MARNER
PRIMARY SCHOOL

Asthma and Allergy-Friendly School Policy

Policy Owner	Carol Doherty (AH)
Approval Body	Governing Body
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The main aims of our policy are:

Asthma/Allergy Toolkit

Aim

Ensure **Benedict's Law** is followed in our school.

a. Ensure all staff have annual training on asthma awareness. Each class has a list and care plan for children in their class with their asthma pump.

b. Provide key information for staff so they can support pupils with asthma, wheeze, and/or allergies at school.

c. Provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis.

d. Improve asthma and allergy-related communication between education and healthcare services parents and schools

e. Reduce the number of children with poorly controlled asthma, wheeze and allergy in schools with the support of local health services.

Context

Why is asthma/allergy/wheeze important to schools?

- *1 in 9 children has asthma/wheeze in Tower Hamlets.*
- *40% of Tower Hamlets children have poorly controlled asthma and wheeze.*
- *5-8% of children have a food allergy in the UK.*
- *Poorly controlled conditions can lead to asthma/wheeze attacks or anaphylaxis, increased anxiety, increased sick days, failure to participate in exercise, and general poor health.*
- *Good care and support can help pupils manage their condition and limit asthma/wheeze attacks and anaphylaxis.*

School's Responsibilities

- *Schools are responsible for providing general support for asthma/wheeze/allergy.*
- *They are not responsible for pupils' asthma/allergy/wheeze clinical care and will be reliant on other partners to provide this.*
- *Schools are required to have procedures in place to notify partners where medication or asthma/wheeze/allergy plans are missing or incorrect.*
- *Schools are expected to remind parents of what information needs to be shared and nudge them when this information is not provided.*

What is Asthma/Wheeze/Allergy?

Asthma

- *It's a long-term health condition that affects how someone breathes.*
- *When someone with asthma encounters an irritant/trigger, like dust or animal fur, they can find it harder to breathe.*
- *Each pupil with asthma should have an asthma plan that explains how to care for their condition. Ideally, this should be personalised, but a generic plan should be used where this is not in place. The plans should cover:*
- *When and how much preventer inhaler to use (normally brown).*
- *When and how much salbutamol (reliever) inhaler to use to treat asthma symptoms, like difficulty breathing (normally blue).*
- *Inhalers should be used with a spacer- a plastic tube that helps with breathing in the medication.*
- *The pupil's known triggers/irritants that could cause worse asthma symptoms.*

Wheeze

- *Wheeze is a breathing condition that affects young children, where they find it difficult to breathe.*
- *It is caused by a virus.*
- *The child will make a high-pitched whistling sound when the pupil breathes.*
- *Pupils will normally get better on their own, but some with more severe symptoms will be given a reliever/salbutamol inhaler.*
- *If you are concerned with a pupil's symptoms, you should contact the NHS-GP, 111, 999- depending on severity.*

Allergy

- *An allergy is when the body's immune system attacks a normally harmless substance, such as nuts.*
- *It is a long-term condition.*
- *Antihistamines can be used to address more minor allergy symptoms.*
- *Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you are allergic to.*
- *Pupils who are allergic to a substance should avoid that substance to prevent anaphylaxis.*
- *A pupil will need to take an adrenaline pen in the event of anaphylaxis.*
- *Every pupil with a severe allergy should have an allergy plan that explains how to manage their condition.*

Overview

1. An asthma and allergy policy.
2. A register of all pupils with asthma and allergies.

3. Schools ensure children can easily access their medication.
4. Individual Asthma and Allergy Care Plans for all children with asthma or allergy
5. An emergency kit including salbutamol inhalers, spacers, antihistamines and adrenaline Auto-injectors. N.B. Located in Medical Room in a labelled cupboard
6. Annual staff awareness, which is provided by the School Health Service or (The Key) online, on Asthma, Allergy and Epipen use.
7. At least one named Asthma Champion is responsible for adherence to asthma and allergy-friendly school standards in the school.

1. Policy

We are an Asthma and Allergy Friendly School and have been for the last three years, we have a policy signed off by the governing body - that is reviewed every 3 years.

