

VICARAGE PRIMARY SCHOOL



Asthma & Allergies Policy

2021/22

Contents:

Introduction	page 3
Aims and objectives	page 3
Asthma Background	page 3
Asthma inhalers	page 3
Register	page 4
Daily management	page 4
Poorly controlled asthma	page 4
Recognising an asthma attack	page 4
Administering an asthma pump	page 5
Storing asthma pumps	page 5
Emergency medicine	page 6
Allergy Background	page 6
Recognising an allergic reaction	page 6
Anaphylaxis	page 7
Types of medication	page 7
Administering and storing medication	page 8
What to do in an emergency	page 8
Educational visits	page 8
Staff training	page 9
References	page 10

Introduction:

This policy represents our commitment to managing children and young people with asthma and food allergies effectively and safely whilst under the supervision of staff at Vicarage Primary School. It sets out the procedures and practice that all staff must adhere to when dealing with asthma and/or allergy related illnesses. This policy will be reviewed, amended as necessary and published annually in accordance to current legislation and guidance.

Aims and objectives of this policy:

- Manage children and young people with asthma and food allergies effectively and safely.
- Support the use of salbutamol inhalers and auto-injectors in emergencies.
- Allow staff to identify children with poorly controlled asthma.
- Outline the procedure staff need to take when dealing with allergies and anaphylaxis.

Asthma Background:

Asthma is a long-term condition that affects ones' airways - the tubes that carry air in and out of the lungs.

It usually causes symptoms such as coughing, wheezing and breathlessness.

If an asthmatic person comes into contact with one of their triggers - anything that irritates the airways and sets off asthma symptoms - it can make their symptoms worse and even bring on an asthma attack.

Asthma inhalers:

There are two common types of inhalers most people with asthma have - the 'blue' and the 'brown' inhaler.

The blue inhaler contains 'salbutamol' - a fast acting drug which provides instant relief. It typically takes one or two puffs to work for effect.

It is this inhaler which is kept in school to help provide relief for the child/young person.

The brown inhaler contains a low-dose steroid. This is typically given once or twice per day to help reduce inflammation and control symptoms. The dosage is dependent on how the child/young person's asthma is progressing.

This inhaler is kept for use at home.

Asthma register:

All children with asthma pumps are added onto the school medical register. This is available to all staff, via the schools' computer network.

Each phase leader has a copy of the register in their offices and each class has a list of the children with asthma in their class SEND/Medical folder.

Daily management:

At Vicarage, anyone with severe asthma (if it affects their school attendance etc), has an individual care plan setting out how to use their pump - e.g. how many puffs, how many times in the day and what to do in an emergency.

Children are advised to take their pumps down to their PE lessons with them, in case they need relief after their exercise. If it is used, it is noted by the class teacher and is written in the class book.

All asthma pumps are readily available for children if they need them during/after any play/lunch breaks.

Poorly controlled asthma:

If a child needs to use their pump more than 3 times a week, it shows that their asthma is not managed properly. Under such circumstances, the class teacher/education assistant informs the school's medical lead, Mrs Vasilou, who then refers the child to the school nurse for further assessment.

Recognising an asthma attack:

If managed well, a few puffs of the inhaler should relieve ones symptoms. However, if they do not- the child or young person may be suffering from an asthma attack.

Signs that may indicate an asthma attack include:

- symptoms getting worse (cough, breathlessness, wheezing or tight chest);
- the reliever inhaler does not seem to help;
- the child or young person is too breathless to eat/speak;
- the breathing is getting faster and the child/young person may feel like they cannot catch their breath;
- children may complain of a tummy/chest pains.

When/if this happens, it is essential to follow the steps on the child's care plan and call for emergency services when required.

Administering an asthma pump:

In most cases, children at Vicarage are encouraged to administer their pumps by themselves, under the watchful eye of a First Aid trained adult. The child usually knows what to do and how many puffs to take - this can be checked against their care plan.

As the child is administering their pump, the adult makes a note of this in the class medical log - time, date, how many puffs etc.

Children in the Early Years have their pumps administered by the class TA. Again, a note is made in the class medical log.

In recent years, it has become compulsory for children to use their pumps with the spacers provided. These spacers provide the child with enough time to ensure their medication reaches their lungs before they give themselves a second/third puff.

All parents are informed at the end of the school day.

Storing asthma pumps:

At Vicarage Primary School, each child with an asthma pump is provided their own box to store their pump(s) in. This is a clear, labelled plastic box which includes the pump, the spacer and the child's care plan. The box moves with them at the end of each academic year.

In the classroom, these boxes are kept in a designated, unlocked First Aid cupboard. This allows easy access for the child and adult to reach for the medication in an emergency.

The school's designated medical officer checks the boxes termly to ensure each pump is in date. If the date is near expiry/or has expired, the parent/carer is called and asked to bring in a replacement.

Expired pumps are handed back to the parents; and in some cases, back to the pharmacy, for safe disposal.

Emergency medicine:

Since 1st October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014, has allowed schools to buy salbutamol inhalers, to use in emergencies. The guidance states that **'the emergency salbutamol inhaler should only be used**

by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication' (Department of Health, 2015).

