

# Elmhurst Primary School



## Asthma and Allergy Policy 2023 - 2024

Produced in collaboration with Children's Health 0- 19 Service

**Last reviewed on:** July 2023

**Next review due  
by:** September  
2024

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## Aim

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This document provides guidance for the care of children and young people (CYP) who have asthma and allergies at Elmhurst with the purpose to:

- Manage CYP with asthma and food allergies effectively and safely at Elmhurst
- Support the appropriate use of salbutamol inhalers, spacers and AAI (AAI) in emergencies.
- Reduce school absence and indirectly improve academic performance.
- Empower school staff to identify CYP with poorly controlled asthma.
- Improve asthma and allergy-related communication between education and health services.

## Background

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Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower. Secondly, the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma. To treat these symptoms CYP need to take an inhaler (usually Salbutamol, 'the blue pump', 'rescue inhaler', 'reliever') through a spacer (plastic tube with mouthpiece that ensures correct delivery of the medicine to the lungs and reduces side effects).

Wheeze is the high-pitched, whistling sound made by the small airways when they become inflamed.

Viral wheeze is a common condition whereby preschool CYP become wheezy only when they have a cold. Most CYP will grow out of this with age. It does not necessarily mean they will go on to develop asthma.

Acute attacks of both viral wheeze and asthma can be life threatening. Thankfully, the emergency treatment is broadly the same for each condition; similarly, preventative treatment of recurrent viral wheeze mirrors that of asthma.

## Recognising poorly controlled asthma

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1. We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out)
- Excessive shortness of breath on exercise or when exposed to a trigger
- Tight chest

2. These symptoms are usually responsive to the use of the CYP's Salbutamol inhaler and rest (e.g. stopping exercise).

If the CYP is displaying these symptoms give, them the appropriate number of puffs as listed below

The number of Salbutamol puffs given when a CYP is displaying common symptoms of asthma are

presented as a range.

- Nursery age, 1-2 puffs
- Primary age, 2-5 puffs

3. CYP do not need to be sent home from school or urgent medical attention sought if their symptoms improve after taking their (or school's emergency) salbutamol inhaler (DfE, 2015).

4. However, if the CYP requires their Salbutamol three or more times in the space of a week (including at home), this is a sign of poor asthma control and Elmhurst's asthma lead (**Jane Nash**) will need to be informed. Parents and staff will need to maintain regular dialogue with parent/guardians regarding Salbutamol inhaler usage and with the CYP themselves.

The asthma lead/school should advise the parent/guardian to seek a GP appointment (or with the asthma clinic if already under their care) and refer the CYP to the CYP's Health 0-19 Service (Health Visiting and School Health Service) using their online referral form

[www.newham.gov.uk/schoolhealthreferral](http://www.newham.gov.uk/schoolhealthreferral).

## What to do in an emergency

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### 1. Recognising an acute asthma attack

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the CYP could be breathing fast and with effort, using the accessory (supporting) muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some CYP will become very quiet. · May try to tell you that their chest 'feels tight' (younger CYP may express this as tummy ache)

We also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the CYP

- Appears exhausted
- Is going blue
- Has collapsed

### 2. Actions in the event of an asthma attack:

- Keep calm and reassure the CYP.
- Encourage the CYP to sit up and slightly forward.
- Use the CYP's own blue inhaler – if not available, use the emergency inhaler.
- Remain with the CYP while the blue inhaler and spacer is brought to them.
- Shake the blue inhaler, remove the cap and place blue inhaler in spacer.
- Place the mouthpiece of the spacer between the lips of the CYP or place the facemask over the CYP nose and mouth pressing gently. Make sure there is a good seal.
- Press the blue inhaler once for one puff and get the CYP to take 10 breaths. If there is no improvement, repeat these steps until the CYP feels better, up to a maximum of 10 puffs (100 breaths).

If the CYP does not feel better or you are, worried at ANYTIME before you have reached 10 puffs:

1. Call 999 FOR AN AMBULANCE and then call their parents/guardians.
2. If an ambulance does not arrive in 15 minutes give another 10 puffs.

