



Asthma & Allergy

Friendly Schools Policy



Mayflower School



Asthma and Allergy Friendly Schools Policy

School Name: Mayflower Primary School

Date policy was approved: 16th March 2022

Review date: March 2024

Person responsible for overseeing Asthma and Allergy Friendly Schools: Heba Al-Jayoosi

Person writing this policy: Dee Bleach

Aim	<p>The main aims of our Asthma and Allergy Friendly Schools policy are:</p> <ol style="list-style-type: none"> Provide key information for schools so they can support pupils with asthma, wheeze, and/or allergies at school. Provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis. Improve asthma and allergy-related communication between education and healthcare services. Reduce the number of children with poorly controlled asthma, wheeze and allergy in schools with the support of local health services.
Context	<p>Why is asthma/allergy/wheeze important to Schools?</p> <ul style="list-style-type: none"> Tower Hamlets has a high number of children with asthma/wheeze- 1 in 9 children. 40% of children in Tower Hamlets Schools have poorly controlled asthma and wheeze. 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. Effective preventative care and support can help pupils manage their condition and limit asthma/wheeze attacks and anaphylaxis. <p>What are Asthma/Wheeze/Allergy?</p> <p>Asthma</p> <ul style="list-style-type: none"> It's a long-term health condition that affects how someone breathes e.g. people live with the condition forever. When someone with asthma comes into contact with an irritant/trigger, like dust or animal fur, they can find it harder to breathe. Each pupil with asthma should have a care 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: <ul style="list-style-type: none"> When and how much preventer inhaler to use (normally brown).

- When and how much salbutamol 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 effects young children where they find it difficult to breathe.
- It is caused by a virus and makes 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 (normally blue).
- This inhaler should be taken if the child is having difficulty breathing- follow the instructions in their care plan.
- The child should be taken to their GP Practice or A&E depending on how severe the issue is.

Allergy

- An allergy is when the body's immune system attacks a normally harmless substance, such as nuts.
- It is a long-term condition that some pupils will suffer from.
- Pupils who are allergic to a substance should avoid that substance to prevent allergic attacks/harm.
- 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're allergic to, such as peanuts or bee stings.
- A pupil will need to take an adrenaline pen in the event of anaphylaxis.
- Every pupil with a severe allergy should have an allergy care plan that explains how to manage their conditions.

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.
- Schools are required to have procedures in place to notify these partners where medication/care planning is missing or incorrect.

	<ul style="list-style-type: none"> Schools are expected to remind parents of what information needs to be shared and nudge them when this information is not provided, but it is the responsibility of parents to provide this information.
Overview	<p>The following needs to be in place to ensure the school is asthma/allergy friendly:</p> <ol style="list-style-type: none"> 1. An asthma and allergy policy. 2. A register of all pupils with asthma and allergies. 3. An emergency kit including salbutamol inhalers, spacers antihistamines and adrenaline auto-injectors. 4. Yearly all staff training on awareness, correct use of associated medical devices and emergency policies. 5. General procedures for typical school situations- school trips, exercise, etc.. 6. One or two named individuals/champions responsible for adherence to asthma and allergy friendly school standards in the school- an asthma and allergy champion.
1. Policy	<ul style="list-style-type: none"> To be an Asthma and Allergy Friendly School- your school must have a policy signed off by your governing body- that is reviewed every 2-3 years.
2. Register	<p>The following need to be in place to meet the register requirement:</p> <ul style="list-style-type: none"> An asthma and allergy register of pupils is held in the school and is updated yearly and when required. Each pupil on the asthma and allergy register should have: <ul style="list-style-type: none"> ○ An up-to-date¹ copy of their Individual Health Care Plan (personal asthma and/or allergy action plan²) signed by a medical professional. ○ For asthma/wheeze, their reliever inhaler (salbutamol, 'blue pump') in school with an age appropriate spacer (<u>with a mouthpiece</u> if over 4 years old). ○ For allergy, 2 adrenaline pens (AAIs) if they have had previous severe allergic reactions³. ○ Parental/guardian consent to use the medications in the emergency kit at school. Schools are responsible for requesting parents/guardians of new pupils complete a medical declaration form when joining school and at the start of each new school year. This will specifically document: <ul style="list-style-type: none"> ○ Any physician-diagnosed of asthma/ viral wheeze/ allergy. ○ Any prescription of a reliever inhaler (salbutamol/terbutaline, blue pump) in the preceding 12 months.