2. Register

- *An asthma and allergy register of pupils is held in the school, on Arbor and Medical Tracker, and is reviewed yearly and updated when required.*
- *This register will hold key information about all pupils with asthma/wheeze/allergy, including: their prescribed medication; whether the parents/guardians have given consent for the emergency kit to be used in an emergency; whether the pupil has a plan on file; etc.*
- *It will enable schools to support children with their health conditions.*
- *All pupils with a prescribed blue inhaler should be listed on the register- even if they don't have an asthma diagnosis. Parents should also be contacted to give consent for the emergency kit to be used in the case of an emergency, which is on the standard asthma plan.*
- *If they have not used salbutamol for over a year in school, discuss with parents and they may not be using it anymore. They can remain on your emergency list and use your emergency supply. If they have not been used for a further year, they can be removed from your registry.*
- *Medical Tracker is the current school offer for a medical condition registry.*

3. Access to Medication

- *Schools will support all children with asthma/allergy/wheeze to always have immediate access to their medication.*
- *Not all children with asthma, allergy or wheeze will have medication prescribed- depending on the severity of their condition, staff members should review a pupil's plan to identify any prescriptions.*
- *Asthma/Wheeze- pupils should have access to their reliever inhaler (blue pump inhaler) and spacer- if they always have a prescription.*
- *Moderate/Severe Allergy- pupils should have access to two adrenaline pens- if they always have a prescription- staff should contact the pupil's school nurse where this is not in place.*
- *More capable/independent pupils should be responsible for carrying their own medication. Schools should remind pupils of this and highlight the risks of not carrying it.*

- *For pupils not capable of carrying their own medication, medication should be stored in an accessible location that is known to staff.*
- *Pupils or parents should always have auto-injector pens with them, including the journey to and from school.*

4. Individual Care Plan

All children on the register have a Generic School Asthma Care plan, The standard (Generic) plan, designed to replace the existing individual plan, which aims to simplify the process.

1. Plan Duration: Once the individual plan has expired, families can complete the standard asthma plan. This plan remains valid for the entire duration of the child's time in school. A copy is stored on Arbor and Medical Tracker.

2. New students: The standard plan should be for all new students entering the school. This ensures a consistent and efficient approach to managing asthma-related concerns.

3. Student involvement: In cases where students are competent, they can sign the standard plan themselves. This is particularly applicable to secondary schools, where obtaining signatures from parents can be challenging.

4. Residential Trips: For students participating in residential trips, parents are required to fill out medication administration forms. Additionally, it is essential to ensure that an asthma and allergy plan accompanies the child during the trip.

- *If a child has an Auto Injector pen, they must have an Allergy Plan and should not be in school without one. All parents should be given a plan on the administration of an autoinjector pen. They only need updating if there is a change in medication or allergy.*
- *School Health can chase the allergy team if this is not in schools contact details: Tel:02039540091 Email: compass.towerhamletsyphws@nhs.net*

5. Emergency Kit

The school is responsible for acquiring and maintaining emergency kit (s), including inhalers and adrenaline pens, to be used in the event of an asthma/wheeze attack or anaphylaxis, where the pupil's own medication is not immediately available.

Consent for use of the emergency kit can be obtained via the generic plan, medical declaration form, personalised allergy plan or via another mechanism. Whether the pupil or their parents/guardians have consented to the use of the emergency kit in the event of an emergency should be recorded in the register.

Number/Location of Emergency Kits (for reference in the event of an emergency)

Number of emergency kits kept at the school:
2x Epipens (Size appropriate), 2x Asthma Pumps and spacers

Location of emergency kits: **Medical room in labelled cupboard**

Acquiring Kit

● *The school has purchased emergency medication and supporting equipment/documents from a local pharmacy.*
● *Emergency medicines should be used if a pupil has an asthma/wheeze attack or anaphylaxis, and they don't have access to their own medication.*
● *Medication should be used as instructed in the pupil's asthma/wheeze/allergy plan.*
● *All schools should have a process for storing asthma/allergy/wheeze plans and ensure that staff know where they are stored. (Shared on Arbor and Medical Tracker and in child's class medical cabinet).*
● *The Asthma and Allergy Register will give a full list of pupils with asthma/allergy/wheeze plans to help with identifying if the pupil is having an asthma/wheeze attack or anaphylaxis has a plan.*
● *For emergency medicines to be used, the following is needed*:
● *Each pupil needs a signed Standard Asthma Care form where parental consent is given for the use of emergency medicine.*
● *A record of the prescription for the medicine- for pupils with asthma/wheeze, this would be a salbutamol prescription; for pupils with an allergy, this would be an adrenaline pen prescription. Not all children with wheeze will have a salbutamol prescription.*
● *For pupils with an allergy, an adrenaline pen should only be used on a CYP with an allergy plan and consent of parent/carer/guardian, in an emergency medical services (e.g. 999) or another suitably qualified person may advise you to use your emergency autoinjector pen.*
● *Staff members who have completed the online awareness are permitted to support the child in using the emergency kit. (All staff have been asked to complete this).*
● *In the event of an asthma/wheeze attack or anaphylaxis and after a decision on using the emergency kit has been made*:
● *The pupil's parents and guardians should be informed in writing.*
● *Consider contacting the patients' GP or if urgent, calling 999/ going to A&E.*

Maintaining Emergency Kit

● *The school has a responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines Properly. This is done when the medication reaches the expiry date.*

6. Staff Awareness

All staff complete Asthma and Allergy awareness training to understand the basics of support for children with asthma/allergy/wheeze.

