Allergy Safety Policy

Date: Updated June 2026

Next review: June 2029

Ferndale Primary School Policies

Statement of intent

Ferndale is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies. We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

Equalities statement

Ferndale is clear about the need to actively support pupils with medical conditions to participate in school life. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all aspects of school life. Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Context

Food allergies are increasing in both developed and developing countries, especially in children, and the severity and complexity of food allergies is also increasing. Food allergies can be fatal, and an appropriate diagnosis is essential in parallel with the need for clear food labelling worldwide. Around 5-8% of children in the UK live with a food allergy and most school classrooms will have at least one pupil with an allergy. These pupils are at risk of anaphylaxis, a potentially life-threatening reaction which requires an immediate emergency response. 20% of severe allergic reactions to food happen whilst a child is at school, and these reactions can occur in children with no prior history of a food allergy. It is essential that staff recognise the signs of allergic reaction symptoms and can manage these safely and effectively. Schools have a legal duty to support pupils with medical conditions, including allergies

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

Mrs Carolyn Percival and Mr. Ben Sansom

Contents

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-
Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how **Ferndale Primary School** will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

- On entry to Ferndale, it is the **parent's responsibility to inform staff, the school's SENCO or a member of the Senior Leadership Team of any allergies**. **This information MUST also be recorded on the school's admission forms.** This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. For example, if your child requires a medication such as Cetirizine or use of an AAI in emergency situations.
- Parents are to supply **a copy of their child's Allergy Action Plan to school.** If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional
  e.g. GP/allergy specialist
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary. All medications need to be prescribed and labelled with the child's name, as per our administration of medication in school policy.
- Parents are requested to keep the school up to date with any changes in allergy management. **The Allergy Action Plan** will be kept updated accordingly.
- Parents are responsible for ensuring that their children know about their own allergies and can communicate this when and where possible
- **It is parents' responsibility to inform any external caterers about any allergies including lunch providers, and wraparound care.**
- **It is parents' responsibility to inform the school about any allergies.**

Staff Responsibilities

- **All staff will be encouraged to** complete the Virtual Response Training which includes anaphylaxis training. Allergy Awareness training is provided for **all staff** on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

Administering Medication (also see Appendix 5)

Teachers, support staff and office staff conditions of employment do not include the administering of medication or the supervision of pupils who administer their own medication. However, staff may volunteer to administer medication. Any staff willing to accept this responsibility will receive proper training and guidance, if appropriate (e.g. Emergency Virtual Response and Epi-pen training) and parents will be asked to make staff aware of the possible side effects of the medication where these occur. In order to administer medication, a green, fully completed parental written consent form is required and this needs to be countersigned by a member of the SLT. Any medication administered needs to be recorded on the green form and two staff signatures are required.

See additional guidance ***Management of children with medical needs in schools 2016-2019.***

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- School staff *will* ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School will check medication kept at school on a termly basis and contact parents/carers to remind them if medication is approaching expiry.
- School keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI).
- School keeps a record of use of any AAI(s) and emergency treatment given using the Green Administration of Medicines Forms which contains a (Medication Administration Record).
- School ensures that any reaction or near misses are recorded and reported internally or in accordance with RIDDOR.
- Following use of a spare AAI, the incident will be fully documented, parents/carers informed immediately and the device replaced as soon as practicable.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans (IHPs) for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare emergency adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. Allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If there are no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can re-occur after treatment.

5. Supply, storage and care of medication

Adrenaline auto injectors and emergency allergy medicines should be clearly labelled and kept in the classrooms for immediate emergency access. All staff will receive regular updated training and be aware of children with Individual Health Plans, which are stored with the adrenaline auto injectors.

- AAIs and inhalers will be safely stored in classrooms - in Green Medical Bags.
- Adrenaline auto injectors and emergency allergy medicines should be taken on all out of classroom activities involving the children.
- When children travel to other areas of school e.g. out for play the green bag travels with the staff members.
- Adrenaline auto injectors and emergency allergy medicines must be labelled with the child's name by the parent/carer or with the prescription label.
- Offsite - The first aider will carry the adrenaline auto injectors and the child will be placed in the group with the first aider.

