children aged 12 +	0.3 or 0.5 milligrams of adrenaline

3.7 Emergency adrenaline auto-injectors will only be used when parental consent has been received and their own device is not available.

3.8 Adrenaline auto-injectors can be self-administered by the child.

3.9 Appropriate support and training will be provided for relevant staff on the use and administering an adrenaline auto-injector when emergency kits are available.

3.10 The emergency services will be contacted immediately.

3.11 Any used adrenaline auto-injector may be given to paramedics upon arrival or disposed as per manufacturer guidelines.

3.12 Parents will be notified.

3.13 Where adrenaline auto-injectors are used records will state:

- Child's information
- Where and when the reaction took place
- How much medication was given and by whom
- Action after the event e.g. taken to hospital, parents notified etc.

3.14 It is the Headteacher's responsibility to ensure either themselves or another member of staff is delegated the responsibility for overseeing the protocol for the use, monitoring and maintaining emergency inhaler.

3.15 Appropriate support and training will be provided by individual schools for all staff on the use of the adrenaline auto-injector and administering if they hold emergency kits. Where there is a delay in contacting designated First aiders, or where delay could cause a fatality, the nearest staff member will administer an adrenaline auto-injector (child's own medication or emergency kit).

3.16 Following each occurrence of an allergic reaction Allergy Action plans will be updated and amended as necessary.

3.17 Additional information/point of reference www.bsaci.org

APPENDIX A – EMERGENCY INHALER CONSENT FORM

SCHOOL ASTHMA CARD

To be filled in by parent/ carer

Childs name

Date of birth

Address

Parents/ carer name

Phone number

Email

Doctor/ Nurse name

Doctor Phone number

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the schools policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicine below. After treatment and as soon as they feel better, they can return to normal activity.

Medicine	Parents/ carers signature

If the school holds a central reliever inhaler and spacer for use in emergencies. I give permission for my child to use this.

Parents/ carers signature	Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Signature

Parents/ carers signature	Date

What signs can indicate your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their medicines?

Yes ☐ No ☐

What are your child's triggers?

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/ Flu ☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the schools care?

Yes ☐ No ☐

Permission form required.

What to do if a child is having an asthma attack

1. Help them sit up straight and keep calm
2. Help them take one puff of their reliever inhaler every 30-60 seconds, up to maximum of 10 puffs
3. **Call 999 for an ambulance if:**
   - Their symptoms get worse while they're using their inhaler- this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a tummy ache.
   - They don't feel better after 10 puffs
   - You're worried at any time
4. You can repeat step 2 if the ambulance is taking longer than 15 mins.

Any asthma questions

Parents and carers ask our respiratory nurse specialists Call 0300 222 5800

email helpline@asthmaandlung.org.uk

APPENDIX B – ADRENALINE AUTO-INJECTOR CONSENT FORM

ALLERGY ACTION PLAN

This child/ young person has the following allergies .....

Name:

.....

DOB:

.....

Mild/moderate reaction:

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

Action to take

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s) • Give antihistamine:
- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Emergency Contact details:

Name: .....

Phone: .....

Name: .....

Phone: .....

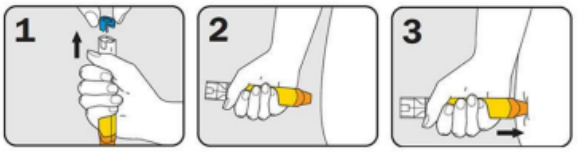
Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back up adrenaline autoinjector if available, in accordance with Department of Health guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

How to give EpiPen



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds

REMOVE EpiPen®

Additional instructions

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever vis spacer.

Own spare held in medical

Serial number: .....

Expiry date: .....

Checked by initial: .....

Any other information:

APPENDIX C – REGISTER OF ADRENALINE AUTO-INJECTORS

Pupil Name	Year	Allergens	EpiPen Brand	Dosage Requirement	Expiry date	Batch Number	Quantity	Storage location	Spare School Held?	Medical authorisation to administer spare EpiPen	Parental Consent to administer spare EpiPen?	Staff initials

APPENDIX D – REGISTER OF INHALERS

Pupil Name	Year	Allergens	Asthma Brand	Dosage Requirement	Expiry date	Batch Number	Quantity	Storage location	Spare School Held?	Medical authorisation to administer spare EpiPen	Parental Consent to administer spare EpiPen?	Staff initials