CUBITT TOWN PRIMARY SCHOOL

Asthma and Allergy Policy

Every child grows • Every voice matters • Every day counts

This policy applies to staff, pupils, parents and carers, and governors

Date agreed	[date]
Review	Annually
Asthma and Allergy Lead	[name – medical support lead]
Status	Supports our Asthma and Allergy Friendly School status [confirm]

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1. Our vision and values

Cubitt Town Primary School welcomes all pupils with asthma and allergies and aims to support them to take part fully in school life. We want every child to reach their full potential in an environment that supports both their learning and their wellbeing – and that means keeping children with asthma and allergies safe, healthy and included.

Every child grows	Every voice matters	Every day counts
Children with asthma and allergies take part fully in PE, trips, clubs and every part of school life, with the right plans and medicines in place.	We listen when a child says they feel unwell, tight-chested or 'funny', and we work closely with parents, carers and health professionals.	Good asthma and allergy care reduces absence. Medicines are always close at hand, and trained staff are ready to act every day.

Our 6C values guide our approach: we show **care** by keeping children safe and included; **communicate** clearly with families, staff and health services; **collaborate** with the school nursing team and GPs; stay **curious** about changes in a child's symptoms; **challenge** anything that could put a child at risk; and show **commitment** by keeping plans, medicines and training up to date.

2. Purpose

- To manage children with asthma and allergies effectively and safely at school.
- To support the appropriate use of salbutamol inhalers and adrenaline auto-injectors (AAIs) in an emergency.
- To reduce school absence and so support children's learning.
- To help staff identify children whose asthma is poorly controlled.
- To promote good communication about asthma and allergies between school, families and health services.

This policy follows the DfE statutory guidance **Supporting pupils at school with medical conditions** and the Department of Health and Social Care guidance on the **use of emergency salbutamol inhalers** and **emergency adrenaline auto-injectors** in schools. It should be read alongside our First Aid / Medical Policy, EYFS Policy and Educational Visits Policy.

3. Background: asthma and viral wheeze

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 airways tighten and the airways narrow. The lining of the airways also becomes inflamed and swollen, and sticky mucus can build up. This makes it difficult to breathe. To treat these symptoms, children take a reliever inhaler (usually salbutamol, the blue inhaler) through a **spacer** – a plastic tube with a mouthpiece or mask that makes sure the medicine reaches the lungs.

Wheeze is the high-pitched whistling sound made by the small airways when they are inflamed. **Viral wheeze** is common in young children, who become wheezy only when they have a cold; most grow out of it. Acute attacks of both viral wheeze and asthma can be life-threatening, and the emergency treatment is the same for both.

4. Recognising poorly controlled asthma

The most common day-to-day symptoms of asthma are a dry cough, wheeze, excessive shortness of breath on exercise or when exposed to a trigger, and a tight chest. These usually improve with the child's reliever inhaler

and rest (for example, stopping exercise), and the child would not normally need to go home or seek urgent medical attention.

However, **if a child needs their reliever inhaler more than twice a week, this is a sign of poorly controlled asthma** and the Asthma and Allergy Lead must be told. The lead will let parents and carers know and, with consent, discuss the child with the school nursing team or community asthma nurse, so that the child can be reviewed by their GP, asthma nurse or hospital team.

5. What to do in an asthma attack

Recognising an asthma attack

- Persistent cough (when at rest)
- A wheezing sound from the chest (when at rest)
- Difficulty breathing – breathing fast and with effort, using the muscles in the upper body
- Nasal flaring
- Unable to talk or complete sentences – some children become very quiet
- Saying their chest 'feels tight' (younger children may say they have tummy ache)

Call 999 immediately and start the asthma attack procedure 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 it is not available, use the emergency inhaler.
4. Stay with the child while the inhaler and spacer are brought to them.
5. Shake the inhaler, remove the cap and put the inhaler into the spacer.
6. Place the spacer mouthpiece between the child's lips, making sure there is a good seal (or place the mask over the nose and mouth for younger children).
7. Help the child to take **two puffs** of salbutamol via the spacer – one puff, then 10 breaths; repeat.
8. If there is no improvement, repeat these steps up to a **maximum of 10 puffs**.

