Thames View Junior School

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Allergies Policy

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Introduction

Thames View Junior School is committed to providing a safe, inclusive and supportive environment for all pupils, including those with asthma, allergies and other medical conditions. We recognise that these conditions can affect a child's health, wellbeing and ability to access education and that, in some cases, they can become life-threatening if not managed promptly and appropriately.

This policy outlines the procedures for identifying, managing and responding to asthma and allergic conditions whilst pupils are under the care of the school. It should be read alongside the school's Supporting Pupils with Medical Conditions Policy and any individual healthcare plans.

This policy is reviewed annually, or sooner if legislation or guidance changes.

Aims

The aims of this policy are to:

- Ensure pupils with asthma and allergies are supported safely and effectively whilst in school.
- Promote a consistent approach to the management of medical conditions across the school.
- Ensure staff understand their responsibilities in recognising and responding to allergic reactions, asthma attacks and anaphylaxis.
- Support the safe administration of prescribed medication, including salbutamol inhalers and adrenaline auto-injectors (AAIs).
- Ensure appropriate training is provided to relevant members of staff.
- Minimise the risk of exposure to known allergens wherever reasonably practicable.
- Promote effective communication between parents, healthcare professionals and school staff.

Roles and Responsibilities

Headteacher

The Headteacher has overall responsibility for ensuring suitable arrangements are in place to support pupils with medical conditions.

Designated Medical Lead

The school's Designated Medical Lead is responsible for:

- Maintaining accurate medical records on Medical Tracker.
- Ensuring individual healthcare plans are reviewed regularly.
- Monitoring medication expiry dates.
- Liaising with parents regarding replacement medication.
- Ensuring appropriate staff training is maintained.

School Staff

All staff are responsible for:

- Being aware of pupils with asthma or allergies.
- Knowing how to access healthcare plans.
- Recognising signs of asthma attacks and allergic reactions.
- Responding appropriately in an emergency.
- Reporting all medication administered on Medical Tracker.

Parents and Carers

Parents are responsible for:

- Informing the school of any diagnosed medical condition or allergy.
- Providing prescribed medication that is in date and clearly labelled.
- Updating the school if medical needs change.
- Providing replacement medication before expiry dates.

Asthma

Background

Asthma is a long-term condition affecting the airways. Symptoms vary between individuals but commonly include:

- coughing
- wheezing
- shortness of breath
- chest tightness

Asthma symptoms may be triggered by exercise, pollen, cold air, viral infections, dust, smoke, animal dander or other environmental factors.

Asthma Medication

Most pupils with asthma will have:

Reliever inhaler (Blue)

Contains salbutamol and provides rapid relief during asthma symptoms or an asthma attack.

Preventer inhaler (Usually Brown)

Contains a low-dose steroid and is taken regularly at home to reduce inflammation and prevent symptoms. Preventer inhalers are not normally required during the school day unless specified within an Individual Healthcare Plan.

Asthma Register

All pupils diagnosed with asthma are recorded on Medical Tracker.

Where appropriate, pupils will also have an Individual Healthcare Plan detailing:

- symptoms
- known triggers
- medication required
- dosage
- emergency procedures
- parental contact details

Daily Management

Pupils should have prompt access to their prescribed reliever inhaler at all times.

Each pupil's inhaler, spacer (where required) and healthcare plan are stored in a clearly labelled container within the classroom, with an additional inhaler available in the medical room where appropriate.

Teachers must ensure inhalers accompany pupils to PE lessons, sporting events, educational visits and any off-site activities.

Whenever medication is administered, staff must record:

- date
- time
- medication given
- dosage
- reason for administration

This information should be recorded on Medical Tracker, which automatically notifies parents.

Recognising an Asthma Attack

Signs may include:

- persistent coughing
- wheezing
- increasing breathlessness
- difficulty speaking in full sentences
- chest tightness
- rapid breathing
- appearing distressed or exhausted
- complaints of chest or stomach pain

Responding to an Asthma Attack

If a pupil develops asthma symptoms:

- Encourage them to sit upright and remain calm.
- Help them use their prescribed reliever inhaler in accordance with their healthcare plan.
- Stay with the pupil and monitor their condition.
- Inform the Designated Medical Lead immediately.

Call 999 immediately if:

- symptoms do not improve after using the inhaler
- the pupil becomes too breathless to speak
- breathing becomes increasingly difficult
- lips or skin appear blue or grey
- the pupil becomes exhausted or loses consciousness

Parents should be informed as soon as it is practical to do so after emergency services have been contacted.