¹ Family/Carer/Guardian to contact GP to update allergy management plan as needed if any changes reported.

² Delayed type allergy/intolerance will not require or be mentioned on an allergy plan (parents may still refuse these foods).

³ Where fewer than two AAI are prescribed/available, 'spare' (communal school held) AAIs are a suitable alternative.

	<ul style="list-style-type: none"> ○ Any previous severe allergic reactions including any associated acute triggers/allergens. ○ Any prescription of an adrenaline pen in the preceding 24 months. ● Schools are responsible for informing parents/guardians that they need to update the school where there is a change in a pupil's healthcare needs, including medication changes, changes in severity of condition, etc. ● Schools are responsible for reminding parents about these responsibilities to parents at appropriate intervals. <p>All children prescribed a salbutamol inhaler within the last 12 months but without a formal diagnosis of asthma should be included on the register, so that the emergency inhaler can also be made available to them with the consent of the parents/carer.</p>
<p>3. Emergency Kit</p>	<p>The following need to be in place to meet the emergency kit requirement:</p> <p>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.</p> <p>School Statement</p> <ul style="list-style-type: none"> ● We have 2 emergency kit(s) They are kept easily accessible in the School Office <p>Acquiring Kit</p> <ul style="list-style-type: none"> ● The school is required to purchase emergency medication and supporting equipment/documents from a local pharmacy. ● For the required contents of an emergency kit- see this link. ● The following can be acquired via a purchase order sent to a local pharmacy- see template letter in Asthma and Allergy Friendly Schools Toolkit. <p>Using the Kit</p> <ul style="list-style-type: none"> ● 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 to medicate themselves. ● Medication should be used as instructed in the pupil's care plan. ● All schools should have a process for storing care plans and ensure that staff know where they are stored. ● The Asthma and Allergy Register will give a full list of pupils with care plans to help with identifying if the pupil having an attack/anaphylaxis has a care plan. ● For emergency medicines to be used, the following is needed: <ul style="list-style-type: none"> ○ Each pupil needs parental consent or consent from the pupil if they are old enough/capable of giving it- this is obtained by signed individual or generic care plans for each pupil on the register.

	<ul style="list-style-type: none"> ○ A prescription for the medicine to be used- for pupils with asthma/wheeze this would be a salbutamol prescription; for pupils with allergy this would be an adrenaline pen prescription. Not all children with wheeze will have a salbutamol prescription. ● For pupils with an allergy, a “spare” adrenaline auto-injector will normally only be used on a CYP without the consent of parent/carer/guardian if emergency medical services (e.g. 999) or other suitably qualified person advises this. ● For pupils with allergy, where doubt exists then the adrenaline pen should be used as unnecessary delays have been associated with death. ● Staff members who have completed the online training are permitted to support the child to use the emergency kit. ● Asthma and Allergy Champions or other First Aid leads within the school may want to consider additional first aid training to support the use of the kit in an emergency. ● In the event of an asthma/wheeze attack or anaphylaxis and after a decision on using the emergency kit has been made: <ul style="list-style-type: none"> ○ The pupil’s parents and guardians should be informed in writing. ○ Consider other options like contacting the patients’ GP or if urgent going to A&E. <p>Maintaining Emergency Kit</p> <ul style="list-style-type: none"> ● The school has a responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing used medicines properly. ● For more information- see this link.
<p>Staff Training</p>	<p>Staff with significant contact with pupils should complete training to understand the basics of support for children with asthma/allergy/wheeze.</p> <p>This requires watching the below videos:</p> <ul style="list-style-type: none"> ● Asthma and Allergy Friendly Schools Introduction (6 minutes) https://www.youtube.com/watch?v=zTmN6jYut3M&t=14s ● Asthma Awareness Training (15 minutes) https://www.youtube.com/watch?v=zeDt55-Of-o&t=2s ● Allergy Awareness Training (10 minutes) https://www.youtube.com/watch?v=LV4vTmnzKtE&t=1s <p>Note: On YouTube, click on ‘show more’ to have access to more relevant video clips and links.</p>

