

Asthma & Allergy Policy

Date agreed:

For review: Annually

This document has been formally approved by the Governing Body of The Federation of St John's and St

Paul's Primary School. * Signed by:

_____ Chair of Committee Date: ____/____/____

_____ Chair of Governors Date: ____/____/____

_____ Headteacher Date: ____/____/____

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

The federation of St John's and St Paul's primary school welcomes all pupils with asthma and allergies and aims to support these children in participating fully in school life.

Contents

Purpose.....	2
Background.....	2
Recognising poorly controlled asthma	2
What to do in an emergency.....	3
Recognising an acute asthma attack.....	3
Actions in the event of an asthma attack:	3
Recognising mild-moderate allergic reactions	4
Actions in the event of a mild-moderate allergic reaction.....	4
Recognising anaphylaxis	5
Actions in the event of anaphylaxis	5
Summary of asthma and allergy friendly school criteria	6
The Asthma and Allergy Register	6
Medications	7
Inhalers and spacers	7
Adrenaline Auto-injectors (Epipen)	7
Care Plans	8
Asthma Action Plans	8
Allergy Action Plans	8
Exercise and activity.....	9
Educational Visits.....	10
Impact on education.....	10
Maintaining the emergency kit.....	12
All Staff Training	12

Purpose

- Manage children with asthma and food allergies effectively and safely at school.
- Support the appropriate use of salbutamol inhalers and adrenaline auto-injectors in emergencies.
- Reduce school absence and indirectly improve academic performance.
- Empower school staff to identify children with poorly controlled asthma.
- Promote and maintain effective asthma and allergy-related communication between school and the health services.

Background

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower. Secondly, the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma. To treat these symptoms children and young people need to take an inhaler (usually Salbutamol, “the blue pump”) through a spacer (plastic tube with mouthpiece that ensures correct delivery of the medicine to the lungs and reduces side effects).

Wheeze is the high-pitched, whistling sound made by the small airways when they become inflamed

Viral wheeze is a common condition whereby children become wheezy only when they have a cold. Most children will grow out of this with age. It does not necessarily mean they will go on to develop asthma.

Acute attacks of both viral wheeze and asthma can be life-threatening, the emergency treatment is broadly the same for each condition; similarly, preventative treatment of recurrent viral wheeze mirrors that of asthma.

Recognising poorly controlled asthma

We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a ‘whistle’ heard on breathing out)
- Excessive shortness of breath on exercise or when exposed to a trigger
- Tight chest

These symptoms are usually responsive to the use of the child’s Salbutamol inhaler and rest (e.g. stopping exercise). As per “Supporting children at school with medical conditions” health document, they would not usually require the child to be sent home from school or to seek urgent medical attention if they improve after taking their Salbutamol inhaler. **However, if the child requires their Salbutamol more than twice a week, this is a sign of poor asthma control and the school asthma**

lead will need to be informed. The asthma lead can discuss the child with the community asthma nurse to decide on the most appropriate location for review. This can be either the child's own GP surgery, the community asthma nurse clinic or occasionally in the hospital by the specialist asthma team.

What to do in an emergency

Recognising an acute asthma attack

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using the accessory (supporting) muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will become very quiet.
- Tell you that their chest 'feels tight' (younger children may express this as tummy ache)

We also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay, following the school emergency procedures as per the medical conditions & first aid policy, if the child:

- Appears exhausted
- Is going Blue
- Has collapsed

Actions in the event of an asthma attack:

1. Keep calm and reassure the child.
2. Encourage the child to sit up and slightly forward.
3. Use the child's own inhaler – if not available, use the emergency inhaler.
4. Remain with the child while the inhaler and spacer are brought to them.
5. Shake the inhaler, remove the cap and place inhaler in spacer.
6. Place the mouthpiece of the spacer between the lips of the child. Make sure there is a good seal.
7. Help the child to take **two puffs of salbutamol (blue inhaler) via the spacer**. (One puff to 10 breaths, therefore 2 puffs equals 20 breaths).
8. If there is no improvement, repeat these steps up to a maximum of 10 puffs (100 breaths).

