



beatrice tate school

Policy status	Non-statutory
Adopted	29th January 2024
Review date	January 2027

Safeguarding Statement

At Beatrice Tate School we respect and value all children and young people and are committed to providing a caring, friendly and safe environment for all our students so they can learn, in a relaxed and secure atmosphere. We believe every student should be able to participate in all school activities in an enjoyable and safe environment and be protected from harm. This is the responsibility of every adult employed by, or invited to deliver services at Beatrice Tate School. We recognise our responsibility to safeguard all who access school and promote the welfare of all our students by protecting them from physical, sexual and emotional abuse, neglect and bullying.

Post responsible for implementing Asthma and Allergy Friendly Schools: Deputy Headteacher

Post accountable for overseeing Asthma and Allergy Friendly Schools: Headteacher

Recommendations and full Handbook can be found here: [Asthma and Allergy \(Children\) \(clarity.co.uk\)](https://www.clarity.co.uk)

<p>Aim</p>	<p>The main aims of our Asthma and Allergy Friendly Schools policy are:</p> <ol style="list-style-type: none"> Provide key information for schools so they can support students with asthma, wheeze, and/or allergies at school. Provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis. Improve asthma and allergy-related communication between education and healthcare services. Reduce the number of children with poorly controlled asthma, wheeze and allergy in schools with the support of local health services.
<p>Context</p>	<p>Why is asthma/allergy/wheeze important to Schools?</p> <ul style="list-style-type: none"> 1 in 9 children has asthma/wheeze in Tower Hamlets. 40% of Tower Hamlets children have poorly controlled asthma and wheeze. 5-8% of children have a food allergy in the UK. Poorly controlled conditions can lead to: asthma/wheeze attacks or anaphylaxis, increased anxiety, increased sick days, failure to participate in exercise, and general poor health. Good care and support can help students manage their condition and limit asthma/wheeze attacks and anaphylaxis. <p>School's Responsibilities</p> <ul style="list-style-type: none"> Schools are responsible for providing general support for asthma/wheeze/allergy. They are not responsible for students' asthma/allergy/wheeze clinical care and will be reliant on other partners to provide this. Schools are required to have procedures in place to notify partners where medication or asthma/wheeze/allergy plans are missing or incorrect. Schools are expected to remind parents of what information needs to be shared and nudge them when this information is not provided <p>What are Asthma/Wheeze/Allergy?</p> <p>Asthma</p> <ul style="list-style-type: none"> It's a long-term health condition that affects how someone breathes When someone with asthma comes into contact with an irritant/trigger, like dust or animal fur, they can find it harder to breathe. Each student with asthma should have an asthma plan that explains how to care for their condition. Ideally, this should be personalised, but a generic plan should be used where this is not in place. The plans should cover: <ul style="list-style-type: none"> When and how much preventer inhaler to use (normally brown). When and how much salbutamol (reliever) inhaler to use to treat asthma symptoms, like difficulty breathing (normally blue). Inhalers should be used with a spacer- a plastic tube that helps with breathing in the medication.

	<ul style="list-style-type: none"> ○ The student's known triggers/irritants that could cause worse asthma symptoms. <p>Wheeze</p> <ul style="list-style-type: none"> • Wheeze is a breathing condition that effects young children where they find it difficult to breathe. • It is caused by a virus. • The child will make a high-pitched whistling sound when the student breathes • It normally affects 0-5 year olds. • Students will normally get better on their own, but some with more severe symptoms will be given a reliever/salbutamol inhaler. • If you are concerned with a student's symptoms, you should contact the NHS-GP, 111, 999- depending on severity. <p>Allergy</p> <ul style="list-style-type: none"> • An allergy is when the body's immune system attacks a normally harmless substance, such as nuts. • It is a long-term condition • Antihistamines can be used to address more minor allergy symptoms. • Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to. • Students who are allergic to a substance should avoid that substance to prevent anaphylaxis. • A student will need to take an adrenaline pen in the event of anaphylaxis. • Every student with a severe allergy should have an allergy plan that explains how to manage their conditions.
Overview	<p>The following needs to be in place to ensure the school is asthma/allergy friendly:</p> <ol style="list-style-type: none"> 1. An asthma and allergy policy. 2. A register of all students with asthma and allergies. 3. Schools ensure children can easily access their medication 4. Individual Asthma and Allergy Care Plans for all children with asthma or allergy 5. An emergency kit including salbutamol inhalers, spacers, antihistamines and adrenaline auto-injectors. 6. Yearly all staff awareness training on awareness, correct use of associated medical devices and emergency policies. 7. At least one named Asthma Champion responsible for adherence to asthma and allergy friendly school standards in the school.
1. Policy	<p>To be an Asthma and Allergy Friendly School- your school must have a policy signed off by your Governing Body- that is reviewed every 3 years.</p>
2. Register	<p>The following need to be in place to meet the register requirement:</p> <ul style="list-style-type: none"> • An asthma and allergy register of students is held in the school and is reviewed yearly and updated when required. • This register will hold key information about all students with asthma/wheeze/allergy, including: their prescribed medication; whether the

