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ASTHMA AND ALLERGY FRIENDLY SCHOOL POLICY DOCUMENT

Date approved:	To be ratified by the governors Nov 2026
Review Frequency:	Every year
Date next review due:	July 2027
Scope of Policy:	This policy applies to all staff, students and volunteers at Riverside School

Named allergy and asthma lead: Marcus Benjamin

Name of designated school nurse: Donna Joseph

Named allergy governor: Jackie Hilton

Policy Aims

The main aims of our Asthma and Allergy Friendly Schools policy are:

a) To provide key information to support and manage the care of pupils with asthma, wheeze, and/or allergies at school.
b) To provide guidance on preventative measures and emergency response to asthma/wheeze attacks and anaphylaxis.
c) To improve asthma and allergy related communication between education and healthcare services.
d) To reduce the number of children with poorly controlled asthma, wheeze and allergy in schools, with the support of local health services.

Context

Asthma

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma encounters something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways become inflamed and start to swell. Sometimes, there is production of sticky mucus or phlegm, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Asthma UK). A pupil will need to use a reliever inhaler (salbutamol) in the event of an asthma attack and every pupil with a confirmed asthma diagnosis with prescribed inhalers should have a personalised asthma action plan to manage their condition.

Wheeze

Wheeze is a respiratory condition, typically effecting young children (up to 5 years old) which can cause difficulties in breathing. Wheeze is usually caused by a virus which normally affects 0–5-year-olds. Children with wheeze will make a high-pitched whistling sound when breathing. Wheeze can resolve spontaneously but some children with more severe symptoms will need medication e.g., salbutamol inhaler. Where there are concerns about a child's wheeze symptoms, child's GP should be contacted, or 111 or 999, depending on severity.

Allergy

An allergy is a reaction of the the body's immune system to a normally harmless substance, such as nuts. Reactions can cause minor symptoms such as itching, sneezing and rashes. Antihistamines can be used to address less severe allergy symptoms.

Anaphylaxis is a serious, potentially life-threatening allergic reaction. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation). It can occur within seconds or minutes of exposure to something the child is allergic to (such as foods, insect bites, medicinal drugs, etc). Children should avoid the substances they are allergic to as this will reduce the risk of anaphylaxis. A pupil will need to use an adrenaline pen in the event of anaphylaxis and every pupil with a severe allergy should have an allergy plan that explains how to manage their condition.

As a school, we recognise that asthma and allergy are widespread, serious but controllable conditions. Our school welcomes all pupils with asthma and allergy and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

1) An asthma and allergy **policy.**
2) **A register** of all pupils with asthma and allergies.
3) The ability for children to **easily access their medication.**
4) **Personalised Asthma Action Plans and Allergy Care Plans** in place for all children on the register.
5) **An emergency kit** including salbutamol inhalers, spacers, antihistamines and adrenaline auto-injectors.

6) **All staff training** on awareness, correct use of medical devices and emergency policies.
7) At least one named **Asthma Champion and/or Lead** responsible for adherence to asthma and allergy friendly school standards in the school.

Roles and Responsibilities

Parents and carers are responsible for:

- Informing the school of child's asthma/allergy/wheeze and providing details of all prescribed medication, with regular updates if medical conditions changes
- Obtaining and providing a copy of their child's personalised asthma action plan (PAAP) from a GP/practice nurse/asthma specialist nurse (if child has asthma/prescribed inhalers)
- Obtaining and providing a copy of their child's allergy action plan from a healthcare professional (particularly for severe allergies leading to anaphylaxis and requiring adrenaline auto injector (AAI) pens)
- Communicating with the school nurse who will develop an individual health care plan for their child's allergies for school records.
- Ensuring all medication (inhalers, spacers, AAI devices) is supplied with their child, is in date and replaced as necessary.

Our school has an allergy / asthma lead who are named above.