If the child *does not* feel better or you are worried at ANYTIME before you have reached 10 puffs,

- Call 999 FOR AN AMBULANCE and call for parents/carers. Inform the Medical Lead & or Senior Leader.
- If an ambulance does not arrive in 10 minutes give another 10 puffs.

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

- If the child also has an adrenaline auto-injector, give this too. Anaphylaxis could be the cause of their breathing issues.
- The Medical Lead /AHT will accompany a child taken to hospital by ambulance and will stay with them until a parent or carer arrives.

If the child *does* feel better

- Stay with the child until they no longer cause concern.
- The child can return to school activities when they feel better.
- Inform the parents/carers and advise that they should make an appointment with the GP or their asthma nurse.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware urgently and the child should be seen by their usual doctor/nurse as soon as possible.

Anaphylaxis is a severe and often sudden onset allergic reaction. It occurs when a susceptible person is exposed to an allergen (e.g. food, animal, insect sting). Allergic reactions can start mild and become worse with time if not treated. They usually begin within minutes of allergen exposure and can rapidly progress, but also can appear up to 2 hours later. Severe reactions can be life-threatening and always require an immediate emergency response, including the administration of an adrenaline auto-injector (AAI) also called an adrenaline pen or EpiPen.

Many children with anaphylaxis (not just those with a background of asthma) can develop breathing problems similar to an asthma attack.

Recognising mild-moderate allergic reactions

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

Actions in the event of a mild-moderate allergic reaction

- Stay with the child and call for help if necessary. Inform the Medical Lead & or Senior Leader.
- Locate the child's adrenaline pen (AAI) and the emergency kit
- Give antihistamine according to the child's allergy action plan
- The Medical Lead / AHT will contact the parent / emergency contact as per the procedures in the Medical Needs & First Aid policy.
- Watch for signs of anaphylaxis

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

The pupil does not normally need to be sent home from school, nor do they require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms for one hour or until symptoms resolve, whichever is the shorter. Parent/ Carers should be informed.

Recognising anaphylaxis

- Persistent cough (*interfering with breathing*)
- Hoarse voice
- Difficulty swallowing / swollen tongue
- Difficult or noisy breathing
- Wheeze
- Persistent dizziness
- Becoming pale or floppy
- Sudden sleepiness / collapse / loss of consciousness

Actions in the event of anaphylaxis

If ANY ONE (or more) of the above signs are present:

1. Lie the child flat with legs raised (if breathing is difficult allow the child to sit up)
2. Use Adrenaline Autoinjector(Epipen) WITHOUT DELAY. Take note of time given.
3. Dial 999 to request ambulance and say ANAPHYLAXIS (*AN-A-FIL-AK-SIS*). Give clear and precise directions to the emergency operator, including the postcode of your location.
4. Stay with the child until ambulance arrives. DO NOT stand the child up.
5. If there are **no signs of life commence CPR**
6. The Medical Lead or a Senior Leader will contact the parent / emergency contact
7. If there is no improvement after 5 minutes, give a further dose of Adrenaline Autoinjector(Epipen) using a second autoinjector device. Take note of time given. DO NOT DISPOSE OF THE PEN.
8. Make a second call to the emergency services to confirm that an ambulance has been dispatched.
9. Send someone outside to direct the ambulance paramedics when they arrive.

Always use an Adrenaline Autoinjector(Epipen) FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough / hoarse voice / wheeze); even if no skin symptoms are present.

Summary of asthma and allergy friendly school criteria

The asthma & allergy lead will ensure that that we have:

- ✓ An asthma and allergy **policy**, including the use of emergency inhalers and Adrenaline Autoinjector(Epipen).
- ✓ **A register** of all children and young people with asthma and allergies, to include all those who have been prescribed a salbutamol inhaler, antihistamine or Adrenaline Autoinjector(Epipen) in the preceding 12 months.
- ✓ **An emergency kit** including salbutamol inhalers, spacers, antihistamines and Adrenaline Autoinjector(Epipen).
- ✓ **Main or allocated individuals** responsible for adherence to asthma and allergy friendly school standards in the school.
- ✓ **Yearly all staff training** on awareness, correct use of associated medical devices and emergency policies.