Medication should be stored in a suitable container and clearly labelled with the pupil's name/photo. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School SENCO/DHT and First Aiders will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. At Ferndale any used or out of date AAIS are returned to parents/carers and a receipt is obtained (which is at the back of the Green Administration of Medication form. Ferndale do not have sharps bins to ensure safety in school.

6. 'Spare' adrenaline auto-injectors in school

Ferndale has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis,** in case their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

These are stored in **the first aid room in the middle building** clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff, within the first aid cabinet (white cabinet with a red cross).**

Ferndale holds **2** spare Adrenaline Auto Injectors which contain different dosages.

- **0.3 mg (for children who weigh over 25 kg, ages 6 to 12 years old)**
- **0.15 mg (for children from 7.5 kg to 25-30 kg, under 6 years old)**

Adrenaline auto-injectors are designed to treat severe, life-threatening allergic reactions (anaphylaxis). They are **prescription-only medications** and should not be used on children who do not have an acknowledged risk or history of severe allergic reactions.

However, in exceptional, life-threatening emergencies where a child displays the classic symptoms of anaphylaxis for the first time (e.g., sudden breathing difficulties, swelling of the throat/tongue, or collapse), an AAI may be administered to save life in accordance with current medicines legislation and emergency medical advice. This is separate from the school's policy for routine use of spare AAIs, which follows Department of Health guidance. **Parental consent must be given via the school's online system.**

7. Staff Training

The named staff members responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

Mrs C. Percival and Mr. B Sansom

As previously stated, all staff will be encouraged to complete the Virtual Response Training which includes anaphylaxis training. Allergy Awareness training is provided for **all staff** on a yearly basis and on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen

avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- staff undertaking a practical session using trainer devices

8. Inclusion and safeguarding

Ferndale is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school's menu provided by 'Dolce' is available for parents/carers to view in advance. This can be accessed on the 'Dolce' website at

https://www.dolce.co.uk/parents/our-food/

DOLCE - ALLERGENS AND DIETARY REQUIREMENTS

As a parent, you'll want to know that your child only receives food that's safe for them to enjoy. We've made that easy. Once you have access to the system, it's a simple case of ticking your child's allergens. From here, the system blocks any meals containing these allergens from being chosen, so you and your child can order with total confidence. And when it's lunchtime, kitchen staff are made fully aware of your child's allergies through handy touchscreen technology, too!

As for dietary requirements, you'll simply notify the school's office of any restrictions for religious, medical or ethical reasons, which are noted on the system and then relayed to kitchen staff.

To keep things as varied and nutritious as possible, Dolce also offer:
- Vegetarian and vegan options alongside our usual meat and fish choices
- Plenty of starchy sides and vegetable accompaniments for a balance of vitamins and minerals
- Meals made with diabetic pupils in mind

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- **The pupil should be taught by parents to also check with catering staff, before**

selecting their lunch choice.

- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness and nut bans

Ferndale supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure

policies and procedures are in place to minimise risk.

12. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/

- Safer Schools Programme - https://www.anaphylaxis.org.uk/education/safer-schools-programme/
- AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1

Allergy UK - https://www.allergyuk.org

- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness- and management

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Spare Pens in Schools - http://www.sparepensinschools.uk

Department for Education Supporting pupils at school with medical conditions - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Footnotes:

1 It is strongly recommended that all staff complete allergy and anaphylaxis training to ensure that any member of staff can react quickly and accurately when a child has a reaction. When the training is limited to one or only a few members of staff, children with allergies are left in a potentially life-threatening situation if that member of staff is absent or deployed elsewhere.

2 AllergyWise® training is produced by Anaphylaxis UK, the only charity in the UK supporting those with severe allergies. The training is medically reviewed by leading allergy specialists.

Appendix I - First Aid for Anaphylaxis poster

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. **Administer an Adrenaline Auto Injector (AAI) without delay**

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**

2. **Dial 999 and say anaphylaxis ('ana-fill-axis')**

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**

3. **The person should lie down immediately**

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

4. **Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes**

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

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Appendix 2a- Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.

4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

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Appendix 2b - Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**

2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.

4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.

7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.

