



Asthma and Allergies Policy

Last reviewed	6th November 2023
By	Curriculum and Committee Committee
Review Date	November 2025



We are part of Newham Community Learning

Respect, Success, Passion for Learning, Personal Challenge & Harmony

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1. INTRODUCTION

This policy has been written with advice from Asthma UK and Children's Health 0-19 Service.

This school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. In the London Borough of Newham, it is estimated there are 6000 children and young people receiving treatment for asthma.

The LBN (London Borough of Newham) has produced a detailed set of recommendations which the school has adopted and will follow for its day to day procedures and practices. A copy of the document can be obtained from the SENCo.

2. ASTHMA AND ALLERGY FRIENDLY SCHOOLS AND WHOLE SCHOOL ASTHMA APPROACH (WSAA)

Our school welcomes all students with asthma and allergies and we aim to support them to participate fully in school life. We will do this by being an asthma and allergy friendly school and take the whole school asthma approach, this means we have:

- An asthma policy including the use of emergency inhalers and AAI's (Adrenaline Auto-Injectors)
- A register of all students with asthma and allergies and includes all those who have been prescribed a Salbutamol inhaler, antihistamine or AAI
- An asthma emergency kit that includes salbutamol inhalers and spacers
- An anaphylaxis emergency kit that includes AAIs
- A system to refer students to the Children's Health 0-19 Service who are:
 - Absent from school due to asthma
 - Unable to fully take part in PE due to asthma
 - And those who have used their salbutamol inhaler three or more times in the space of a week (including at home)
- An asthma lead in school who is responsible for the adherence to the asthma and allergy friendly standards
- Annual Asthma and Allergy Management training for key staff in school i.e. asthma lead, first aiders, medical office staff etc
- Annual Asthma Awareness for ideally 100% of the school workforce but a minimum of 85%
- The school based asthma action plan displayed in each area of the school (classrooms, staff room, school hall, reception areas etc.)

We review the above annually, as a minimum, in collaboration with the Children's Health 0-19 Service. We will notify them if we have less than 85% of our school workforce trained in asthma awareness at any point during the academic year and release staff to attend training sessions.

Our parents/carers are aware that we take a whole school asthma approach and have been advised of what this means for their child.

3. ASTHMA AND ALLERGY REGISTERS

A student asthma and allergy register is held in the school and is updated yearly and when required .

Parents/carers of new students will be required to complete a medical declaration form when joining school and at the start of each new school year. This will specifically document:

- o Any physician-diagnosed of asthma and viral wheeze
- o Any prescription of a reliever inhaler (salbutamol/terbutaline, blue pump) in the preceding 12 months.
- o Any previous severe allergic reactions including any associated acute triggers/allergens
- o Any prescription of an adrenaline pen (AAI) in the preceding 24 months.

Parents/carers are responsible for informing the school if there are any changes to their child's needs, so that the register is maintained .

Each student on the asthma register must have:

- Asthma
- A Personal Asthma Action Plan (PAAP) completed by a health care professional (GP, Practice Nurse, Asthma Clinic, A&E staff or hospital doctor).

OR

- Access to the school based asthma action plan (see appendix A).

4. INDIVIDUAL HEALTH CARE PLANS (IHCPs)

4.1 PAAPS

As we are a whole school asthma approach (WSAA) school, our students have access to a school based asthma action plan. If a student has a PAAP in school, this should be used in the first instance, but where this is not available the school asthma action plan can be utilised.

4.2 Allergy Action Plans

Allergy action plans are designed to facilitate first aid treatment of an allergic reaction by people *without* medical training. They provide medical and parental consent for the school to administer medicines in the event of an allergic reaction (including emergency AAI's if held at the school). They will be completed by a healthcare professional .

All students prescribed with a AAI have an allergy plan that is made available to staff
If a student, who has not been prescribed an AAI or an allergy action plan, has a severe allergic reaction, the person attending the child will call 999 and follow the directions given, which may include administering one of the school's AAI's .