The asthma & allergy lead will ensure that each child on the asthma and allergy register has:

- ✓ **An individual health care plan** (IHCP, also called a **management/action plan**).
- ✓ **Personal medication and spacers clearly labelled** and stored safely, within date, and easily accessible as near to them as possible.
- ✓ **Parental consent** for use of the emergency kits for asthma & allergies.

The Asthma and Allergy Register

The asthma & allergy lead will ensure:

- ✓ An asthma and allergy register of children is held in the school and is updated yearly and when required.
- ✓ Parent/guardian of new pupils with asthma & or allergies will be required to supply school with a care plan when joining school. This will specifically document:
 - Any physician-diagnosed of asthma and viral wheeze
 - Any prescription of a reliever inhaler (salbutamol **blue pump & spacer**).
 - Any previous severe allergic reactions including any associated acute triggers/allergens
 - A prescription of two Adrenaline Autoinjector(Epipen) if there have been previous severe allergic reactions.

- ✓ Parents/guardians are responsible for informing the school if there are any changes to their child's needs, so that the register can be maintained up-to-date.

Medications

Inhalers and spacers

All children with asthma should have immediate access to their reliever (usually the Salbutamol, blue inhaler) at all times. The reliever inhaler is a fast-acting medication that relaxes the airway muscles, opening them up and making it easier for the child to breathe. It is **always** taken through an age-appropriate spacer (with a mask under 4 years of age, and a mouthpiece over 4 years of age)

Some children will also have a preventer inhaler (brown/orange/purple/red), which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly at home as prescribed by their doctor. However, if the pupil is going on a residential trip, they will need to take the inhaler with them for use at the start and end of the day. *It is not helpful during an acute asthma attack.*

Staff who have had asthma training are essential for the well-being and safety of the child. If there are concerns over a child's ability to use their inhaler the asthma & allergy lead & or a Senior Leader should be informed by that staff member so that advice can be given to the parents/carers to arrange a review with their GP and/or discuss this with the community asthma nurse.

Adrenaline Auto-injectors (Epipen)

- Antihistamines can be useful for **mild** allergic reactions but are ineffective in severe reactions.
- First line treatment for a **severe** allergic reaction is administration of an adrenaline auto-injector(Epipen) as an injection into the thigh muscle. If there are any signs of a severe reaction the AAI should be administered immediately, and **should not be delayed until after inhalers or antihistamines have been given.**
- AAI devices (current brands available in the UK are Epipen & Jext) contain a single fixed dose of adrenaline (size of dose dependent on age), which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders. The use of adrenaline pen as described is safe and can be life-saving.

Children who are considered at higher risk of anaphylaxis will have been prescribed AAIs by their GP for use in an emergency. The recommendation is that an individual should have 2 Adrenaline Autoinjector(Epipen) available at all times. This is because on occasion an AAI device may be used incorrectly or may misfire, additionally, severe reactions may require more than one dose of adrenaline. Children may initially improve but then deteriorate later, therefore it is essential to call 999 for an ambulance whenever a severe allergic reaction occurs, even if the pupil has apparently completely recovered.

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

Patient/carers must sign a consent form allowing the administration of *generic* adrenaline devices, whatever the provision of adrenaline at school, in case of exceptional circumstances – if they refuse (which is their right) this should be fed back to the School Health team who alert the local allergy service so they can discuss it with the family at the next outpatient appointment or by telephone.

School arrangements:

AAIs are kept in the classroom in a clear personalised box marked clearly with the child's name with a copy of the care plan. This is the same location in every classroom. AAI's are NEVER locked away or in an office with restricted access.