3. If the CYP also has allergies and is either prescribed an AAI or has consent to been given an AAI in an emergency, administer an AAI. Anaphylaxis could be the cause of their breathing issues.
4. A member of staff will always accompany a CYP taken to hospital by ambulance and will stay with them until a parent or guardian arrives.

If the CYP does feel better:

- Stay with the CYP until there is no cause for concern.
- The CYP can return to school activities when they feel better.
- Inform the parents/guardians and advise that they should make an appointment with the GP or their asthma nurse.

## Recognising mild-moderate allergic reactions

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We recognise that the signs and symptoms of a mild to moderate reaction are:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Tummy pain or single episode of vomiting
- Sudden change in behaviour

Actions in the event of a mild-moderate allergic reaction

- Stay with the CYP and call for help if necessary
- Locate the CYP's adrenaline pen (AAI) and the emergency kit
- Give antihistamine according to the CYP's allergy action plan
- Phone parent / emergency contact
- Watch for signs of anaphylaxis

The CYP does not normally need to be sent home from school, nor do they require urgent medical attention. However, mild reactions can develop into anaphylaxis: CYP having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms for one hour or until symptoms resolve, whichever is the shorter.

## Recognising anaphylaxis

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We recognise that the signs and symptoms of an anaphylactic reaction are:

- Persistent cough (interfering with breathing)
- Hoarse voice
- Difficulty swallowing / swollen tongue
- Difficult or noisy breathing
- Wheeze
- Persistent dizziness
- Becoming pale or floppy
- Sudden sleepiness / collapse / loss of consciousness

Actions in the event of anaphylaxis:

If ANY ONE (or more) of the above signs are present:

1. Lie the CYP flat with legs raised (if breathing is difficult allow the CYP to sit up) 2. Use AAI immediately. Take note of the time given.
3. Dial 999 to request ambulance and say ANAPHYLAXIS (AN-A-FIL-AK-SIS). Give clear and precise directions to the emergency operator, including the postcode of your location. 4. Stay with the CYP until ambulance arrives. DO NOT stand the CYP up.
5. If there are no signs of life commence CPR
6. Phone parent / emergency contact
7. If there is no improvement after 5 minutes, give a further dose of adrenaline using a second auto-injector device. Take note of the time given.
8. Make a second call to the emergency services to confirm that an ambulance has been dispatched.
9. Send someone outside to direct the ambulance paramedics when they arrive.

**Always use an AAI FIRST in someone with known food allergy who has developed SUDDEN BREATHING DIFFICULTIES (persistent cough/ hoarse voice/ wheeze), even if no skin symptoms are present.**

## Asthma and allergy friendly schools and whole school asthma approach

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Our school welcomes all CYP 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
- ✓ A register of all CYP with asthma and allergies and includes all those who have been prescribed a Salbutamol inhaler, antihistamine or AAI
- ✓ Emergency asthma salbutamol inhalers and disposable spacers
- ✓ Anaphylaxis emergency AAI
- ✓ A system to refer CYP to the Children's Health 0-19 Service who are:
  - o Absent from school due to asthma
  - o Unable to fully take part in PE (and playtime) due to asthma
  - o And those who have used their salbutamol inhaler three or more times in the space of a week (including at home)
- ✓ An asthma lead (Jane Nash: Assistant Head teacher) 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.)

Parents and guardians are aware that we take a whole school asthma approach and have been advised of what this means for their child.

# Asthma and Allergy Register

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1. An asthma and allergy register of children is held in the school and is updated when required

Parent/guardian of new CYPs will be required to complete a medical declaration form when joining school. This will enable families to note if the CYP has:

- Any physician-diagnosed of asthma and viral wheeze
- Any prescription of a reliever inhaler (salbutamol/terbutaline, **blue pump**)
- Any previous severe allergic reactions including any associated acute triggers/allergens
- Any prescription of an adrenaline pen (AAI)

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

2. Each CYP on the asthma and allergy register must have either:

✓ A Personal Asthma Action Plan (PAAP) completed by a health care professional (GP, Practice Nurse, and Asthma Clinic, A&E staff or hospital doctor). All CYP under the care of the asthma clinic must have a PAAP

**OR**

✓ Access to the school based asthma action plan ([see appendix A](#)).