5. MEDICATIONS

5.1 Inhalers and spacers

All students with asthma should have immediate access to their reliever (usually the salbutamol, blue inhaler) at all times. Students are responsible for carrying their own reliever inhaler and spacer. If the student is going on a residential trip, they will need to take their preventer inhaler (and other prescribed asthma medication) with them.

School staff are not usually required to administer asthma medicines to students unless they are developmentally unable to take their inhalers by themselves or they are severely unwell during an asthma attack or anaphylaxis. Those who have poor inhaler and spacer technique will be observed and supported by a trained member of staff.

5.2 Emergency Inhalers in Schools

In 2014, government legislation was introduced allowing schools to purchase salbutamol inhalers and spacers that would be owned and managed by the school. They can be used if a student's salbutamol inhaler is:

- not available,
- expired,
- runout
- or obtaining it would cause delay.

5.3 Adrenaline Auto-Injectors (AAIs)

Students who are considered at a higher risk of anaphylaxis will have been prescribed AAIs by their GP for use in an emergency. Ideally, students should be encouraged to be independent and keep their own prescribed AAIs with them at all times (school, parent/carer and student must all be in agreement).

5.4. Emergency Adrenaline Auto-injectors in Schools

In 2017, government legislation was introduced allowing schools to purchase AAIs that would be owned and managed by the school. The idea was to increase the provision of AAIs in the school environment and that these devices could be used on **any** student suffering a severe allergic reaction. The school will always hold a minimum of two AAI's for emergency use.

6. SCHOOL ENVIRONMENT AND TRIGGERS

The school does all that it can to ensure that the school environment is favourable to students with asthma and allergies.

Student's asthma and allergy triggers will be recorded as part of their asthma and allergy action plans. The school will ensure that students will not come into contact with their triggers, where possible.

We are aware that triggers for asthma can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols, perfume
- Food allergies
- Fumes, pollution and cigarette smoke

We are aware that common allergens that can trigger anaphylaxis are:

- Foods (e.g. nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame, soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps)

7. EMERGENCY EVACUATIONS (I.E. FIRE ALARMS)

When we are required to evacuate the school premises, the Student Welfare Officer will bring the emergency asthma and anaphylaxis kit , so they are available should any student with asthma and/or allergies require them.

8.EXERCISE AND ACTIVITY

Taking part in sports, games and activities is an essential part of school life for all students. This includes students with asthma and allergies. All staff will know which students in their classes have asthma. This is particularly important for PE teachers. Students with asthma are encouraged to participate fully in all activities. PE staff will remind students whose asthma is triggered by exercise to take their reliever (usually Salbutamol, blue inhaler) via a spacer if beneficial before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that students will carry their inhaler and spacer with them. If a student needs to use their inhaler during a lesson they will be encouraged to do so (using a spacer). The use of the inhaler will be monitored. If a student regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school asthma lead and referred to the Children's Health 0-19 Service. These are signs of poor asthma control and need review by a medical professional.

9. EDUCATIONAL VISITS

The school will conduct a risk-assessment for any student at risk of anaphylaxis and/or asthma taking part in an educational visit off school premises, in much the same way as

they already do so with regards to safeguarding etc. Students at risk of anaphylaxis and/or asthma should have their AAI/reliever inhaler and spacer with them, and there should be staff trained to administer AAI in an emergency. If appropriate, spare AAI(s)/reliever inhalers obtained for emergency use, will be taken on some educational visits. If it is a residential trip, arrangements for students with asthma and allergies will be made in advance, providing the parent/guardians and any health professionals with adequate time to organise an IHCP that includes instruction of medication and interventions that is not normally provided during the school day.

10. IMPACT ON EDUCATION

The school is aware that the aim of asthma and allergy medication is to allow students to live a normal life. Asthma and/or allergies can impact on the life of a student by making them:

- unable to take part in normal activities (for example PE),
- tired during the day,
- fall behind in lessons,
- have significant school absence.

