



# Brookland Junior School

## Asthma and Allergy Policy

### Statement of intent

#### Brookland Junior School:

- Recognises that asthma and pupils with severe allergies are serious but controllable conditions and welcomes all pupils with these conditions.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities.
- Recognises that pupils with asthma and severe allergies need immediate access to reliever inhalers or auto injectors at all times.
- Keeps a record of all pupils with asthma and severe allergies and their medicinal requirements.

- Ensures that the school environment is conducive to the education of pupils with asthma.
- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma and severe allergies know what to do in the event of an asthma attack.
- Understands that pupils with asthma and severe allergies may experience bullying and has procedures in place to prevent this occurring.
- Works in partnership with interested parties, such as the governing body, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma and severe allergies.

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Signed by:

\_\_\_\_\_ Headteacher

Date: \_\_\_\_\_

\_\_\_\_\_ Chair of governors

Date: \_\_\_\_\_

Review date: \_\_\_\_\_ 2022 staff

## 1. Background

1.1. This policy has been created with regard to Asthma UK and ACAAI advice and the following DfE guidance:

- 'Supporting pupils at school with medical conditions' December 2015.
- 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015

1.2. This policy enables pupils with asthma and severe allergies to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.

- 1.3. This policy also encourages and assists pupils with asthma and severe allergies in achieving their full potential in all aspects of school life.

## **2. Key roles and responsibilities**

- 2.1. The governing body has a responsibility to:

- Ensure the health and safety of staff and pupils on the school premises and when taking part in school activities.
- Ensure that the Asthma and Allergy Policy, as written, does not discriminate on any grounds, including, but not limited to: age, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure the Asthma and Allergy Policy is effectively monitored and updated.
- Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma and severe allergies in need of help.

- 2.2. The headteacher has a responsibility to:

- Create and implement the Asthma and Allergy Policy with the help of school staff, school nurses and the governing body.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Ensure all aspects of this policy are effectively carried out.
- Arrange for all members of staff to receive training on: how to recognise the symptoms of an asthma attack; how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the Asthma Register; how to access the emergency inhalers; who the designated members of staff are and how to achieve their help.
- Arrange for all members of staff to receive training on: how to check if a child is on the Severe Allergy Register, how to recognise the symptoms of a severe allergy, how to access and administer medication with an auto injector, who the designated members of staff are and how to achieve their help.

- Ensure all new members of staff are made aware of the Asthma and Allergy Policy and provided with appropriate training.
- Monitor the effectiveness of the Asthma and Allergy Policy.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and auto-injectors and maintain the school's Asthma and Allergy Register to the welfare administrator

2.3. Members of school staff have a responsibility to:

- Read and understand the Asthma and Allergy Policy.
- Know which pupils they come into contact with have asthma or a severe allergy.
- Know what to do in the event of an asthma or severe allergy attack (as outlined below).
- Allow pupils with asthma and severe allergies immediate access to their reliever inhaler.
- Inform parents/carers if their child has had an asthma and severe allergy attack.
- Inform parents/carers if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma and severe allergies have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying.
- Make contact with parents/carers, the welfare administrator and special educational needs coordinators (SENCOs) if a child is falling behind with their school work because of their asthma.

2.4. Pupils with asthma and severe allergies have a responsibility to:

- Tell their teacher or parent/carer if they are feeling unwell.
- Treat asthma and severe allergies medicines with respect.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma and severe allergies medicine.

2.5. All other pupils have a responsibility to:

- Treat other pupils, with or without asthma or severe allergies, equally.
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called immediately and the child is not left alone without an adult.

2.6. Parents/carers have a responsibility to:

- Inform the school if their child has asthma or an allergy.
- Ensure the school has a complete and up-to-date HCP or asthma or allergy action plan for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic or severe allergy condition. For example, if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) or auto-injector is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler or auto-injector is within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma or allergies.
- Ensure their child has regular asthma or severe allergy reviews with medical professionals.
- Ensure their child has a written ICP for Asthma, Allergy Action Plan from the NHS or ICP for Severe Allergy to help them manage the child's condition.

## **Asthma**

### **3. Asthma medicines**

- 3.1. Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer and the doctor agree they are mature enough.
- 3.2. Reliever inhalers kept in the school's charge are held in the welfare room.