At Vicarage, *only* those children with written permission are able to have access to these emergency pumps.

In May 2021, Vicarage Primary School became a part of the '**Whole School Asthma Approach**' which is a new and innovative approach to asthma care in schools designed by the Children's Health 0-19 Services (CHS 0-19) in partnership with East London Foundation Trust (ELFT).

To ensure that every child and young person (CYP) and schools have asthma guidance, the CHS 0-19 have designed a School Asthma Action Plan that supports all CYP in that setting with asthma. Whilst it does not replace a CYP's personal asthma action plan (PAAP), it is aligned so that either can be used if a CYP is experiencing asthma symptoms or in an emergency, and used where there is no PAAP available. (

Allergies

Allergy background:

An allergy is a reaction the human body has to a particular food or substance. 1 in 4 people suffer from some sort of allergy at some point in their lives.

They are particularly common amongst children. Some may out grow them as they get older, although many are lifelong.

Allergens are the substances that cause allergies. The most common allergens include:

- grass and tree pollen (hay fever)
- dust mites
- animal dander, tiny flakes of skin or hair (cats/dogs etc)
- food - nuts, fruit, shellfish, eggs and cows' milk
- medicines - ibuprofen, aspirin and certain antibiotics
- latex

Recognising an allergic reaction:

Allergic reactions occur relatively quickly once the child or young person has been exposed to an allergen.

Some of the most common signs of an allergic reaction include:

- sneezing
- a runny or blocked nose
- red, itchy, watery eyes
- wheezing and coughing
- a red, itchy rash
- worsening of asthma or eczema symptoms

Most allergic reactions are mild, but on the rare occasion, a severe reaction called **anaphylaxis** or **anaphylactic shock** can occur.

Anaphylaxis:

An anaphylaxis attack is a dangerous and severe allergic reaction in which the whole body gets affected.

Some common symptoms of this reaction include:

- generalised flushing of the skin
- nettle rash anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feelings of weakness
- collapse and unconsciousness

This is a medical emergency. If this happens, an ambulance is called. The parents are informed after the 999 call is made,

Types of medication:

There are a range of different types of medicines which can be used/prescribed to help provide relief from allergic reactions. Most medications can be bought over-the-counter, but it is best to have it prescribed.

Some of the different types of medication include

- **antihistamines** - These are further split into 2 groups: ones that make you feel drowsy (including Piriton) and those that do not make you feel drowsy (such as cetirizine). Antihistamines come in several different forms.
- **decongestants** - These provide short term relief. They are commonly available as nasal sprays, drops, tablets or capsules and liquids or syrups.

- **lotions and creams** - These are designed to treat red and itchy skin. They are available over the counter.
- **steroids** - These help reduce inflammation caused by an allergic reaction. Weak steroid medication is available over the counter, whereas stronger medication is prescribed by a GP.
- **adrenaline auto-injectors** - These are prescribed and must be carried at all times. They can help an anaphylactic reaction becoming life threatening. There are 3 main types of auto-injectors - the EpiPen, Jext and Emerade.

Administering and storing medication:

Anyone who has medication prescribed (for allergies or any other conditions) must fill out a form available at the front reception. This form has all the details needed in order to be able to administer the medication whilst the child is in school (how much, how many spoons etc).

As with asthma pumps, children in the lower Key Stages have their medication administered by an adult. Children in the older year groups, if granted permission by their parents/carers, are allowed to administer their own medications whilst being watched by an adult.

All medication is stored in the child's class in the same way asthma pumps are (unless the medication must be stored in the fridge, in which case it is left in the main office).

What to do in an emergency:

If a child is presenting with anaphylaxis symptoms, the following steps should be followed:

- use an adrenaline auto injector if the person has one (the steps to use it are always printed on the injector)
- call 999 for an ambulance immediately
- remove any triggers - if possible
- lie the child/young person down flat **unless** they are unconscious
- give another injection after 5-15 minutes (if the symptoms do not improve and a 2nd dose is available).

All First Aid staff are trained in how to use an Epi-Pen. If a child is able to use it themselves, they should be encouraged to.

In most cases, a 3-day First Aider is called to the child/young person and they do not leave them unless they are instructed to or the child is being

transferred to the local hospital under the supervision of their parent/carer.

Educational visits

On educational visits, children in the Early Years and Key Stage 1 have their medicines looked after by the adults with them. They are grouped together with a First Aid trained adult, so they are available to help instantly, if needed.

Children in Key Stage 2, are in charge of their own medication. They carry the contents of their box with them in their bag. Still, they are grouped together with a First Aid trained adult so they are available to them at the earliest possible need.

Children with asthma/allergies are added onto the risk assessment before the visit. This highlights any potential routes which should be taken in an emergency.

Staff training:

Every year, staff at the school are given a refresher training session on how to identify and treat any asthma and allergy incidents. This includes how to administer any medicine required (asthma pumps/epi-pens etc.). The session is led by the school community nurse who also updates staff on any new/improved rules and regulations set out to help, support and keep everyone safe when dealing with ...

More recently, the school has provided visual reminders of how to administer the pumps/use the spacers correctly. These posters can be found in all of the school's designated First Aid areas.

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