

St. Andrew's CE Primary School



Asthma Policy

Summer 2022

Next Review: Summer 2023

Every Child A Champion in Their Own Right. Matthew 5.16 - "Let Your Light Shine."

Policy statement

This policy has been written with advice from the National Asthma Campaign, the British Allergy Foundation, Department for Education and Skills and healthcare and education professionals.

St Andrew's CE primary School recognises that asthma, recurrent wheezing and allergy are important conditions affecting increasing numbers of school children. The school welcomes pupils with these conditions and encourages children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses.

Updates for training are offered at regular intervals and the school will encourage attendance by relevant staff as appropriate.

Indemnity

School staff are not required to administer medication. However, in an emergency or with a younger child it may be necessary to assist in this.

Staff who agree to administer medication, having undertaken the appropriate training, and who follow the policy guidelines, will be provided with a staff indemnity by the education department of the appropriate city council.

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What is Asthma?

Asthma is a common, chronic inflammatory condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger. These symptoms are usually reversible by the use of appropriate treatment.

Medication

Only blue reliever inhalers should be in school.

Immediate access to reliever inhaler is vital. Children are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. This must take into account the maturity of the child.

Inhalers will be kept by the teacher, in the classroom in a yellow bag, of which pupils will be made aware.

Children who are able to identify the need to use their medication, must be allowed to do so, as and when they feel necessary.

Parental Responsibility

It is the responsibility of the parent/carer to ensure that:

- All inhalers and devices are clearly labelled with the child's name
- Inhalers are renewed as required i.e. run out, expiry date exceeded
- Spacers are taken home and washed at every half term
- The school is kept informed of any changes in condition or treatment regime.

Record Keeping

When a child with asthma joins this school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated by using information supplied by the parent/carer. The asthma register is updated annually.

Physical Education

Taking part in sports is an essential part of school life and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler must be available at the site of the lesson.

Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be required to warm up prior to participating.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP. The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult, whichever is most appropriate.

For residential visits, staff will be trained in use of regular controller treatments, as well as emergency management. Group leaders will have appropriate contact numbers with them.

Education

This school is encouraged and supported by the School Nursing Team to include asthma education for all pupils. This teaching will be appropriate to the Key Stage and therefore appropriate to children's levels of understanding.

Problems

If a member of staff has concerns about the progress of an asthmatic child, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage

The storage of inhalers may present problems but in order to address potential problems, wherever possible the following good practice guidelines will be followed:

1. Inhalers will **NEVER** be locked away.
2. All children with asthma will have **rapid access** to their inhalers.
3. Devices will **always** be taken with the child when moving out of the classroom for lessons, trips or activities.

Emergency Procedures

Issued with this Policy is a flow chart is issued with this policy outlining the action to be taken in an emergency. A copy of this is kept with other school policies and is available for all to read on request.

Section 2 Allergy and Anaphylaxis

What is an Allergy?

Allergy is an inappropriate or exaggerated reaction of the immune system to substances that cause no symptoms in most people.

Avoidance and Prevention

Avoidance of a known allergen is the key to good management for a child with allergy.

All staff, including catering staff and lunchtime supervisors, must be made aware of the allergen for an individual child and where possible, every effort will be made to prevent that child having contact with the allergen. All staff will be given the opportunity to receive training from the School Health Team/Specialist Nurse. Updates for training will be available at regular intervals and this school will ensure attendance by relevant staff as appropriate.

Food

All information regarding food allergies will be documented on the child's Individual Healthcare Plan. Alternatively, this information will be provided by the Healthcare Professional(s) involved in the child's care.

Natasha's Law

From 1st October 2021, the Food Information Regulations will include new requirements for the labelling of allergens on PPDS foods. These are foods which are packaged on the premises before the consumer orders them. Read the Food Standards Agency advice for schools, colleges and nurseries. Pre-packed for direct sale (PPDS) foods will require to carry a full list of ingredients-known as 'Natasha's Law'. Further information can be found at Natasha's legacy becomes law - GOV.UK (www.gov.uk).

Medication

Allergic reactions can vary in severity. Children may carry three types of medication and their use should be detailed in a Health Care Plan.