- It is their responsibility to manage the asthma and allergy register, update the asthma and allergy policy, manage the emergency kit and ensure medications are available/accessible along with supporting medical documentation (action plans).
- They will also communicate to parents and carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate and/or with the school nurse).
- Medication is checked every half term and will remind parents if any of the child's medication is approaching expiry.

As a school, we have a whole staff responsibility for:

- undertaking regular asthma and anaphylaxis training (at least once a year) which involves nationally accredited Tier 1 asthma module with an anaphylaxis awareness session with the school nurse.
- recognising pupils on the register, knowing procedures for recording medication administration and following emergency care protocols
- conducting risk assessments for trips, excursions and activities to ensure emergency medication kits and appropriate measures are taken.

Pupils at Riverside school are encouraged to understand their condition, triggers and their medicines, and develop the capacity and awareness to let an adult know as soon as they suspect an asthma attack or allergic reaction. Older pupils should be more independent and always carry their medicines with them if capable of self-managing (like the case for older children)

Policy

Our school has an asthma and allergy policy that is signed and approved by our leadership team/governing body. The policy is reviewed and updated as necessary every three years. This policy sets out how Riverside will implement the asthma and allergy care standards.

Asthma and Allergy Register

We have a register of all children that are diagnosed with asthma, allergies or wheeze within the school which is updated yearly and as needed to enable our school to support our pupils with their health condition. All pupils with a prescribed blue inhaler should be listed on the register (even if they do not have a diagnosis of asthma). All pupils with confirmed severe risk of anaphylaxis with a prescribed adrenaline auto injector pen should be listed on the register. This register will hold key information about all pupils with asthma/wheeze/allergy, including: their name, DOB, class, prescribed medication and consent from parents/guardians to use the emergency kit medication if the child does not have their own with them.

Access to Medication

All children with asthma/allergy/wheeze should always have immediate access to their medication. Children with asthma/wheeze should have immediate access to their prescribed Salbutamol reliever inhaler (usually blue) and spacer, ideally in the classroom. Pupils with moderate/severe allergy risk should have access to two adrenaline pens (if prescribed). Staff should contact the school nurse if this is not in place.

Children should be encouraged to carry their own medication depending on their level of understanding and competence (usually secondary school pupils); however, we will discuss this for each child with the parent/carer and teacher. For pupils not capable of carrying their own medication, it should be stored in an accessible location, known to staff.

School staff are trained on the use of the adrenaline auto injector pens or administering an inhaler puff so they can take immediate action if a child is experiencing anaphylaxis or breathing problems. Our school recognises that some children may still need supervision in taking their inhaler due to poor technique or unable to take the inhaler by themselves. School staff are not required to administer asthma medicines to pupils, however, staff who have had asthma training and are confident enough to support children to use their inhaler, should do so, whenever possible. Failure to receive their medication could end in hospitalisation or even death. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse/asthma specialist nurse and advise parents/carers to arrange an appointment with their GP/nurse.

Action Plans and Health Care Plans

As a school, we have a school-wide emergency action plan, which is accessible and known to all staff, and clearly displayed across the school. A whole school action plan is to ensure the care of pupils with asthma/wheeze/allergies is managed effectively and the school environment is favourable for all children in the school setting.

All pupils with asthma and/or prescribed salbutamol inhaler, particularly those with complex and difficult to manage asthma, are encouraged to obtain a personalised asthma action plan (PAAP) from their GP/asthma nurse and provide a copy to the school. For a pupil with allergies who has been prescribed an adrenaline auto injector pen, the school nurse will develop an individual health care plan, and a copy will be stored in the school records. Our school recommends obtaining an allergy action plan from their child's healthcare professional using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity in care. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

Emergency Kit

As a school, we are aware of the guidance on the use of emergency salbutamol inhalers in school (Human Medicines (Amendment) (No 2) Regulations 2014) and the use of adrenaline auto injectors in school (Human Medicines (Amendment) Regulations 2017); this allows schools to buy salbutamol inhalers and adrenaline auto injectors, without a prescription, for use in emergencies from the pharmacy.