All CYP under the care of the asthma clinic must have a PAAP; this should be given to the parent/guardian to bring a copy into school. Parent/guardians should contact their GP or asthma clinic to review their PAAP annually as a minimum or more frequently if required.

✓ Individual salbutamol inhaler and an age and ability appropriate spacer. These are stored out of the reach of other CYP but are easily accessible and remain in date. CYP will be encouraged to carry their own inhaler and spacer if deemed appropriate.

✓ Parental consent to use the emergency inhaler and spacer, we capture this at the point of the CYP with asthma starting at our school or when they are diagnosed. We review this annually.

## Allergies

✓ An Allergy Action Plan completed by a health care professional (Allergy Clinic, GP, Practice Nurse, School Nurse, and Health Visitor, A&E staff or hospital doctor). This will be given to the parent/guardian at the point of diagnosis and clinic appointments and a copy should be brought into school.

✓ individually prescribed anti-histamine and/or two AAIs. These are stored out of the reach of other CYP but are easily accessible and remain in date. (one will be held in the school office and one in the school classroom. Where fewer than two AAIs are prescribed then the school's emergency AAI is a suitable alternative which is stored in the school office cupboard.

✓ Parental consent to use the emergency AAI

✓ Parent/guardians should contact their GP/allergy clinic to update their Allergy Management Plan if any changes are reported.

# Medications

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## 1. Inhalers and spacers

All CYP with asthma should have immediate access to their reliever. The reliever inhaler is a fast-acting medication that relaxes the airway muscles.

If the CYP is going on a residential trip, they will need to take their preventer inhaler (and other prescribed asthma medication) with them for use at the start and end of the day.

School staff are not usually required to administer asthma medicines to CYPs unless they are developmentally unable to take their inhalers by themselves or they are severely unwell during an asthma attack or anaphylaxis.

## 2. Spacer technique and care

There is a specific inhaler and spacer technique that should be used to ensure the maximum benefit of using the medication is achieved, all staff have been shown this in the asthma awareness and asthma and allergy management training sessions ([see appendix B](#)).

Spacers need to be cleaned with frequent use. Spacers should be kept free from dust and liquids. They should be replaced if scratches or cloudiness is noted. Spare disposable spacers are kept in the school office cupboard.

## 3. Emergency Inhalers in Schools

Emergency inhalers and disposable spacers (if needed) will be kept in the school office cupboard, should in the event the CYP's inhaler is out of date or misplaced/not available/has not been provided in their classroom or office.

## 4. Adrenaline Auto-injectors (AAIs)

Antihistamines can be useful for mild allergic reactions but are ineffective in severe reactions.

First line treatment for a severe allergic reaction is administration of an AAI (AAI) as an injection into the thigh muscle. If there are any signs of a severe reaction the AAI should be administered immediately, and should not be delayed until after inhalers or antihistamines have been given.

CYP who are considered at a higher risk of anaphylaxis will have been prescribed AAIs by their GP for use in an emergency. CYP may initially improve but then deteriorate later; therefore, it is essential to call 999 for an ambulance whenever a severe allergic reaction occurs, even if the CYP has apparently completely recovered.

**AAI devices must be kept in a central location in marked clearly with the CYP's name (but NOT locked in a cupboard or an office where access is restricted)**

**In an emergency, a CYP whose parent has given consent may be treated with devices from the school's emergency supply of AAIs if such have been made available.**

## 5. Emergency Adrenaline Auto-injectors in Schools

Emergency Auto-injectors will be kept in the school office cupboard, should in the event the CYP injector in class is out of date or misplaced/not available/has not been provided in their classroom or office.



## School environment and triggers

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

The school has a definitive no-smoking policy.

CYP's asthma and allergy triggers will be recorded as part of their asthma and allergy action plans if a PAAP is available.

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)

## Emergency evacuations (i.e. fire alarms)

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When we are required to evacuate the school premises, an emergency asthma inhaler and anaphylaxis AAI is brought to each of the meeting points so they are available should any CYP with asthma and/or allergies require them.

## Exercise and activity

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Taking part in sports, games and activities is an essential part of school life for all CYPs. This includes CYPs with asthma and allergies.