Antihistamines - These are useful for mild allergy symptoms and most children suffering from an allergy will have them prescribed. They are helpful in treating mild symptoms and are effective in preventing later symptoms. They should be given as soon as an allergic reaction is recognised. They come in either tablet or syrup form.

Adrenaline Inhalers - These are prescribed for symptoms affecting the mouth and upper airways including tongue swelling, and throat swelling. They produce a fine mist spray which applied locally reduces the swelling.

Injectable Adrenaline - This is prescribed for the treatment of anaphylaxis. This is a severe generalised reaction often associated with wheezing and in severe cases collapse. Injectable adrenaline (EPIPEN) is vital and will be stored and labelled in red bags hung up in the classroom.

Record Keeping

The most important document for a child with a known allergy is a Health Care Plan. This plan should be made for an individual child in conjunction with the parent/carer, school staff and healthcare professionals. The Healthcare Plan will clearly identify specific signs and symptoms of allergic reaction and the treatment required for that individual child. This plan should be updated annually with the parent/carer and in-between if treatment changes are made. All class teachers will display their medical register in the classroom. Health care plans are distributed to all staff in the school.

Parental Responsibility

It is the responsibility of the parent/carer to ensure that:-

1. All

medication is clearly labelled with the child's name.

2. Children who have more than one type of medication should keep this in an airtight container clearly labelled with the child's name.

3. Check the medication at regular intervals and to replace it immediately should the expiry date pass.

4. Immediately replace any single use item which has been used.

School trips/Residential visits

No child will be denied the opportunity to take part in school trips/residential visits because of allergy, unless advised by their GP. Treatments will be readily available throughout the trip, being carried either by the child themselves or by the supervising adult. Group leaders and appropriate staff will have undertaken relevant training in the recognition and management of allergic reaction. Relevant emergency contact numbers will be carried by supervising staff

Problems

If a member of staff has concerns about a child's progress or issues around the management of the condition, they will be encouraged to discuss this with the parent/ carer and/or School Nurse.

Education

Parents/carers/other children may require information, support and training about a specific condition. This will be available to them on an individual basis from the School Health Team.

Emergency Procedures

Staff must make themselves aware of Individual Health Care Plans and the location of the treatments for the child.

Staff will make every effort to follow the advice contained in the health care plan for an individual should an allergic reaction occur.

A flow chart and a set of emergency guidelines is issued with this policy providing a summary of the action to be taken in an emergency. A copy of this is kept with other school policies and is available for all to read on request.

EMERGENCY PROCEDURES FOR EXTREME ALLERGIC REACTION

(ANAPHYLAXIS)

1. Immediately send someone to call 999 and give the following information:

-It is an emergency. The patient has collapsed with anaphylactic shock and is having difficulty breathing, (pronounced "anna-fill-ack-tick")

-The address and postcode of the school or location.

He or she should then wait at school entrance to direct ambulance crew to patient.

2. Send second person to fetch adrenaline kit as quickly as possible and someone who is trained to administer it, also school first aider.
3. Lie patient down with legs raised.
4. Adrenaline should be administered by appropriate person.
5. Remain with patient until ambulance arrives. Ideally the patient should remain laying flat. Do not allow the patient to get up suddenly.
6. If patient becomes unconscious place in recovery position and monitor airway/breathing.
7. Contact parent/carer.

Management of Allergic Reactions

Signs of Allergic Reaction
Swelling around eyes
Lip swelling
Nettle rash / hives
Tingling / itching around mouth



Sit or lay down in well observed area
Give oral antihistamine tablets or syrup



Document Reaction



Inform Parents/ Carer

Signs of Asthma Attack



Signs & Symptoms

Cough

Wheezing

Tight Chest

Administer 2 puffs of
**Reliever medication STAY
CALM**

After 2-3 minutes

Improved

No Improvement

Return to normal
activities

Administer **up to a**
further 8 puffs of
reliever medication
through spacer device

(if available)
4x2 puffs

Document episode in child's medical record.

Wait 5 minutes

Dose may be repeated if symptoms return

No Improvement/
Difficulty Talking, Obvious
distress, pale skin/dusky
Collapse

DIAL 999 IMMEDIATELY

**INFORM
PARENTS/CARERS**

Remain with child reassure and keep
calm. Administer up to a further 10
puffs reliever medication whilst
waiting for help