If the child does not feel better, or you are worried at ANY time before reaching 10 puffs:

- **Call 999 for an ambulance**, then call the parents or carers. Tell the Asthma and Allergy Lead and a senior leader.
- If the ambulance has not arrived within 10 minutes, give another 10 puffs in the same way.
- If the child also has an adrenaline auto-injector, **give it** – anaphylaxis could be causing the breathing difficulty.
- A senior leader or the Asthma and Allergy Lead will go with the child to hospital and stay until a parent or carer arrives.

If the child feels better

- Stay with the child until they are no longer a cause for concern; they can return to activities when they feel better.
- Tell the parents or carers, and advise them to make an appointment with their GP or asthma nurse.
- If the child has needed **6 or more puffs in 4 hours**, parents must be told urgently and the child should be seen by their doctor or nurse as soon as possible.
- Record the use of the inhaler.

6. What to do in an allergic reaction

Anaphylaxis is a severe and often sudden allergic reaction. It happens when a susceptible person is exposed to an allergen, such as a food, an animal or an insect sting. Reactions can start mild and get worse, usually within minutes but sometimes up to two hours later. Severe reactions can be life-threatening and always need an emergency response, including an **adrenaline auto-injector (AAI)** such as an EpiPen or Jext. Children with anaphylaxis can have breathing problems similar to an asthma attack, even if they do not have asthma.

Recognising a mild to moderate allergic reaction

• Swollen lips, face or eyes • Itchy or tingling mouth • Hives or an itchy skin rash

• Tummy pain or a single episode of vomiting • A sudden change in behaviour

Actions in a mild to moderate allergic reaction

- Stay with the child and call for help. Tell the Asthma and Allergy Lead or a senior leader.
- Fetch the child's AAIs and the emergency kit.
- Give antihistamine according to the child's allergy action plan.
- The Asthma and Allergy Lead or a senior leader will contact the parent or emergency contact.
- **Watch closely for signs of anaphylaxis** for at least one hour, or until symptoms go, whichever is shorter. The child does not normally need to go home.

Recognising anaphylaxis – look for ANY of these

• Persistent cough • Hoarse voice • Difficulty swallowing or swollen tongue

• Difficult or noisy breathing • Wheeze • Persistent dizziness

• Becoming pale or floppy • Sudden sleepiness, collapse or loss of consciousness

Actions in the event of anaphylaxis

1. Lie the child flat with their legs raised. If breathing is difficult, let them sit up. **Do not stand the child up.**
2. Give the adrenaline auto-injector **without delay**, into the outer thigh. Note the time.
3. Call **999**, ask for an ambulance and say **'ANAPHYLAXIS'** (an-a-fil-ak-sis). Give clear directions, including the school postcode (**E14 3NE)**
4. Stay with the child until the ambulance arrives.
5. If there are no signs of life, start CPR.
6. A senior leader or the Asthma and Allergy Lead will contact the parent or emergency contact.
7. If there is no improvement after **5 minutes**, give a second dose using another AAI. Note the time. Keep all used pens for the paramedics.
8. Make a second 999 call to confirm the ambulance is on its way.
9. Send someone outside to direct the paramedics.

Remember

Always give the adrenaline auto-injector **FIRST** to a child with a known food allergy who has **sudden breathing difficulty** (persistent cough, hoarse voice or wheeze) – even if there are no skin symptoms. Then use their inhaler if needed.

7. Asthma and Allergy Friendly School standards

The Asthma and Allergy Lead will make sure the school has:

- ✓ this Asthma and Allergy Policy, including the use of emergency inhalers and AAIs;
- ✓ a register of all children with asthma and allergies, including all those prescribed a salbutamol inhaler, antihistamine or AAI in the last 12 months;
- ✓ emergency kits including salbutamol inhalers, spacers, antihistamine and AAIs;
- ✓ named staff responsible for meeting asthma and allergy friendly school standards;
- ✓ annual training for all staff on awareness, the correct use of medical devices, and emergency procedures.

The Asthma and Allergy Lead will make sure each child on the register has:

- ✓ an individual healthcare plan (asthma or allergy action plan);
- ✓ their own medicines and spacer, clearly labelled, in date, stored safely and kept as close to them as possible;
- ✓ written parental consent for the use of the school's emergency inhalers and AAIs.

The asthma and allergy register

- The register is kept up to date, reviewed every year and whenever there is a change, and shared with class teachers, the school office and catering staff.
- Parents and carers of new pupils with asthma or allergies must give the school a care plan when their child joins, including any diagnosis of asthma or viral wheeze, any prescribed reliever inhaler and spacer, any previous severe allergic reactions and triggers, and the prescription of **two AAIs** where there has been a previous severe reaction.
- In the Early Years, allergy and dietary information is collected before a child starts, in line with the EYFS framework.
- Parents and carers must tell the school about any changes to their child's needs, so that the register stays up to date.