A second pen is stored in the office in a clear personalised box with a copy of the care plan. And any antihistamine prescribed.

AAIs are not located more than 5 minutes away from where they may be needed.

In an emergency, a pupil whose parent has given consent may be treated with devices from the school's emergency AAIs kit.

The location of the emergency kit is in the office and is clearly labelled. All

emergency kits are maintained by the asthma & allergy lead.

Care Plans

Asthma Action Plans

It is essential that all children with asthma have a personal asthma action plan at school to ensure their asthma is managed effectively within school and to prevent hospital admissions.

The Health services including the school nursing team are responsible for updating and providing school with an up to date care plan, Parents should provide these to school when the child has completed their annual review.

The asthma & allergy lead will work with the school nursing team to ensure all care plans are up to date and will distribute these to all teaching staff where applicable.

Allergy Action Plans

Allergy action plans are designed to facilitate first aid treatment of an allergic reaction. They provide medical and parental consent for schools to administer medicines in the event of an allergic reaction (including emergency AAIs).

Pupils who have been assessed to have a low risk of having a severe allergic reaction (and so do not have adrenaline prescribed to them) will have a "*mild/moderate*" allergy management plan given to them and the school. The *mild/moderate* plans still mention when to give Adrenaline Autoinjector (Epipen) (i.e. if there is a severe allergic reaction) as there is no 100% guarantee that an

allergic person will never have a severe reaction. If the person attending the child believes a severe allergic reaction is occurring then they must call 999 so that treatment can be administered as soon as possible. The emergency AAls in school should be used (if parents have signed the consent on the allergy management plan)

The asthma & allergy lead will work with the school nursing team to ensure all care plans are up to date and will distribute to all teaching staff & catering staff where applicable.

School environment and triggers

- ✓ Our school ensures that the school environment is favourable to pupils with asthma and allergies.
- ✓ We have a definitive no-smoking policy.
- ✓ Pupil's asthma and allergy triggers will be recorded as part of their asthma and allergy action plans. Our school will ensure that pupil's will not come into contact with their triggers, where possible.
- ✓ We are aware that triggers for asthma can include:
 - Colds and infection
 - Dust and house dust mite
 - Pollen, spores and moulds
 - Feathers
 - Furry animals
 - Exercise, laughing
 - Stress
 - Cold air, change in the weather
 - Chemicals, glue, paint, aerosols, perfume
 - Food allergies
 - Fumes, pollution and cigarette smoke
- ✓ We are aware that common allergens that can trigger anaphylaxis are:
 - *Foods (e.g. nuts, , milk/dairy foods, egg, wheat, fish/seafood, sesame, soya)*
 - *Insect stings (e.g. bee, wasp)*
 - *Medications (e.g. antibiotics, pain relief such as ibuprofen)*
 - *Latex (e.g. rubber gloves, balloons, swimming caps)*

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. This includes pupils with asthma and allergies.

- ✓ All staff will know which children in their classes have asthma.
- ✓ Pupils with asthma are encouraged to participate fully in all activities.

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

- ✓ We will remind pupils whose asthma is triggered by exercise to take their reliever (usually Salbutamol, **blue inhaler**) via spacer if beneficial before PE lessons, and to thoroughly warm up and down before and after the lesson.
- ✓ It is agreed that all children will have their inhaler and spacer labelled and kept in a sealed bag at the site of PE lessons.
- ✓ If a pupil needs to use their inhaler during a lesson they will be encouraged to do so (using a spacer). The use of the inhaler will be documented.
- ✓ If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school asthma & allergy lead who will inform school nurse. These are signs of poor asthma control and need review by a medical professional.

Educational Visits

A risk-assessment will be completed for any pupil at risk of anaphylaxis or wheeze taking part in a school visit off school premises, in the same way as we do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis or wheeze will have their AAI/reliever inhaler with them, and there should be staff trained to administer AAI in an emergency.