Allergies

Background

An allergy is the body's immune response to a normally harmless substance known as an allergen.

Allergies are common in childhood and may be mild, moderate or severe.

Common allergens include:

- nuts and peanuts
- milk
- eggs
- wheat
- fish and shellfish
- sesame
- soya
- certain fruits
- insect stings
- pollen
- dust mites
- animal dander
- latex
- medicines including some antibiotics and anti-inflammatory medication

The school recognises that pupils may have allergies to substances not listed above and will manage these in accordance with their individual healthcare plan.

Recognising an Allergic Reaction

Mild to moderate symptoms may include:

- itchy skin
- rash or hives
- redness
- swelling around the lips or eyes
- sneezing
- runny nose
- itchy or watery eyes
- abdominal discomfort

- nausea
- worsening asthma symptoms

Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening allergic reaction requiring immediate medical treatment.

Symptoms may include:

- swelling of the tongue or throat
- difficulty breathing
- persistent wheezing
- difficulty swallowing
- hoarse voice
- dizziness or collapse
- pale or clammy skin
- loss of consciousness
- severe abdominal pain or vomiting

Responding to Anaphylaxis

If anaphylaxis is suspected:

1. Administer the pupil's prescribed adrenaline auto-injector immediately.
2. Call 999 and state clearly that the pupil is experiencing anaphylaxis.
3. Inform the Designated Medical Lead.
4. Lie the pupil flat with their legs raised if possible, unless breathing difficulties require them to sit upright.
5. Monitor the pupil continuously until emergency services arrive.
6. Administer a second adrenaline auto-injector after 5 minutes if symptoms persist and another injector is available.
7. Contact parents once emergency services have been called.

All pupils who receive an adrenaline auto-injector must be taken to hospital for further assessment, even if symptoms improve.

Allergy Medication

Medication prescribed for allergies may include:

- antihistamines
- steroid medication
- inhalers
- adrenaline auto-injectors (EpiPen, Jext or Emerade)

Only medication provided by parents and prescribed for the individual pupil will be administered unless acting under current national guidance regarding emergency medication.

Medication Storage

All medication must:

- be clearly labelled with the pupil's name
- remain in its original packaging
- be within its expiry date
- be readily accessible in an emergency

Asthma inhalers are stored within classrooms and the medical room.

Other prescribed medication is stored securely within the medical room, with refrigerated medication kept in a designated medical refrigerator where required.

Medication expiry dates are checked regularly by the Designated Medical Lead.

Expired medication will be returned to parents for safe disposal and replacement.

Administration of Medication

Parents must complete the school's medication consent form before medication can be administered.

Staff administering medication must:

- check the pupil's identity
- follow the prescribed dosage
- record administration immediately on Medical Tracker

- report any concerns to the Designated Medical Lead

Educational Visits

The school is committed to ensuring pupils with asthma and allergies are able to participate fully in educational visits.

Prior to every visit:

- medical needs will be included within the visit risk assessment
- appropriate medication will accompany the pupil
- a trained member of staff will be responsible for carrying emergency medication where appropriate
- healthcare plans will be available to supervising staff
- staff will be familiar with emergency procedures before departure

Training

Appropriate staff receive regular training in:

- asthma awareness
- recognising allergic reactions
- recognising anaphylaxis
- administration of adrenaline auto-injectors
- emergency procedures
- use of Medical Tracker

Training is refreshed regularly and whenever guidance changes.

Monitoring and Review

This policy will be reviewed annually by the Headteacher and Governing Body, or sooner if required by changes in legislation, statutory guidance or school practice.

Appendix A – Emergency Asthma Procedure

Recognising an Asthma Attack

A pupil may be experiencing an asthma attack if they:

- Have persistent coughing or wheezing.
- Are struggling to breathe or are breathing rapidly.
- Complain of chest tightness or pain.
- Are unable to complete sentences due to breathlessness.
- Appear distressed, anxious or unusually quiet.
- Become pale, exhausted or begin to tire quickly.
- Show little or no improvement after using their reliever inhaler.

What Staff Should Do

1. Stay calm and reassure the pupil.
2. Sit the pupil upright and encourage slow, steady breathing.
3. Help the pupil to use their prescribed reliever inhaler (usually blue Salbutamol) with a spacer if required.

4. Follow the instructions in the pupil's Individual Healthcare Plan.
5. Remain with the pupil and monitor their condition closely.
6. Inform the Designated Medical Lead immediately.
7. Record the administration of medication on Medical Tracker as soon as possible.