8. Medicines

Inhalers and spacers

Every child with asthma must have **immediate access to their reliever inhaler** (usually the blue salbutamol inhaler) at all times. It is always taken through an age-appropriate spacer – with a mask for children under 4, and a mouthpiece for children over 4.

Some children also have a **preventer inhaler** (often brown, orange, purple or red), taken morning and night at home. Preventer inhalers should not normally be brought to school, except on residential trips. They do not help during an asthma attack.

If staff are worried about a child's ability to use their inhaler, they should tell the Asthma and Allergy Lead, who will advise parents to arrange a review with their GP or asthma nurse.

Adrenaline auto-injectors (AAIs)

- Antihistamines can help with mild allergic reactions but do not work in severe reactions.
- The first treatment for a severe allergic reaction is an adrenaline auto-injector, injected into the thigh muscle. It must be given **immediately** and not delayed until after inhalers or antihistamine.

- AAIs (such as EpiPen and Jext) contain a single fixed dose of adrenaline and can safely be given by non-healthcare professionals, such as teachers and first aiders. They can save lives.
- Children at higher risk of anaphylaxis should have **two AAIs** available at all times, because a device may misfire or a second dose may be needed.
- Children may improve and then get worse, so **999 must always be called** after a severe reaction, even if the child seems to have recovered.
- Parents and carers are asked to sign consent for the use of the school's emergency AAIs. If they decline (which is their right), this is shared with the school nursing team.

Where medicines are kept at Cubitt Town

• Each child's reliever inhaler and spacer are kept **[[in the classroom, in a clearly labelled bag in the same place in every classroom]]**, and go with the child to PE, the playground and trips.

• A spare inhaler, if provided by parents, is kept in the **first aid cabinet in reception**, in a named envelope.

• Each child's first AAI is kept **[[in the classroom, in a clear box labelled with the child's name and a copy of their care plan]]**; the second AAI and any antihistamine are kept **[[in the medical room / reception]]**.

• AAIs and inhalers are **never locked away** and are never more than 5 minutes from where they may be needed.

• **Emergency asthma kits** are kept in: [reception, Nursery, the hall, the dining hall]. **Emergency anaphylaxis kits** are kept in: reception. All kits are clearly labelled.

9. Care plans

Asthma action plans

Every child with asthma should have a personal asthma action plan in school, so that their asthma is managed well and hospital admissions are prevented. Health services, including the school nursing team, provide these, and parents should give the school an updated plan after their child's annual asthma review. The Asthma and Allergy Lead works with the school nursing team to keep plans up to date and shares them with all relevant staff.

Allergy action plans

Allergy action plans (such as the BSACI plans) set out the first aid treatment for an allergic reaction and give medical and parental consent for the school to give medicines, including emergency AAIs. Children with a lower risk of severe reactions, who do not have AAIs prescribed, have a 'mild/moderate' plan, which still explains when to give an AAI, because there is no guarantee a severe reaction will never happen. If the adult with the child believes a severe reaction is happening, they must call 999 and use the school's emergency AAI (where consent has been given). Plans are shared with all relevant staff, including catering staff.

10. School environment and triggers

- ✓ We make the school environment as safe as possible for pupils with asthma and allergies.
- ✓ We have a strict no-smoking and no-vaping policy across the whole site.
- ✓ Each pupil's triggers are recorded in their action plan, and we avoid contact with them wherever possible.
- ✓ Our caterers follow allergen labelling law and provide allergen information for all food served, and we plan food-based activities, celebrations and cooking with allergies in mind.

Common asthma triggers include colds and infections; dust and house dust mites; pollen, spores and moulds; feathers and furry animals; exercise and laughing; stress; cold air and changes in the weather; chemicals, glue, paint, aerosols and perfume; food allergies; and fumes, pollution and cigarette smoke.

Common allergens that can trigger anaphylaxis include foods (such as peanuts, tree nuts, milk, egg, wheat, fish and shellfish, sesame and soya), insect stings (such as bees and wasps), medicines (such as some antibiotics and ibuprofen) and latex (such as rubber gloves, balloons and swimming caps).

11. Exercise, PE and educational visits

Taking part in sport, games and activities is an essential part of school life for all pupils, including those with asthma and allergies.