Number of emergency kits kept at the school	5
Location of emergency kits	Reception 1st floor office (opposite 1.02) FM 277 2nd floor office (opposite 2.02) FM 334 3rd floor office (opposite 3.20) FM 484 4th floor office (opposite north stairs) FM 574

Our school is required to purchase emergency medications (plus supporting equipment/documents) from a local pharmacy. For a list of the required contents of the kits – see appendix 1. We will use the emergency medications during the onset of an asthma attack or anaphylaxis in the absence of the child's own inhaler or medication. We

will ensure that the emergency medication is only used by children who are listed on the register with diagnosed asthma/wheeze/allergy, who have been prescribed the medication by their GP, and for whom written parental consent has been obtained. Not all children with wheeze will have a salbutamol prescription.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, and that adrenaline auto injector devices are effective against anaphylaxis when administered without delay. However, all medicines can have some adverse effects. The side effects of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. Medical advice must always be sought after administering adrenaline auto injectors.

Using the Kit

For pupils with an allergy, an adrenaline pen can be administered to a pupil without the consent of parent/carer/guardian if emergency medical services (e.g., 999) or other suitably qualified person advises this. However, where doubt exists with regards to the child's mild to moderate symptoms, then the adrenaline pen should be used, as unnecessary delays have been associated with fatal outcomes and death. For pupils having breathing difficulties due to their asthma/wheeze, the emergency kit inhaler should be used only in circumstances where the child's inhaler is broken, inaccessible or not present with child. In the event a child has a severe allergic reaction or asthma attack but is not on the register, is not prescribed a pen/inhaler or does not have parental consent, 999 should be called immediately and advice on how to proceed sought from the emergency services until an ambulance arrives.

Staff members who have completed the training are permitted to support the child to use the emergency kit. Asthma and Allergy Champions or other First Aid trained staff within the school may want to consider additional first aid training to support the use of the kit in an emergency.

In the event of an asthma attack or anaphylaxis, and after a decision on using the emergency kit has been made:

- The pupil's parents and guardians will be informed (telephone and/or in writing).
- Consider contacting the child's GP or if urgent/serious calling 999/ attending A&E.

Maintaining the Emergency Kit

Our school via the asthma champion has the responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly (see appendix 2).

Staff Training

All staff who have significant contact with pupils should attend asthma and allergy awareness training and should complete annual refresher training (a minimum of at least 85% of all school staff). The awareness training is included in the local induction process for new staff members.

Our school also has a responsibility to communicate the following to all staff:

- Who the asthma champion/lead is at the school.
- How to recognise symptoms and identify triggers/allergens
- How to raise issues about pupils with uncontrolled symptoms.
- Where pupil asthma/allergy/wheeze plans are stored along with their medicines
- Where emergency kits are stored and administering emergency treatment
- Where to find the asthma and allergy register and how to complete the record of administration
- Procedures for school trips, physical education and other settings outside the classroom
- Procedures for break time/lunch time.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma and allergy. The school has a definitive no-smoking/vaping policy. The school will ensure that, wherever possible, pupils will not encounter/reduce exposure to their asthma triggers. This includes:

- Maintaining a smoke-free and vape-free site.
- Regular cleaning to reduce dust and other airborne irritants.
- Ensuring classrooms and learning areas are well ventilated.
- Minimising the use of aerosols, air fresheners and strongly scented products.

The school will also ensure that pupils will not encounter or be exposed to known, common allergens. This includes:

- Providing allergen information for school meals where available.
- Being a nut-free school
- Taking reasonable steps to minimise exposure to known allergens identified in pupils' healthcare plans.
- Ensuring cleaning procedures reduce the risk of allergen contamination.