Call 999 Immediately If

- The inhaler has little or no effect.
- The pupil becomes increasingly breathless.
- The pupil is unable to speak because of breathlessness.
- The pupil becomes exhausted or confused.
- The pupil's lips or skin develop a blue or grey tinge.
- You are concerned about the severity of the attack.

Continue to reassure the pupil until emergency services arrive.

Parents or carers should be informed as soon as practicable after emergency services have been contacted.

Appendix B – Emergency Anaphylaxis Procedure

Recognising Anaphylaxis

Symptoms may include:

- Swelling of the tongue, lips or throat.
- Difficulty breathing or noisy breathing.
- Persistent wheezing.
- Difficulty swallowing or speaking.
- Hoarse voice.
- Severe rash or widespread hives.
- Pale, clammy skin.
- Feeling faint or collapsing.
- Loss of consciousness.
- Severe abdominal pain, vomiting or diarrhoea following exposure to an allergen.

What Staff Should Do

1. Administer the pupil's prescribed adrenaline auto-injector immediately.
2. Call 999 without delay and state clearly:

"A child is experiencing suspected anaphylaxis."

3. Inform the Designated Medical Lead.
4. Keep the pupil lying flat with their legs raised where possible. If breathing is difficult, allow them to sit up slightly. If unconscious, place them in the recovery position.
5. Stay with the pupil at all times.
6. If symptoms do not improve after five minutes and a second prescribed auto-injector is available, administer the second dose.
7. Send a member of staff to meet the ambulance at the school entrance.
8. Contact parents or carers once emergency services have been called.

Any pupil who receives adrenaline must attend hospital, even if they appear to have recovered.

Appendix C – Staff Responsibilities

All members of staff are expected to:

- Be familiar with this policy.
- Know which pupils have asthma or allergies.
- Know how to access Individual Healthcare Plans.
- Know where emergency medication is stored.
- Respond promptly to any medical concerns.
- Seek assistance immediately if they are unsure.
- Ensure all medication administered is recorded on Medical Tracker.
- Report concerns regarding medication, expired medication or changes in a pupil's condition to the Designated Medical Lead.

Staff who accompany pupils on educational visits must:

- Carry the required emergency medication.
- Have access to Individual Healthcare Plans.
- Know how to administer emergency medication.
- Be familiar with local emergency procedures.

Appendix D – Parents and Carers Responsibilities

Parents and carers are responsible for:

- Informing the school of any diagnosed medical condition or allergy.
- Providing the school with up-to-date medical information.
- Completing all required medical consent forms.
- Supplying prescribed medication in its original packaging.
- Ensuring medication is clearly labelled and in date.
- Providing replacement medication before expiry.
- Informing the school immediately of any changes to their child's medical needs.

Appendix E – Storage and Management of Medication

To ensure medication remains safe and effective:

- Medication must always be clearly labelled with the pupil's name.
- Medication must remain in its original pharmacy packaging.
- Expiry dates will be checked regularly by the Designated Medical Lead.
- Expired medication will not be administered and will be returned to parents.
- Asthma inhalers should remain readily accessible within classrooms and accompany pupils to PE, educational visits and off-site activities.
- Adrenaline auto-injectors must always be readily accessible and never locked away where access could be delayed.
- Medication requiring refrigeration will be stored securely within the designated medical refrigerator.

Appendix F – Staff Training

The school will ensure that appropriate staff receive regular training in:

- Asthma awareness and management.
- Allergy awareness.
- Recognition of anaphylaxis.
- Administration of adrenaline auto-injectors (EpiPen®, Jext® or other prescribed devices).
- Administration of emergency asthma medication.
- Medical Tracker procedures.
- Emergency response procedures.

Training will be refreshed at appropriate intervals and whenever guidance or legislation changes.

New members of staff will receive appropriate induction relating to pupils with medical conditions before assuming responsibility for pupils.

Appendix G – Monitoring and Review

The Designated Medical Lead will monitor:

- Medication expiry dates.
- Completion of Individual Healthcare Plans.
- Staff training records.
- Medical Tracker records.
- Any incidents involving asthma or allergic reactions.

Following any significant medical incident, the school will review its response and identify any actions required to improve future practice.

This policy will be reviewed annually by the Headteacher, Designated Medical Lead and Governing Body, or sooner if required by changes to legislation, statutory guidance or school procedures.