For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

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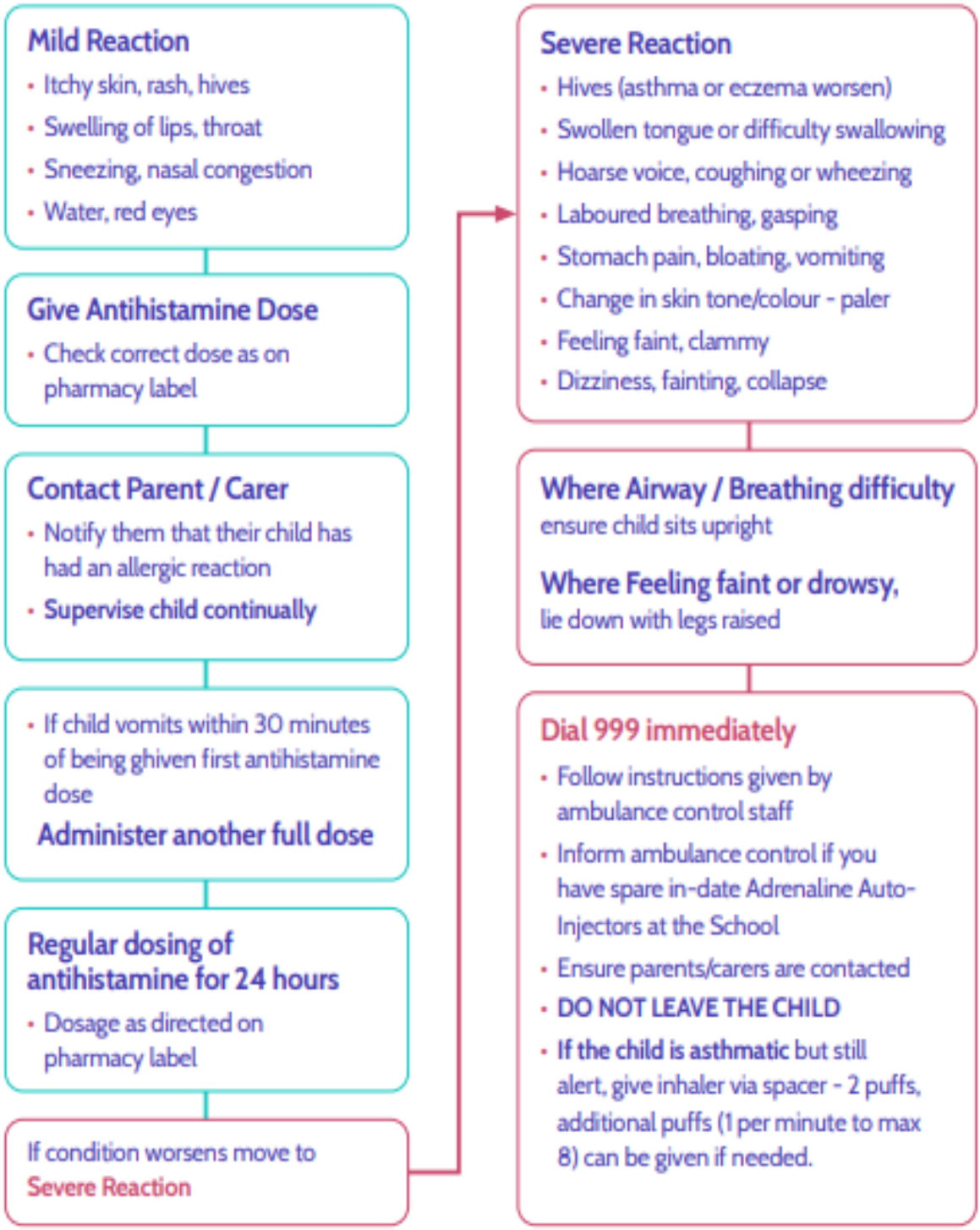
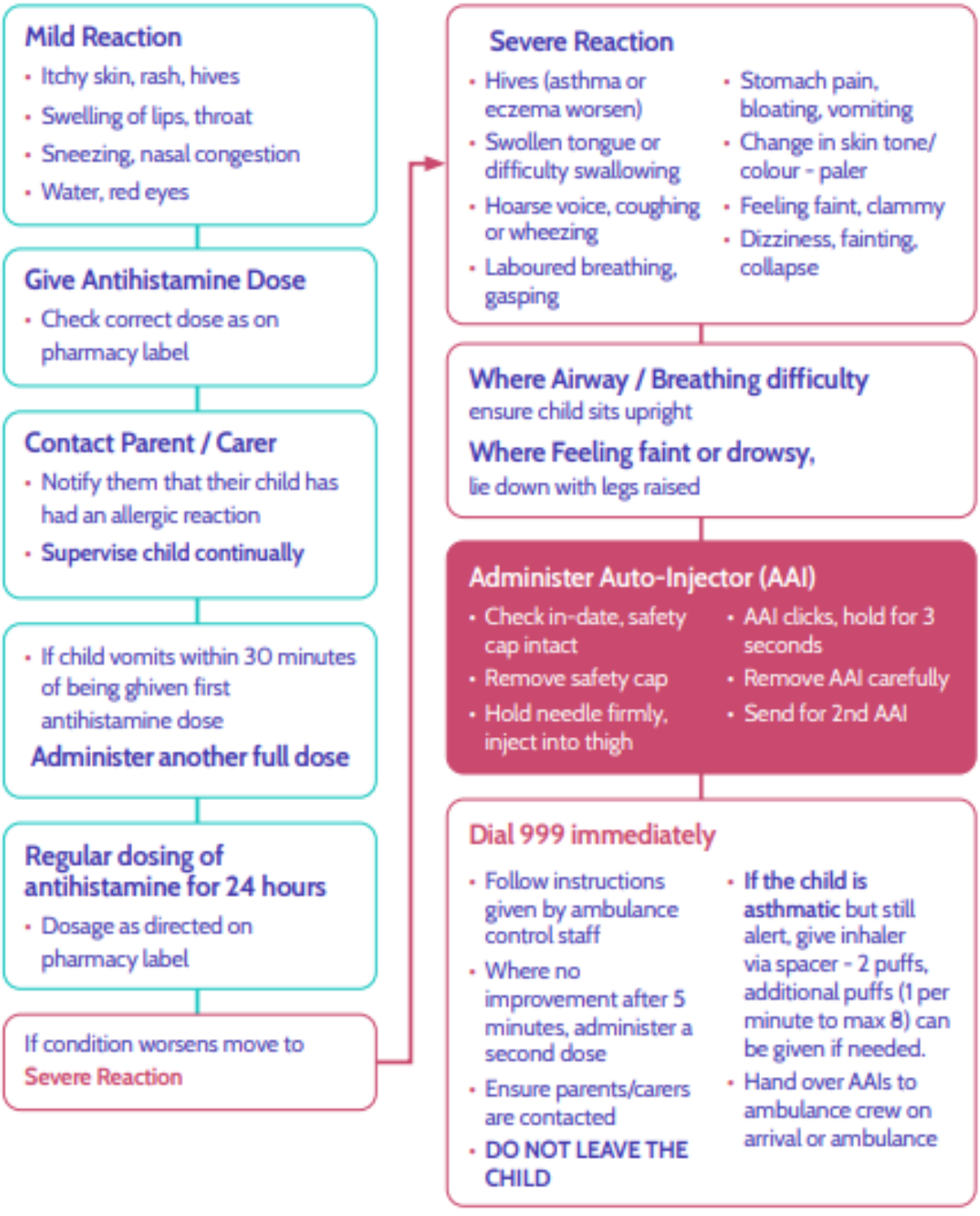
Appendix 3

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector. Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix 4

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector. Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix 5

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Administering Medication Pathway

Need:
2 Members of staff with appropriate competence
Pupil
MAR Chart
Correct Medication
Quiet Space

→ Wash hands

Same 2 staff members beginning to end

Prepare and give one medication at a time.

Check against MAR
Right Medicine
Right Dose
Right Route
Right Child
Right Time
Right Expiry Date

→ Draw up medication after all checks completed

DO NOT Give if you have a concern. Seek advice.

If child absent write in comments column

Administer medication to child → Check child is well → Dispose of equipment safely, and wash re-useable equipment

Wash hands → Store medication in unlocked cupboard → Both members of staff to sign and date MAR Chart. Note any issues in comments column

DON'T

- × **Pour Medication into the lid of bottle**
- × **Repeat if child vomits or spits it out**
- × **Prepare medication to give later**
- × **Leave medication in reach of pupils**
- × **Get the MAR Chart covered in medication or water – it is a LEGAL document**