- ✓ All staff know which children in their class have asthma or allergies.
- ✓ Pupils with asthma are encouraged to take part fully in all activities.
- ✓ Pupils whose asthma is triggered by exercise are reminded to use their reliever inhaler (via spacer) before PE if their plan says so, and to warm up and cool down thoroughly.
- ✓ Each child's labelled inhaler and spacer are taken to the PE lesson in a sealed bag. Pupils are encouraged to use their inhaler during the lesson if needed, and this is recorded.
- ✓ If a pupil regularly has excessive shortness of breath, chest tightness or cough with exercise, the Asthma and Allergy Lead is told, so that the child can be reviewed by a health professional.

A risk assessment is completed for any pupil with asthma or at risk of anaphylaxis taking part in an educational visit. They take their reliever inhaler, spacer and AAIs with them, and at least one member of staff trained to give an AAI goes on the trip. Preventer inhalers go on residential trips.

12. Impact on education

The aim of asthma and allergy medicines is to allow children to live a normal life. Asthma and allergies can affect a pupil by making them unable to take part in normal activities such as PE, tired during the day, fall behind in lessons, or miss school. If we notice that a pupil's education is being affected, we will discuss this with their parents or carers and our Attendance Lead and, with consent, the school nursing team or community asthma nurse.

13. Emergency salbutamol inhalers and AAIs

Schools may buy salbutamol inhalers, spacers and AAIs from community pharmacies without a prescription, in line with the Department of Health and Social Care guidance. The school's emergency inhalers and AAIs are **back-up devices**, not a replacement for a pupil's own prescribed medicines.

- The emergency salbutamol inhaler will only be used by children who have asthma or have been prescribed a salbutamol inhaler, **and** whose parents have given written consent.
- The emergency AAI will be used in line with the pupil's allergy action plan. Signed allergy action plans represent parental consent. An emergency AAI will normally only be used without consent if the emergency services (999) or another suitably qualified person advise this.
- Parents and carers will always be told if their child has used the emergency inhaler.
- If a child has been given an emergency AAI, 999 will be called immediately and parents and carers told by phone as soon as possible.

Each emergency kit contains:

- a salbutamol metered dose inhaler and at least two compatible spacers;
- AAIs at each available strength (in the anaphylaxis kit);
- instructions on using the inhaler with a spacer, and on cleaning and storing it (AAI instructions are on the device and allergy plan);
- manufacturers' information;
- a checklist of inhalers and AAIs, with batch numbers and expiry dates, and a record of monthly checks;
- the arrangements for replacing devices;
- a list of the children permitted to use the emergency kit;
- a record of any medicine given.

Maintaining the emergency kits

The Asthma and Allergy Lead will:

- ✓ check **monthly** that inhalers, spacers and AAIs are present and in working order, and that inhalers have enough doses and more than 3 months until expiry;
- ✓ obtain replacements if a device will expire within 3 months;
- ✓ after use, remove the inhaler canister, wash the plastic housing and cap in warm running water, leave to air-dry, and return to the kit (unless it has come into contact with bodily fluids);
- ✓ replace spacers after use – they cannot be reused;
- ✓ before first use, or if unused for 2 weeks or more, shake the inhaler and release 2 puffs into the air;
- ✓ store AAIs at room temperature, away from direct sunlight and extremes of temperature;
- ✓ make sure used AAIs are given to paramedics or disposed of in a sharps bin.

14. Roles and training

The Asthma and Allergy Lead

Our Asthma and Allergy Lead is **[[name]]**, who is also our medical support lead. They are responsible for:

- ✓ keeping the asthma and allergy register up to date;
- ✓ reviewing and updating this policy;
- ✓ making sure children have immediate access to their inhalers and AAIs;

- ✓ maintaining the emergency kits;
- ✓ working with the school nursing team and arranging staff training.

All staff

All staff should:

- know how to recognise poorly controlled asthma, an asthma attack and anaphylaxis;
- be aware of this policy;
- know how to check whether a pupil is on the asthma and allergy register;
- know how to get a pupil's own medicines and the emergency kits;
- know which staff are trained to give medicines, and how to get their help.

All staff receive asthma and allergy training every year, arranged by the Asthma and Allergy Lead with senior leaders. Instructions for using AAIs are on the device and on each allergy action plan.

15. Review

This policy will be reviewed annually by the Asthma and Allergy Lead and the Governing Body.