Schools communicate the following to staff:

- *How to raise issues about pupils with uncontrolled symptoms or no/incorrect asthma/allergy/wheeze plan.*
- *Where pupil asthma/allergy/wheeze plans are stored.*
- *Where emergency kits are stored.*
- *Where to find the asthma and allergy register.*
- *Procedures for school trips, physical education and other settings outside the classroom/break time.*
- *Where medication is stored.*
- *Who is the asthma champion/lead at the school?*

7. Asthma Champion/Lead

The Asthma Champions/Leads are responsible for the following.

- *Update the asthma and allergy register.*
- *Update the asthma and allergy policy.*
- *Ensure measures are in place so that medication is accessible.*
- *Working knowledge of all local asthma/allergy-friendly school resources, including the full set of recommendations, and they are responsible for sharing key messages with other members of the school team.*
- *Oversight of emergency kits, including promotion to staff and maintenance*

Responsibilities can be shared between School Team members. There should be a clear agreement on who is responsible for each aspect of the role.

Tower Hamlets Asthma Leads

Asthma Community Nurse Specialists: if you have concerns re poorly controlled asthma.

Mobile: **07591989962** Email: **th.paedasthmanurse@nhs.net**

School Health Team: To become an asthma-friendly school and book an Awareness session, discuss with your school nurse.

Tel: **020 3954 0091**

Email: **compass.towerhamletsyphws@nhs.net**

Healthy Lives Advisor: Send the self-certification form to David and he will issue certificates.

Tel: **0207 364 6320** Email: **David.banks@towerhamlets.gov.uk**

or **sultanax.begum@towerhamlets.gov.uk**

Medical Tracker: Support with medical tracker and set up. Email: **stephanie.hall@barnardos.org.uk**

Maintaining Emergency Kit

● *Check expiry dates and systems are in place to reorder (List of children with permission to administer).*

● *The spacer cannot be reused. Replace spacers following use.*

● *Empty inhaler canisters will be returned to the pharmacy to be recycled.*

● *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 adrenaline pen devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and extremes of temperature.*

● *Once an adrenaline pen has been used, it cannot be reused and must be disposed of according to the manufacturer's guidance, as it contains a needle*

● *Used adrenaline pens can be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council.*

General Procedures in Place

Schools should have asthma/allergy/wheeze-friendly procedures in place for typical school situations:

Requesting Information from Parents:

● *We request parents/guardians of new pupils complete a medical declaration form when joining school and at the start of each new school year. This should request information for:*

● *Any physician diagnoses of asthma/ viral wheeze/ allergy.*

● *Any prescription of a reliever inhaler (salbutamol/terbutaline, blue pump) in the preceding 12 months.*

● *Any previous severe allergic reactions, including any associated acute triggers/allergens.*

● *Any prescription of an adrenaline pen in the preceding 24 months.*

● *Consent for use of the emergency kit is on the Allergy Plan and the Emergency Asthma Plan.*

● *The emergency kit is to be used in the event of an emergency, if this has not already been provided.*

● *Schools are responsible for informing parents/guardians that they need to update the school when there is a change in a pupil's healthcare needs, including medication changes, changes in the severity of the condition, etc.*

● *Schools are responsible for reminding parents about these responsibilities to parents at appropriate intervals.*

● *The school Health team can support with contacting GP Practices about obtaining/reviewing a pupil's asthma/wheeze/allergy plan. School Nurses are not normally trained in prescribing and so cannot review a student's medication. This means that normally it is best for their GP Practice to review an asthma/wheeze/allergy plan. Asthma/Allergy/Wheeze Plans*

● *Asthma/Wheeze/Allergy plans should be stored in a secure, accessible place that is known to staff, in a plastic wallet with the child's pump.*

Exercise and Activity

● *Exercise and activity are beneficial for pupils with allergy/asthma/wheeze and should be actively encouraged.*
● *Blue inhalers via a spacer should only be used before exercise when exercise is an identified trigger in the pupil's asthma/wheeze plan.*
● *Blue inhalers are normally used to relieve symptoms, such as wheeze/difficulty breathing, and not before these symptoms start.*
● *Some pupils will breathe heavily because they are not used to exercise, but this does not always mean they are having asthma/wheeze symptoms. School staff should use their own judgment and consult with colleagues when unsure.*
● *If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or their GP.*

School Trips

● *A risk assessment should be completed for pupils with asthma/allergy/wheeze.*
● *Staff should ensure pupils have their medication before departing for the trip.*
● *Staff should bring a copy of each pupil's asthma/allergy/wheeze plan.*

On residential trips, some pupils may need to take preventer inhalers (brown top) and all normal medication - these are normally used once a day- outside of school hours. The pupil's asthma/wheeze/allergy plan should be reviewed before the trip to identify the need.