Asthma & Allergies

Old Palace & Children's House Federation
Asthma and Allergies Policy

1. Aims

This policy aims to provide a clear framework for supporting pupils with **asthma, wheeze, and allergies**. Specifically, it seeks to:

- Set out the approach to managing these conditions, including reducing the risk of exposure to triggers and establishing procedures for emergency reactions.
- Ensure pupils' wellbeing and inclusion in all school activities.
- Improve communication between education and healthcare services to reduce the number of children with poorly controlled conditions.
- Provide guidance on responding to **emergency asthma/wheeze attacks and anaphylaxis**.

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on allergies in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Definitions

- **Asthma:** A long-term health condition affecting breathing, often triggered by irritants like dust or animal fur.
- **Wheeze:** A whistling sound during breathing caused by a virus in young children; severe symptoms may require a reliever (salbutamol) inhaler.
- **Allergy:** When the body's immune system attacks a normally harmless substance (e.g., nuts).
- **Anaphylaxis:** A severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure.

4. Roles and responsibilities

We take a whole-school approach to allergy awareness.

4.1 Asthma & Allergy Lead

The nominated lead at Children's House is Guthsna Khan
The nominated lead at Old Palace is Layla Rahman.
They are responsible for:

- Promoting and maintaining asthma, wheeze and allergy awareness across our school communities
- Ensuring that asthma, wheeze and allergy information is recorded and collated by the administrative team for all relevant pupils:
- Ensuring:
    - All asthma and allergy information is up to date and readily available to relevant members of staff
    - All pupils with asthma have an Asthma Health Care Plan
    - All pupils with allergies have an Allergy Plan (if the child has an auto injector pen they should not be in school without a plan)
    - All staff receive an appropriate level of asthma and allergy training
    - Emergency kits remained fully stocked and their contents are in date
    - All staff are aware of the school's policy and procedures regarding asthma & allergies
    - Relevant staff are aware of what activities need an asthma or allergy risk assessment
    - Regularly reviewing and updating the asthma & allergy policy

4.2 Senior Admin Officer

The Senior Admin Officer at each school is responsible for:

- Ensuring that parents complete a medical declaration form at the start each new school year.
- Co-ordinating the paperwork and information from families
- Any other appropriate tasks delegated by the asthma and allergy lead

4.3 Teaching and support staff

All teaching and support staff are responsible for:

- Being aware of specific pupils with asthma, wheeze and allergies in their care
- Being able to recognise the signs of severe asthma attacks, allergic reactions and anaphylaxis
- Promoting and maintaining asthma and allergy awareness among pupils
- Maintaining awareness of our asthma and allergy policy and procedures
- Attending appropriate asthma and allergy training as required
- Carefully considering allergens and asthma triggers when planning lesson and activities
- Ensuring the wellbeing and inclusion of pupils with asthma, wheeze and allergies

4.4 Parents/carers

Parents/carers are responsible for:

- Being aware of the federation's asthma & allergy policy
- Completing the medical declaration and providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Providing their child any prescribed medication such reliever inhalers, spacers, antihistamine and where required, 2 in-date adrenaline auto-injectors

- Where the federation has allocated an allergy badge to a child, to ensure that the child is wearing this when they arrive at school each day.
- Following guidance in the federation's Food Policy regarding which food can be brought into each school and regarding whether or not this shared be shared and in which circumstances
- Ensuring that if auto-injection pens are prescribed, these are carried at all times, including on the journey to and from school.

5. Medical Register and Health Care Plans

5.1 The Register

Both schools maintains a central register (Medical Tracker) of all pupils with asthma, wheeze, or allergies. It includes:

- Prescribed medication (type, dose, and expiry).
- Known allergens and asthma triggers.
- **Parental consent** for using the school's emergency inhalers or AAIs.
- A photograph of the pupil (with the parent's consent) for visual identification during an emergency.

At Children's House, the register can be accessed online at the Google Shared Drive.
At Old Palace it is saved in Google Drive/ Teachers/ Classroom Information Data.
At both school, a paper copy of the register is also held in the school office.

5.2 Care Plans

- **Allergy Plans:** Every pupil with a severe allergy **must** have an Allergy Action Plan completed by a medical professional.
- **Asthma Plans:** Pupils should have a personalized plan. However, the school may use a **"Standard (Generic) Asthma Care Plan"** for new students or when an individual plan has expired, which remains valid for the child's duration at the school.