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. Exercise and activity are beneficial for pupils with asthma/allergy/wheeze and should be actively encouraged. All staff will know which children in their class have asthma/allergies. All PE teachers at the school will be aware of which pupils have asthma. Some pupils will breathe heavily because they are not used to exercise. This does not mean they are having

asthma/wheeze symptoms and staff should use their own judgement/consult with a colleague if unsure. If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or advise the child's parents/guardians to see their GP. Staff will also be aware if a pupil starts showing more signs and symptoms of allergy or anaphylaxis, particularly if during a PE lesson or outdoors where multiple triggers can be identified. This must be communicated to the school nurse and parents/carers will be directed to see their GP.

Blue inhalers via a spacer should only be used before exercise when exercise is identified as a trigger for that child and has been observed to stop them from participating fully. Blue inhalers are normally used to relieve symptoms of asthma/wheeze and therefore, not before these symptoms start. Otherwise, it becomes difficult to assess whether the child's asthma is controlled. If a pupil does need their inhaler during a PE lesson, they will be encouraged to use as appropriate.

Asthma, Allergies and Education

As a school, we are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting a pupil's life, and they are unable to take part in activities, feel tired during the day or fall behind in lessons, we will discuss this with the child's parents/guardians and the school nurse and suggest they make an appointment with their asthma nurse or GP. The school recognises that some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010, and therefore, may have additional needs because of their asthma.

Under section 100 of the Children and Families Act 2014, schools have a duty to support pupils at their school with medical conditions. The school is aware of its legal duty to make arrangements for pupils with allergies, which includes ensuring a safe lunch, clear communication on allergens in the school and always promoting inclusivity.

School Trips

As part of our responsibility to support children with asthma and allergies on trips, a risk assessment will be completed to identify potential triggers and hazards for breathing difficulties, wheeze and allergic reactions and to introduce control measures to mitigate the risks. We also ensure that pupils have all their medication before departing for the trip, that staff are aware of these pupils and care/action plans and staff can carry an emergency kit for the duration of the trip.

On residential trips, some pupils may need to take preventer inhalers (usually brown in colour). Preventer inhalers are normally used twice per day outside of school hours and prescribed by their doctor/nurse. This medication needs to be taken regularly for maximum benefit. If a pupil requires a preventer inhaler on a residential trip, they should obtain an updated personalised asthma action plan from their GP to update school records.

Requesting Information from Parents

As a school, we recognise the responsibility to maintain up-to-date information from parents and carers about their children's care issues regarding their asthma/wheeze/allergies, as well as obtaining information about new pupils when joining school. Our school has an information declaration and consent form that is to be completed by the parents/carers which requests information for:

- Any physician diagnosis of asthma/viral wheeze/allergy.
- Any prescription of a reliever inhaler (salbutamol/terbutaline, ***blue pump***) in the preceding 12 months.
- Any previous severe allergic reactions including any associated acute triggers/allergens.
- Any prescription of an adrenaline pen in the preceding 24 months.
- Consent for the emergency kit to be used in the event of an emergency - if this has not already been provided.

As part of our whole-school approach, our staff are responsible for reminding parents/guardians that they need to update the school if there is a change in a pupil's healthcare needs, including medication changes and any changes in the severity of the condition or diagnosis. Schools are responsible for reminding parents about these responsibilities at appropriate intervals.

Appendices

Appendix 1- Emergency Kit Required Contents

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-autoinjectors at each available strength
- Instructions on using the inhaler with 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 termly 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 has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm soapy water and left to dry in air in a clean, safe place. The canister will be returned to the plastic housing when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- Following use of the spacer, wash in warm soapy water and leave to air dry in a clean, safe place. **DO NOT** towel dry. Return to the emergency kit after cleaning and drying.
- Empty inhaler canisters will be returned to the pharmacy to be recycled.
- Before using a salbutamol inhaler for the first time, 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 temperature extremes.
- Once an adrenaline pen has been used it cannot be reused and must be disposed of according to 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.