Impact on education

The school are aware that the aim of asthma and allergy medication is to allow children to live a normal life. Asthma and/or allergies can impact on the life of a pupil by making them:

- a) unable to take part in normal activities (for example PE)
- b) tired during the day
- c) fall behind in lessons
- d) have significant school absence

If we recognise that a pupil's education is affected by their condition, we will:

1. Discuss this with the parents/carers & the Attendance & Welfare Officer.
2. With consent, inform the school nurse and/or community asthma nurse

Emergency Salbutamol Inhalers and AAI(s) in school

As a school we are aware of the Department of Health guidance on [‘the use of emergency salbutamol inhalers in schools’](#) and [“the use of adrenaline auto-injectors in schools”](#) from the Department of Health. We are aware as a school that we are able to purchase salbutamol inhalers, spacers and Adrenaline Autoinjector(Epipen) from community pharmacists without a prescription.

- ✓ **Any emergency inhaler and AAI held by a school should be considered a back-up device and is not a replacement for a pupil's own medication as prescribed by their GP.**
- ✓ **The parents/carers will always be informed if their child has used the emergency inhaler at school.**

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

- ✓ **Emergency services will be called immediately and parents/carers will be informed as soon as possible by phone if their child has received the emergency adrenaline auto-injector(Epipen).**

Each kit contains:

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-autoinjectors(Epipen) at each available strength
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector(Epipen) are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors(Epipen)
- A checklist of inhalers and adrenaline auto-injectors(Epipen), identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors(Epipen)
- The name of the child permitted to use the emergency kit
- A record of any medication administration

Our school will ensure that the emergency salbutamol inhaler will only be used by children who:

1. Have asthma or who have been prescribed a Salbutamol inhaler AND
2. For whom written parental consent has been given for use of the emergency kit.

We will ensure that the pupil's allergy management plan is followed and emergency Adrenaline Autoinjector(Epipen) will only be used if indicated.

All allergy management plans **MUST** be signed by the parent/carer/guardian and held by the school as this represents signed consent to use the treatment if needed

An emergency Adrenaline Autoinjector(Epipen) will normally only be used on a child without the consent of parent/carer/guardian if emergency medical services (e.g. 999) or other suitably qualified person advises this.

Maintaining the emergency kit

The asthma & allergies lead will:

- ✓ Check monthly that the inhalers, spacers and AAI's are present and in working order, and that the inhaler has sufficient doses available and has greater than 3 months until expiry;
- ✓ Obtain replacement inhalers and AAI's if the expiry date is within 3 months
- ✓ The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in air in a clean safe place. The canister will be returned when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- ✓ The spacer cannot be reused. Replace spacers following use.
- ✓ Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air
- ✓ The AAI devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and extremes of temperature.
- ✓ Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidance as it contains a needle
- ✓ Used AAI's can be given to ambulance paramedics on arrival or disposed of in a sharps bin.

The federation of St John's and St Paul's primary school has a medical Lead who is also the asthma & allergy lead, it is the responsibility of the lead to:

- ✓ Update the asthma and allergy **register**,
- ✓ Update the asthma and allergy **policy**,
- ✓ Ensure measures are in place so that children have **immediate access** to their inhalers and AAI's.
- ✓ Maintain the **emergency kits**

All Staff Training

It would be reasonable for **ALL** staff to:

- a) Know how to recognise:
 - a. poorly controlled asthma
 - b. an acute asthma attack
 - c. an acute severe allergic reaction (anaphylaxis)
- b) Be aware of the asthma and allergy policy
- c) Know how to check if a pupil is on the asthma and allergy register
- d) Know how to access the pupil's own medications and the emergency kit
- e) Know which designated members of staff are trained to administer the medications and how to access their help.

The Federation of St John's & St Paul's Whitechapel CE Primary Schools

ASTHMA & ALLERGY POLICY

NOTE – instructions on how to use an Adrenaline Autoinjector(Epipen) are present on the device itself and on the allergy management plan

Staff will need yearly asthma and allergy updates. This training will be arranged by the Medical Lead in collaboration with the Senior Leaders.

This policy will be reviewed annually.