6. Assessing risk

Each school will conduct a risk assessment for any pupil at risk of asthma or anaphylaxis due to:

- Cooking, tasting or food handling activities
- Crafts activities which involve using food packaging
- Foreseen changes in conditions which may trigger an asthma attack, such as changes in environment (dust, smoke), physical exertion or heightened stress
- Activities/ visits involving animals.

Details of the pupils' medical needs are included when completing Trip Planning Risk Assessments

7. Managing risk

Asthma Triggers

Staff should be aware of the asthma triggers for the pupils in their care. This will allow these to be managed. For example, some pupils may benefit from taking their asthma medication prior to physical activity

Hygiene procedures

The following measures will be used to prevent contamination:

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, at Children's House we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. This list will be updated in line with the children's needs and presently includes:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

At Old Palace, the bringing in of these food is discouraged. If pupils do bring them into school they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

Catering

At Old Palace an external catering company, Nourish, is used to cook and serve school meals. The school ensures that they are committed to providing safe food options to meet the dietary needs of pupils with allergies. The catering company is responsible for ensuring:

- Catering staff receive appropriate training and are able to identify pupils with allergies
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- School menus are available for parents/carers to view with ingredients clearly labelled
- Where changes are made to school menus, these will continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Insect bites/stings

When outdoors:

- Nursery and Reception children will be closely supervised when using outdoor areas
- Pupils will be taught how to handle plants carefully and not to enter planted areas
- Shoes should always be worn
- Food and drink will be covered if practical to do so, when being consumed outdoors

Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals
- Additional Risk Assessments are in place for educational visits which include handling animals or coming into close proximity with them

Well Being

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Pupils with allergies will have additional support through:

- Regular check-ins with their class teacher and/or class teaching assistant
- Access to the School Therapist through Talk Time for KS2 pupils
- Additional pastoral support, such as small group interventions

8. Access to Medication

8.1 Asthma Medication

At Children's House, the medication for pupils in the Main Building is stored in the medical cupboard in the school office. Medication for children in the Red Building is stored in the medical cupboard in their classroom.

At Old Palace all prescribed asthma medication should be stored in the child's classroom, with the medication clearly labelled and readily accessible, as and when needed. It will be transported in a zipped bag to the playground and other parts of the school with the child. Staff are responsible for checking that each child's asthma pump is available, in good condition, and has not expired.

8.2 Allergy Medication

At Children's House, the medication for pupils in the Main Building is stored in the medical cupboard in the school office. Medication for children in the Red Building is stored in the medical cupboard in their classroom.

At Old Palace allergy medication should be stored securely in the classroom cupboard and be readily accessible to staff in case of an allergic reaction. This includes antihistamine and auto

injectors. Allergy medication should be given as and when needed, in accordance with the child's healthcare plan and prescribed instructions.

Where pupils have been prescribed AAIs, their medication should include two adrenaline pens

8.3 Emergency Kits

Children's House holds one emergency kit located in the school office
Old Palace holds two kits, one in the school office and one in the Lower Key Stage 2 floor (stock cupboard inside classroom 4.2)

Half termly checks will be carried out to ensure that the kits are complete and that the medication is in date. Guthsna Khan & Sabiya Khanom will complete these checks at Children's House.
Benita Henry and Dobbir Khandokar will complete them at Old Palace
Appendix 1 sets out the content of each kit

8.4 School Trips and Offsite Activities

Staff must ensure all prescribed medication (AAIs, inhalers) and a copy of the pupil's care plan are taken on the trip. A first aider carries all the medication with them on trips and administers as required.

For residential trips, parents are required to complete administration forms. Some pupils may need to take additional medication, such as preventive (brown inhalers) normally used once a day

9. Record Keeping

Asthma

For normal use, details of the date, time and dose are recorded on the log retained with the child's pump and care plan.

Where an emergency asthma pump is used this will be recorded on the medical log that is stored in each emergency anaphylaxis kit box. This will then be logged onto Medical Tracker at the end of the half term.

Prescribed Adrenaline

In the event of an epi-pen being used, the staff member who administers this medication will record this on the schools Medical Tracker so that a copy will be digitally retained, outlining cause and time of administration.