If we recognise that a student's education is affected by their condition, we will:

- Discuss this with the parents/carers
- With consent, inform the school nurse and/or their GP/asthma nurse

11. ASTHMA AND ALLERGY LEAD(S) RESPONSIBILITIES

The SENCo and Student Welfare Officer are the asthma and allergy leads within the school. It is their responsibility to :

- 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 AAIs.
- Maintain the emergency kits
- Ensure the school's asthma action plan is displayed in all common areas (classrooms, staff room, school hall, reception areas etc.)
- Ensure there is an adequate number of staff trained in the management of asthma and allergies and asthma awareness

12. STAFF TRAINING

Asthma and Allergy Management training will take place for key staff in school on an annual basis i.e. asthma lead, first aiders etc.

Asthma Awareness training, ideally for 100% of the school workforce but a minimum of 85%, will take place annually .

The majority of staff will:

- Know how to recognise poorly controlled asthma
- Know how to recognise an acute asthma attack
- Know how to recognise an acute severe allergic reaction (anaphylaxis)
- Be aware of the asthma and allergy policy
- Know how to check if a student is on the asthma and allergy register
- Know which designated members of staff are trained to administer the medications and how to access their help.

13. LOCAL CONTACT DETAILS

Children's Health 0-19 Service and HeadStart (Health Visiting, School Health Service, Family Nurse Partnership and HeadStart)

Email: Schoolhealth@newham.gov.uk

Telephone: 0203 373 9983 or 07970 813 937

Online referral form: www.newham.gov.uk/schoolhealthreferral

Asthma Nurse Specialist (Newham), East London NHS Foundation Trust

Telephone: 02037387063

Newham Stop Smoking Service (Free)

Call: 020 7882 8230 / 0800 169 1943

Email: clinicbookings@qmul.ac.uk

14. LINKS WITH OTHER POLICIES AND GUIDELINES

This asthma policy links with our current school policies on:

- Safeguarding
- Supporting students with medical conditions policy
- SEN policy
- LBN Asthma and Allergy Recommendations for Nurseries, Schools and Colleges

15. USEFUL WEBSITES

<https://rokeby.newham.sch.uk/parents/asthma-friendly-school/>

- Epipen - www.epipen.co.uk
- Jext - www.jext.co.uk
- British Society of Allergy and Clinical Immunology - <https://www.bsaci.org>
- Allergy UK - <https://www.allergyuk.org/>
- Anaphylaxis Campaign - <https://www.anaphylaxis.org.uk/>
- Spare Pens in schools - <http://www.sparepensinschools.uk>
- Asthma UK - <https://www.asthma.org.uk/>

- Aerochamberanimation-<https://www.trudellmed.com/products/aerochamber-flow-vuchamber>
- HealthyLondonPartnership-<https://www.healthylondon.org/our-work/children-youngpeople/asthma/>
- EducationforHealth-<https://www.educationforhealth.org/allresources/free-elearning/>

Appendix A: School Asthma Action Plans



Secondary School Asthma Action Plan

For children with diagnosed asthma

Do I have signs of

- Wheezing • Shortness of breath
- Coughing • Or complaining that my chest hurts

Stay with me and call for help if necessary. Give me 5-10 puffs of my 'rescue (blue) inhaler with my spacer following the guidance in the green box



- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps
- If I feel better but this has happened 3 or more times in the space of a week (including at home), refer me to my School Health Team



If my rescue (blue) inhaler has had little or no effect

- I have difficulty walking
- I am unable to talk or complete sentences, I may go very quiet
- I am coughing and wheezing a lot more
- I am breathing hard and fast
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHYLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

999

Call 999 for an ambulance if

- There is little or no improvement
- You are worried or unsure
- If I am exhausted
- If I am going blue
- If I have collapsed

School postcode

Call my parent/carer. Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.

If I'm feeling better (my symptoms have resolved) inform my parent/carer, advise them that I need to see my GP and I need my school to make a referral to the School Health Team



ALLERGIES

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction causing inflammation in my lungs
- IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND 'INJECT
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

*If my own inhaler/spacer or adrenaline pen is not available or expired, use the school's emergency inhaler/spacer and adrenaline pen.

[LBN - Asthma Approach](#)