- 3.3. Parents/carers must label their child's inhaler.
- 3.4. Parents/carers must ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, is lost or forgotten.
- 3.5. Members of school staff are not required to administer medicines to pupils (except in emergencies).
- 3.6. Staff members will let pupils take their own medicines when they need to.
- 3.7. This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them in if they consistently forget.

## **4. Emergency inhaler**

- 4.1. Brookland Junior School keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits'.
- 4.2. Emergency asthma kits contain the following:
  - A salbutamol metered dose inhaler
  - Instructions on using the inhaler and spacer
  - Instructions on cleaning and storing the inhaler
  - Instructions for replacing inhalers and spacers
  - The manufacturer's information
  - A checklist, identifying inhalers by their batch number and expiry date
  - A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
  - A record of administration showing when the inhaler has been used
- 4.3. Brookland Junior School buys our supply of salbutamol inhalers from Links Pharmacy, East End Road, N2 0SZ
- 4.4. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.
- 4.5. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan or NHS Allergy Plan.
- 4.6. When not in use, emergency inhalers are stored in the medical room in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.
- 4.7. Expired or used-up emergency inhalers are returned to Links pharmacy to be recycled.
- 4.8. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

- 4.9. In line with the school's Supporting Pupils with Medical Conditions Policy, appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.
- 4.10. Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration.
- 4.11. Whenever the emergency inhaler is used, the incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the pupil's parents will be informed in writing.
- 4.12. Tina Lake is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining the Asthma Register.

The welfare administrator, Tina Lake, will:

- Check that inhalers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensure replacement inhalers are obtained when expiry dates are approaching.
- Ensure that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

## **5. Symptoms of an asthma attack**

- 5.1. Members of school staff will look for the following symptoms of asthma attacks in pupils:
  - Persistent coughing (when at rest)
  - Shortness of breath (breathing fast and with effort)
  - Wheezing
  - Nasal flaring
  - Complaints of tightness in the chest
  - Being unusually quiet
  - Difficulty speaking in full sentences
- 5.2. Younger pupils may express feeling tight in the chest as a 'tummy ache'.

## **6. What to do when a child has an asthma attack**

- 6.1. In the event of an asthma attack, staff will follow the procedure outlined below:
  - Keep calm and encourage pupils to do the same.
  - Encourage the child to sit up and slightly forwards – **do not hug them or lie them down.**
  - If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.

- If necessary, summon the assistance of a designated First Aider, to help administer an emergency inhaler.
- Ensure the child takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

6.2. If there is no immediate improvement:

- Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**.

6.3. If there is no improvement before you have reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive in 10 minutes, administer another 10 puffs of the reliever inhaler as outlined in 6.2.

6.4. Call 999 immediately if:

- The child is too breathless or exhausted to talk.
- The child is going blue.
- The child's lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

## 7. Important points to remember

- 7.1. Never leave a pupil having an asthma attack unattended.
- 7.2. If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler.
- 7.3. In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.
- 7.4. Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.
- 7.5. Send another pupil to get a teacher/adult if an ambulance needs to be called.
- 7.6. Contact the pupil's parents/carers immediately after calling an ambulance.
- 7.7. A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- 7.8. Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations Brookland Junior School understands that it may be the best course of action.



- 7.9. If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

## **8. Record keeping**

- 8.1. At the beginning of each school year, or when a child joins Brookland Junior School, parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.
- 8.2. The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.
- 8.3. Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Policy Information Slip.

## **9. Exercise and physical activity**

- 9.1. Members of staff leading PE lessons have a responsibility to:
- Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.
  - Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
  - Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
  - Allow pupils to stop during activities if they experience symptoms of asthma.
  - Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a five minute waiting period before allowing the pupil to return).
  - Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
  - Ensure pupils with asthma always perform sufficient warm ups and warm downs.
- 9.2. The school nurse has a responsibility to:
- 9.3. Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.
- 9.4. Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.

- 9.5. Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.
- 9.6. During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.
- 9.7. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

## **10. Out-of-hours sport**

- 10.1. Brookland Junior School believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise.
- 10.2. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.
- 10.3. Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

## **11. The school environment**

- 11.1. Brookland Junior School does all that it can to ensure the school environment is favourable to pupils with asthma and severe allergies. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.
- 11.2. As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.
- 11.3. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.
- 11.4. Brookland Junior School is a nut and seed free school.
- 11.5. Arrangements to school lunch menus in collaboration with the school's catering service.
- 11.6. Promoting hand washing before and after eating
- 11.7. Using ingredients in food technology with due regard to allergies within the classroom.