	<p>parents/guardians have given consent for the emergency kit to be used in an emergency; whether the student has a plan on file; etc.</p> <ul style="list-style-type: none"> • It will enable schools to support children with their health condition. • All students with a prescribed blue inhaler should be listed on the register- even if they don't have an asthma diagnosis. Parents should also be contacted to give consent for the emergency kit to be used in the case of an emergency. • Find the asthma/wheeze/allergy register template on the Asthma and Allergy Page- click here. See AAFS Toolkit column.
<p>3. Access to Medication</p>	<p>Schools have the following responsibilities for access to medication for their students with asthma/wheeze/allergy:</p> <ul style="list-style-type: none"> • Schools will support all children with asthma/allergy/wheeze to have immediate access to their medication at all times. • Not all children with asthma, allergy or wheeze will have medication prescribed- depending on the severity of their condition- staff members should review a student's plan to identify any prescriptions. • Asthma/Wheeze- students should have access to their reliever inhaler (blue pump inhaler) and spacer- if they have a prescription- at all times. • Moderate/Severe Allergy- students should have access to two adrenaline pens- if they have a prescription at all times- staff should contact the student's school nurse where this is not in place. • More capable/independent students should be responsible for carrying their own medication. Schools should remind students of this and highlight the risks of not carrying it. • For students not capable of carrying their own, medication should be stored in an accessible location that is known to staff.
<p>4. Individual Care Plans</p>	<ul style="list-style-type: none"> • Each child with asthma or allergy should have an Individual Asthma or Allergy Care Plans. • The Individual Care plans should be stored in a secure, accessible place that is known to staff. • Individual Asthma Care Plans are done by the GP/Practice Nurse/Asthma Nurse or Hospital. The School Health team can check GP records to see if there is a current plan on record. If there is not, the School Health team will send a letter to the GP to request a review meeting is held. • Allergy Care Plans are updated by the school nurse. If a child has an Auto Injector pen they must have an Allergy Plan. • School Health contact details: thgpcg.schoolnurses@nhs.net 02039507176
<p>5. Emergency Kit</p>	<p>The following need to be in place to meet the emergency kit requirement:</p> <p>The school is responsible for acquiring and maintaining emergency kit (s), including inhalers and adrenaline pens, to be used in the event of an asthma/wheeze attack or anaphylaxis- where the student's own medication is not immediately available.</p> <p>Consent for use of the emergency kit can be obtained via generic plans, medical declaration form, personalised plan or via another mechanism. Whether the student or</p>

their parents/guardians have consented to the use of the emergency kit in the event of an emergency should be recorded in the register.

Number/Location of Emergency Kits (for reference in the event of emergency)

Number of emergency kits kept at the school	1 x smaller students up to 14 years of age 1 x larger students 15 years of age and older
Location of emergency kits	Reception desk grey medication drawer

Acquiring Kit

- The school is required to purchase emergency medication and supporting equipment/documents from a local pharmacy.
- For the required contents of an emergency kit- see appendix 1.
- The following can be acquired via a purchase order sent to a local pharmacy- see template letter in Asthma and Allergy Friendly Schools Toolkit- [click here](#).

Using the Kit

- Emergency medicines should be used if a student has an asthma/wheeze attack or anaphylaxis and they don't have access to their own medication.
- Medication should be used as instructed in the student's asthma/wheeze/allergy plan.
- All schools should have a process for storing asthma/allergy/wheeze plans and ensure that staff know where they are stored.
- The Asthma and Allergy Register will give a full list of students with asthma/allergy/wheeze plans to help with identifying if the student having an asthma/wheeze attack or anaphylaxis has a plan.
- For emergency medicines to be used, the following is needed:
 - Each student needs a signed Standard Asthma Care form where parental consent is given for use of emergency medicine.
 - A record of the prescription for the medicine- for students with asthma/wheeze this would be a salbutamol prescription; for students with allergy this would be an adrenaline pen prescription. Not all children with wheeze will have a salbutamol prescription.
- For students with an allergy, an adrenaline pen should only normally be used on a CYP 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 then the adrenaline pen should be used as unnecessary delays have been associated with death.
- Staff members who have completed the online training are permitted to support the child to use the emergency kit.
- Asthma and Allergy Champions or other First Aid leads 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/wheeze attack or anaphylaxis and after a decision on using the emergency kit has been made:
 - The student's parents and guardians should be informed in writing.