10. Storage and Disposal of Medication

The asthma and allergy lead will ensure medication is:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

- Kept in a safe unlocked location which all staff have access at all times, but is out of the reach and sight of children
- Not located more than 5 minutes away from where they may be needed
- Disposed of correctly in line with the school's medication policy

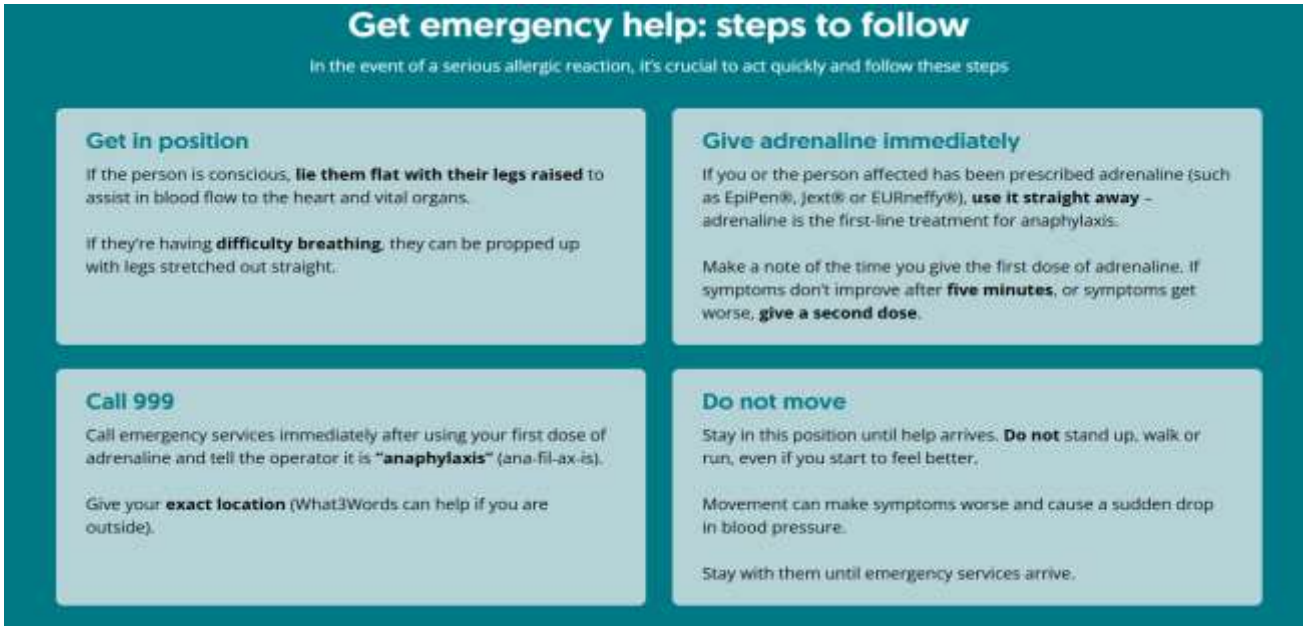
11. Emergency Procedures

11.1 Asthma/ Wheeze Attack

1. Use the reliever (blue) inhaler via a spacer as instructed in the pupil's plan.
2. Sit them down and ask them to breathe slowly and deeply.
3. If the casualty doesn't improve within a few minutes, ask them to take a puff of their inhaler every 30 to 60 seconds, until they have had 10 puffs.
4. If they are getting worse, becoming exhausted, or if this is their first attack, call 999 for emergency help
5. Continue to monitor their breathing and level of response.
6. If the ambulance hasn't arrived within 10 minutes, repeat step three.
7. If they become unresponsive prepare to administer CPR

11.2 Allergic reactions

- If a pupil has an allergic reaction, the staff member should following the pupil's allergy action plan.
- If an AAI needs to be administered, use the pupil's own AAI, or if it is not available, a school one
- If the pupil has no allergy action plan, staff will follow the school's procedures set out below:



- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will continued to be monitored and their parents/carers will be informed of the incident

11.3 Notification

Post-Emergency**,** parents must be informed in writing if emergency medication was used. This will be done through Medical Tracker.

11.4 Near Misses

In the event of a near miss, this should be reported to the Asthma & Allergy Lead, who will then investigate the incident, so steps can be taken to ensure it is not repeated.

12. Training

The school is committed to training all staff, including agency staff and volunteers in asthma and allergy response. This includes:

- How to reduce and prevent the risk of asthma attacks and allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- The importance of acting quickly in the case of anaphylaxis
- Where medication is kept on the school site, and how to administer it
- The wellbeing and inclusion implications of allergies

13. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Staff Code of Conduct

Appendix 1- Emergency Kit Required Contents

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-auto injectors at each available strength
- Instructions on using the inhaler with a 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

Appendix 2- 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 encountered 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 the air in a clean, safe place. The canister will be returned to the housing when dry and the cap replaced. Return to the 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 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.