## **Severe Allergies**

### **12. Emergency Auto-injector Storage**

- 12.1 As of 1 October 2017, new guidance from the Department for Health – ‘Guidance on the use of adrenaline auto-injectors in schools’ – is in effect allowing schools to keep spare adrenaline auto-injectors (AAI) for emergency use. This allows school staff to administer an emergency AAI to any pupil who has been assessed as being at risk of anaphylaxis.
- One Auto-injector is kept in the classroom, easily accessible to all staff.
  - One is hanging on the wall in the medical room clearly labelled with the child’s name
  - One emergency use AAI stored in the medical room clearly labelled.

### **13. Symptoms of allergic reactions**

- 13.1 Pupils should understand the reactions their bodies have a certain food, animals or seasonal allergies, e.g. hay fever; however, reactions can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

- 13.2 In addition, anaphylaxis- also referred to as anaphylactic shock – is sudden, severe and potentially life threatening allergies. These reactions may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lip turning blue
- Collapsing
- Becoming unresponsive

### **14. In the event of a severe allergic reaction (anaphylactic shock)**

#### **14.1 Who administers the auto-injector treatment**

- After noticing the symptoms of potential anaphylaxis, staff members, whether trained or not, should act quickly to administer the AAI treatment; if the symptoms are noticed early, the school nurse or a qualified first-aider should be alerted as soon as possible to administer the injection themselves.
- Ideally, in an emergency, a trained first-aider or school nurse would administer treatments; however, this isn’t always possible and the law has been written with this

in mind – in accordance with the Human Medicines Regulation (2012) anyone can administer an AAI for the purpose of saving a life.

**14.2 Guidance from the NHS states**, if someone is showing symptoms of anaphylaxis you should:

- Call 999 immediately, mentioning the person has anaphylaxis.
- Remove any trigger if possible, .e.g. a wasp or bee sting stuck in the skin.
- Lie the person down flat – unless they're unconscious, pregnant, or having trouble breathing.
- Use an AAI if the person has one . AAI's should only be administered in the centre of the thigh; pupils should be closely monitored after the injection in order to ascertain whether further medical help is required.
- Give another injection between 5 and 15 minutes after if symptoms don't improve and a second auto-injector is available.

**14.3** After medication, e.g. an AAI such as an Epi Pen, has been administered, the pupil should be kept out of lessons, given plenty of space and monitored closely to ensure their symptoms don't worsen.

- The pupil's parents should be contacted regarding the incident once it has happened.
- Arrangements will be made to take their child to hospital if necessary.
- If the pupil requires hospitalisation and a parent is unable to take them/travel in the ambulance, then one member of staff should accompany the pupil to the hospital or, when being taken by car, two members of staff.

## **15. Pupils falling behind**

15.1. If a pupil is falling behind in lessons because of their asthma or severe allergy, the class teacher will talk to the parents/carers to discuss how to prevent the child falling further behind and possible ways for the child to catch-up.

15.2. If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs and possible interventions.

15.3. The school recognises that it is possible for pupils with asthma or severe allergy to have special educational needs due to their condition.

## **16. Monitoring and review**

16.1. The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately.

16.2. The governing body will review this policy annually.

## Appendix 1 – Letter to Parents

Date:.....

Dear Parent,

Your child has had problems with his/her asthma/breathing today. This has required the use of their relief medication/the school emergency inhaler\*.

You are strongly advised to have your child seen by your doctor, especially if your child is not known to be asthmatic, as soon as possible.

Yours sincerely,

**Headteacher**

\*Delete as appropriate.

c.c. School Nurse.

## Appendix 2 – Asthma Policy Information Slip

**Name of school** keeps a record of pupils with asthma in order to ensure the best possible care for your child. In order for us to maintain effective records on our asthmatic children, please enter information as requested below:

Child's name: .....

Date of birth: .....

Class: .....

Doctor: .....

Type of inhaler: .....

Dosage required: .....  
(how many puffs)

I would also ask that you give us your permission to administer emergency treatment as indicated below by signing the section at the bottom of the letter.

At **name of school** we keep a **Ventolin Inhaler (Salbutamol)** and a **spacer device** which is available in emergency situations. We are able to provide these to children who have forgotten their inhaler or are undergoing a severe attack, where the spacer may be more effective in administration.

I hereby allow **name of school** to administer emergency treatment as indicated above:

Signature of parent/guardian: .....

Date: .....