	<ul style="list-style-type: none"> ○ Consider contacting the patients' GP or if urgent calling 999/ going to A&E. <p>Maintaining Emergency Kit</p> <ul style="list-style-type: none"> ● The school has a responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing used medicines properly. ● For more information- see appendix 2.
<p>6. Staff Awareness Training</p>	<p>Staff with significant contact with students should complete training to understand the basics of support for children with asthma/allergy/wheeze.</p> <p>This requires watching the below videos:</p> <ul style="list-style-type: none"> ● Asthma and Allergy Friendly Schools Introduction (6 minutes) ● Asthma Awareness Training (30 minutes) ● Allergy Awareness Training (20 minutes) <p>Note: On YouTube, click on 'show more' to have access to more relevant video clips and links. Please view the essential videos in the links. The additional time has been included in the watch time above.</p> <p>The school should promote this awareness training regularly and include it in the induction process for new starters. All staff with significant contact with students should complete it and should do refresh training every year.</p> <p>Schools also have a responsibility to communicate the following to staff:</p> <ul style="list-style-type: none"> ● How to raise issues about students with uncontrolled symptoms or no/incorrect asthma/allergy/wheeze plan. ● Where student asthma/allergy/wheeze plans are stored. ● Where emergency kits are stored. ● Where to find the asthma and allergy register. ● Procedures for school trips, physical education and other settings outside the classroom/break time. ● Where medication is stored. ● Who their asthma champion/lead is at the school.
<p>7. Asthma Champion/Lead</p>	<p>The Asthma Champions/Leads is responsible for the following.</p> <ul style="list-style-type: none"> ● Update the asthma and allergy register. ● Update the asthma and allergy policy. ● Ensure measures are in place so that medication is accessible. ● Working knowledge of all local asthma/allergy friendly school resources, including the full set of recommendations, and they are responsible for sharing key messages with other members of the school team ● Oversight of emergency kits, including promotion to staff and maintenance <p>Responsibilities can be shared between School Team members. There should be clear agreement on who is responsible for each aspect of the role.</p>
<p>8. Healthy Lives Contacts</p>	<p>Kate Smith Head of The Healthy Lives Team Tel: 0207 364 6433 Email: Kate.Smith@towerhamlets.gov.uk</p>

<p>David Banks Healthy Lives Advisor Tel: 0207 364 6320 Email: David.banks@towerhamlets.gov.uk</p>

The full Asthma and Allergy Recommendations can be found here: [Asthma and Allergy \(Children\)](#)

Additional Information

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 students permitted to use the emergency kit
- A record of any medication administration

Appendix 2- Maintaining Emergency Kit

- Check monthly 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 hasn't 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 running water and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- The spacer cannot be reused. Replace spacers following use.
- Empty inhaler canisters will be [returned to the pharmacy](#) to be recycled.
- Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, 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 extremes of temperature.
- 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;

Appendix 3: General Procedures

Schools should have asthma/allergy/wheeze friendly procedures in place for typical school situations:

Requesting Information from Parents

- Schools are responsible for requesting parents/guardians of new students complete a medical declaration form when joining school and at the start of each new school year. This should request information for:
 - Any physician-diagnosed 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.
- Schools are responsible for informing parents/guardians that they need to update the school where there is a change in a student's healthcare needs, including medication changes, changes in severity of condition, etc..
- Schools are responsible for reminding parents about these responsibilities to parents at appropriate intervals.
- The School Health team can support with contacting GP Practices about obtaining/reviewing a student's asthma/wheeze/allergy plan. School Nurses are not normally trained in prescribing and so cannot review a student's medication. This means that normally it is best for their GP Practice to review a asthma/wheeze/allergy plan.

Asthma/Allergy/Wheeze Plans

- Asthma/Wheeze/Allergy plans should be stored in a secure accessible place that is known to staff.

Exercise and Activity

- Exercise and activity is beneficial for students with allergy/asthma/wheeze and should be actively encouraged.
- Blue inhalers via a spacer should only be used before exercise when exercise is an identified trigger in the student's asthma/wheeze plan.
- Blue inhalers are normally used to relieve symptoms, such as wheeze/difficulty breathing, and not before these symptoms start.
- Some students will breathe heavily because they are not used to exercise- this does not always mean they are having asthma/wheeze symptoms. School staff should use their own judgment and consult with colleagues when unsure.
- If a student regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or their GP.

School Trips

- A risk assessment should be completed for students with asthma/allergy/wheeze.
- Staff should ensure students have their medication before departing for the trip.
- Staff should bring a copy of each student's asthma/allergy/wheeze plan.

On residential trips, some students may need to take preventer inhalers (brown top)- these are normally used once a day- outside of school hours. The student's asthma/wheeze/allergy plan should be reviewed before the trip to identify the need.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

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

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way