- ✓ All staff will know which CYP in their classes have asthma.
- ✓ CYPs with asthma are encouraged to participate fully in all activities.
- ✓ PE staff will remind CYP whose asthma is triggered by exercise to take their reliever (usually Salbutamol, blue inhaler) via 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 CYP who are mature enough will carry their inhaler and spacer with them and those that are too young will have their inhaler and spacer labelled and kept in a box at the site of the lesson.

✓ If a CYP needs to use their inhaler during a lesson they will be encouraged to do so

If a CYP 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.

## School trips

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The school will conduct a risk-assessment for any CYP at risk of anaphylaxis and/or asthma/wheeze taking part in a school trip off school premises

CYPs at risk of anaphylaxis and/or asthma/wheeze should have their AAI/reliever inhaler and spacer with them.

If it is a residential trip, arrangement for CYP care with asthma and allergies, must 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.

## Asthma and allergy lead(s) responsibilities:

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Jane Nash: Designated Asthma Lead and Ayesha Sahebodin: Medical Needs Officer

This school has asthma and allergy leads who are named above. It is the responsibility of the lead 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 AAI's.
- ✓ Maintain the emergency AAI and Inhalers
- ✓ 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

## Staff Responsibilities

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All Staff must know how to recognise:

- ✓ poorly controlled asthma
- ✓ an acute asthma attack
- ✓ an acute severe allergic reaction (anaphylaxis)
- ✓ Be aware of the asthma and allergy policy
- ✓ Know how to check if a pupil is on the asthma and allergy register

- ✓ Know how to access the pupil's own medications and the emergency kit
- ✓ Know which designated members of staff are trained to administer the medications and how to access their help.

## Parent Responsibilities

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Parents have the responsibility to ensure:

- ✓ Provide the school with two asthma inhalers, spacers and/or Auto-adrenaline injectors to be stored in the school office and classroom
- ✓ Ensure that the medication stored on site is within date and respond to effort from the school to replace out of date medication
- ✓ Inform the school in the event the CYP's situation changes
- ✓ Provide the school with a PAAP for Asthma if GP/Hospital has provided this.
- ✓ Provide the school with an allergy care plan for CYP with severe allergies

## Appendices

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See attached

## Primary School Asthma Action Plan

Do I have signs of

- Wheezing • Shortness of breath
  - Coughing • Or saying that my chest hurts (I may express this by saying my tummy hurts)
- Stay with me and call for help if necessary. Give me 2-5 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

**E7 8JY**

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.

## Nursery Asthma Action Plan

For children with diagnosed asthma/wheeze



Do I have signs of

- Wheezing • Shortness of breath
  - Coughing • Or saying that my chest hurts (I may express this by saying my tummy hurts)
- Stay with me and call for help if necessary. Give me 1-2 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 mask over my nose and mouth and apply gentle pressure to create 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 Health Visitor



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

Nursery postcode

**E7 8JY**

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 nursery to make a referral to the Health Visitor.