	<p>The school should promote this training regularly and include it in the induction process for new starters. All staff with significant contact with pupils should complete it and should do refresh training every year.</p> <p>Schools also have a responsibility to communicate the following to staff:</p> <ul style="list-style-type: none"> • How to raise issues about pupils with uncontrolled symptoms or no/incorrect care plan. • Where pupil care 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 their asthma champion/lead is at the school.
<p>General Procedures</p>	<p>Schools should have asthma/allergy/wheeze friendly procedures in place for typical school situations:</p> <p>Medication</p> <ul style="list-style-type: none"> • Schools will support all children with asthma/allergy/wheeze to have immediate access to their medication at all times. • 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 less independent/capable pupils, medication should be stored in a secure accessible place that all staff can quickly access. • For pupils with moderate/severe allergy, pupils should have access to two adrenaline pens at all times- staff should contact the pupil's allergy specialist nurse or school nurse where this is not in place. <p>Care Plans</p> <ul style="list-style-type: none"> • Asthma and Allergy plans should be stored in a secure accessible place that is known to staff. <p>Exercise and Activity</p> <ul style="list-style-type: none"> • Exercise and activity is beneficial for pupils with allergy/asthma/wheeze and should be actively encouraged. • For pupils, where exercise is a trigger, remind them to take their reliever (usually Salbutamol, blue inhaler) via spacer if beneficial before the lesson, and to thoroughly warm up and down before and after the activity. • Pupils who are mature enough should carry their inhaler and spacer with them. • Pupils that are too young should have their inhaler and spacer labelled and kept in a box at the site of the lesson.



	<ul style="list-style-type: none"> • 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. <p>School Trips</p> <ul style="list-style-type: none"> • A basic risk assessment should be completed for pupils with asthma/allergy/wheeze. • Staff should ensure pupils have their medication with them before departing for the trip. • Staff should bring a copy of each pupil's care plan. • On residential trips, some pupils may need to take preventer inhalers (brown top)- these are normally used once a day- outside of school hours. The pupil's care plan should be reviewed before the trip to identify the need.
<p>Asthma Champion/ Lead</p>	<p>The Asthma Champions/Leads is responsible for the following.</p> <ul style="list-style-type: none"> • 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. • 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 • Maintain the emergency kits. <p>Where these responsibilities are shared between School Team members, there should be clear agreement on who is responsible for each aspect of the role.</p>
<p>Healthy Lives Contact</p>	<p>Kate Smith Head of The Healthy Lives Team Tel: 0207 364 6433 Email: Kate.Smith@towerhamlets.gov.uk</p> <p>David Banks Healthy Lives Advisor Tel: 0207 364 6320 Email: David.banks@towerhamlets.gov.uk</p>

The full Asthma and Allergy Recommendations can be found here: [Asthma and Allergy \(Children\) \(clarity.co.uk\)](#)



Additional Information

Emergency Kit Required Contents

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-autoinjectors at each available strength
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector 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
- A checklist of inhalers and adrenaline auto-injectors, 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;
- The names of the pupils permitted to use the emergency kit
- A record of any medication administration

Maintaining Emergency Kit

- Check monthly that the inhalers, spacers and adrenaline pens 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 adrenaline pens 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 to the housing when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- 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 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;