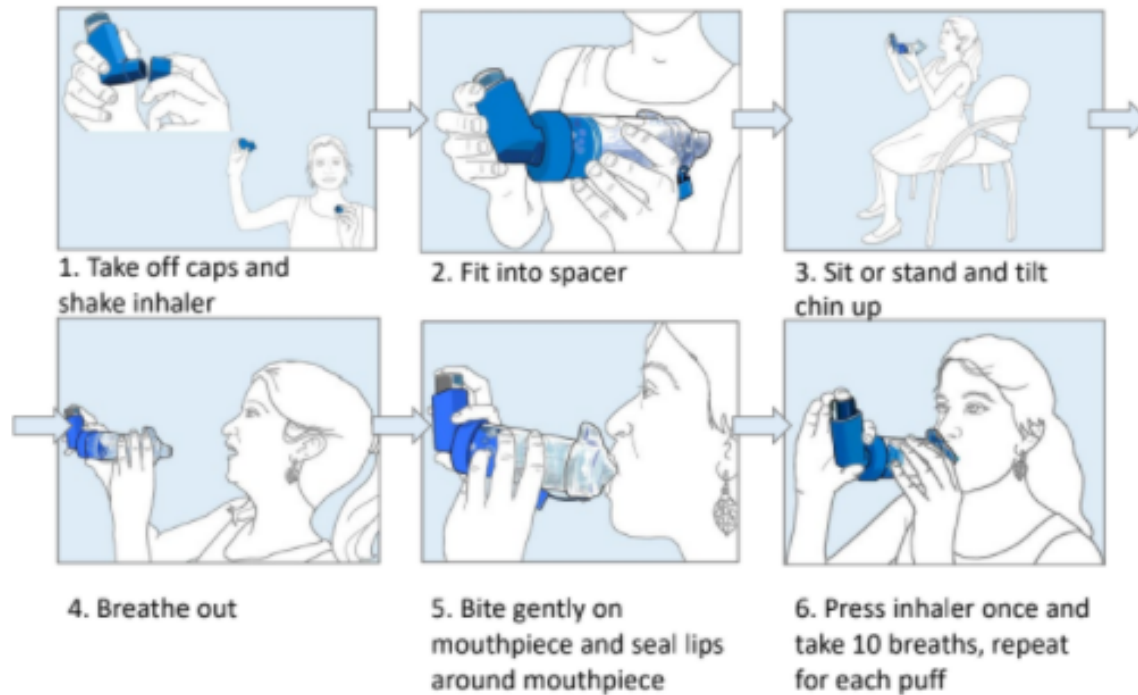
### ALLERGIES

- 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



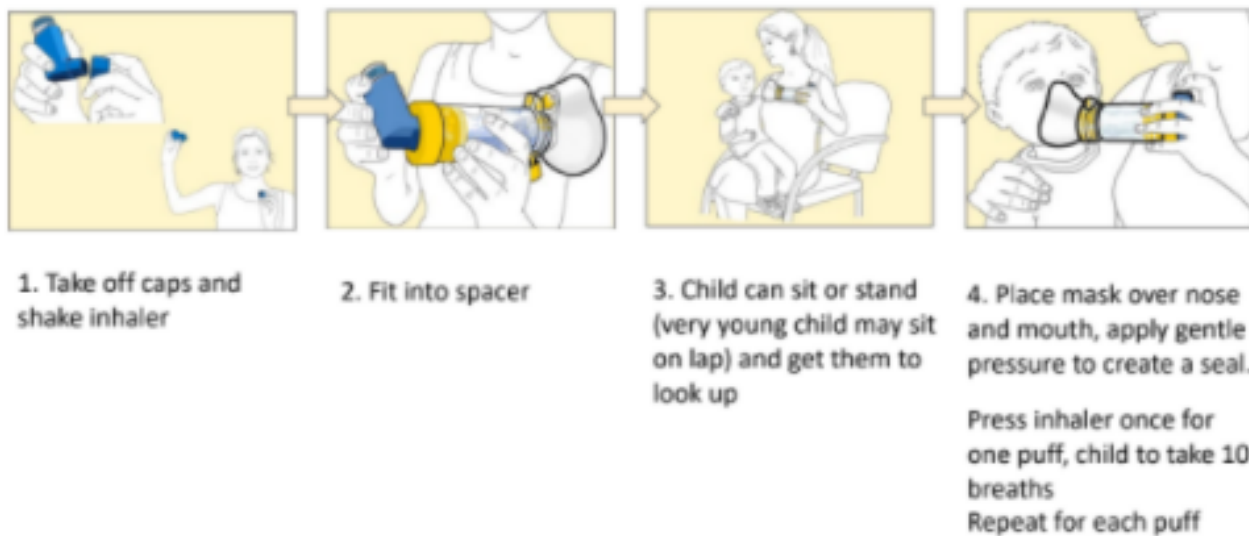
\*If my own inhaler/spacer or adrenaline pen is not available or expired, use the Nursery's emergency inhaler/spacer and adrenaline pen.

## Spacer and inhaler technique- Mouthpiece



Adapted from UK AC 043 0020 | Date of preparation: March 2020 Open Access Files from Trudell Medical UK Limited, Grove House, Lufarns Close, Chingham Court, NG24BAQ

## Spacer and inhaler technique- Mask



Adapted from UK AC 043 0020 | Date of preparation: March 2020 Open Access Files from Trudell Medical UK Limited, Grove House, Lufarns Close, Chingham Court, NG24BAQ