Halley Primary School

Asthma and Allergies Policy

This Policy supports Articles 3, 23, 24 and 28 of the United Nations Convention on the Rights of a Child.

Article 3 (Best Interests of the Child)
The best interests of the child must be a top priority in all things that affect children.

Article 23 (Children with Disability
A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.

Article 24 (Health and Health Services)
Every child has the right to the best possible health.

Article 28 (Right to Education)
Every child has the right to an education.

This policy should be read **in conjunction** with the following documents:

- Halley Policy on 'Supporting Pupils at School with Medical Conditions,' November 2017
- Guidance on the Use of Emergency Salbutamol Inhalers in Schools, March 2015
- Guidance on the Use of Adrenaline Auto-injectors in Schools, September 2017
- Supporting Pupils at School with Medical Conditions, December 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Special Educational Needs and Disability Code of Practice, July 2014
- Local Authority Model Health and Safety Policy (Version 1.3), September 2016
- Statutory Framework for the Early Years Foundation Stage, March 2017
- BMA Prescribing Non-prescription (over the counter) Medication in Nurseries and Schools, 28 July 2017
- Asthma and Allergy Recommendations for Schools (Compass Wellbeing), January 2018
- Other school policies, such as Child Protection and Safeguarding

Eczema

Eczema often occurs in people who get allergies. It often develops alongside other conditions, such as asthma and hay fever.

What can cause eczema?

There are often certain triggers, such as soaps, detergents, stress and the weather. Sometimes food allergies can play a part.

What are the symptoms of eczema?

- areas of skin that are itchy, dry, cracked, sore and red

How can we manage eczema at school?

- Recognising that children may have flare-ups which require the use of prescribed emollients in school. Children should be reminded not to put their fingers into the pot, so as to reduce infection. They should be encouraged to wash their hands before applying the cream and supervised to ensure adequate coverage on the affected areas. They may need to apply cream after certain activities e.g. swimming.
- Through awareness that eczema can lead to sleepless nights, causing difficulty concentrating at school.
- Managing environmental factors, through helping children develop self-awareness of the impact on their body. If heat aggravates a child's eczema, then they may need reminding to keep themselves cool by removing unnecessary layers of clothing e.g. cardigans / jumpers.
- By being observant if a child is scratching their skin. To reduce scratching, it is better for them to gently rub the skin with their fingers instead.
- Provision of pastoral support, for a child whose severe eczema may be affecting their self-esteem.

Allergic Rhinitis (Hay fever)

What can cause hay fever?

Hay fever is an allergic reaction to pollen, typically when it comes into contact with the mouth, nose, eyes and throat.

What are the symptoms of hay fever?

- sneezing and coughing
- a runny or blocked nose
- itchy, red or watery eyes
- itchy throat, mouth, nose and ears
- loss of smell
- pain around the temples and forehead

- headache
- earache
- feeling tired

How can we manage hay fever at school?

- By allowing children to bring Vaseline into school, which they can apply inside their nostrils to trap pollen.
- By allowing children to wear sunglasses at playtimes and on school visits, to stop pollen entering their eyes.
- Providing opportunities for children to stay indoors at playtimes whenever possible.
- Through careful planning for children who suffer from hay fever, when organising school outings, especially during the period of late March to September. This might involve speaking with parents prior to a school trip, so that they can choose to administer antihistamine medication before school. Areas of high pollen might need to be avoided through making reasonable adjustments e.g. lunch inside rather than on a grass area.
- Recognising that children with hay fever may under-perform during assessment week and statutory tests that are held in the hay fever season; thereby making reasonable adjustments (as far as possible within government guidelines). This might mean rescheduling a school-based test for a child or offering a 'rest break.'

Anaphylaxis

What can cause anaphylaxis?

- food (e.g. peanuts, tree nuts, milk /dairy foods, egg, wheat, fish / seafood, sesame and soya)
- insect stings
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps)
- perfume

How long after exposure to an allergen can anaphylaxis and cardio-respiratory arrest occur?

Food

- Symptoms can begin immediately.
- Severe symptoms can often take 30+ minutes to occur.
- Some severe symptoms can occur within minutes.
- Others can occur over 1-2 hours after eating.
- Severe reactions to dairy are often delayed and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

Insect Stings

- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

How can we reduce the risk of allergen exposure in children with food allergy at Halley?

- Packed lunch provided by parents for children with food allergies should be clearly labelled with the name of the child.
- Catering staff should read labels for food allergens and take measures to prevent cross contamination during the handling, preparation and serving of food. Utensils and food preparation areas should be thoroughly cleaned.
- Children should not share or trade food, utensils or containers.
- Food used for cooking, play dough, science experiments, art and craft may need to be restricted or substituted (e.g. wheat-free flour, non-food containers for egg cartons) depending on the allergies of children in the class.
- Planning the catering requirements and emergency measures (access to emergency medication and medical care) of the allergic child for out-of-school activities.
- Staff should be aware that residues from food which they may consume at lunchtime could potentially be transferred to the classroom and may result in a child having an allergic reaction.

What is the responsibility of all staff?

- To know where to locate the medical register and check if a child is on it.
- To refer to the register to check allergens of children, especially when there are class parties or activities involving food.
- To recognise the signs and symptoms of an allergic reaction.
- To understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms.
- To appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the child might reach a state of collapse (after which it may be too late for the adrenaline to be effective).
- To know who the designated members of staff are and summon their help. Staff who are paediatric first aiders or have attended the asthma, allergy and epilepsy training are designated members of staff.
- To know to access the child's adrenaline auto-injector (AAI) that is in the classroom and their individual second AAI (in the Medical / SEN room)
- To collect the spare emergency AAI (should it be needed) from the medical / SEN room.
- To check the allergies register as part of initiating the emergency response in using the **emergency AAI.**
- To ensure that the required medication is taken on school excursions.

What is the responsibility of the designated person?

- To recognise the range of signs and symptoms of severe allergic reactions.
- To respond to a request for help from another member of staff.

- To recognise when emergency action is necessary, by checking the HCP.
- To administer AAIs according to the manufacturer's instructions.
- To make an appropriate record of the allergic reaction and dose administered.
- To give the used AAI to the ambulance paramedics on arrival.

What is the treatment for a reaction?

- Allergy medications (antihistamines) can be used for mild allergic reactions.
- AAIs are recommended for severe reactions.
- Severe reactions may require more than one dose of adrenaline. Children can initially improve and then deteriorate later.
- **It is essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occur.**

Where are the emergency AAIs stored?

- The child's second AAI is stored in a box labelled with the child's name and photograph in the **medical / SEN room.**
- The spare emergency AAIs are stored in the emergency kit, labelled as such (to avoid confusion) in the **medical / SEN room.**
- The list of pupils that the emergency AAI can be administered to, is enclosed in the 'Emergency AAI kit.'
- An administration record is also included in the emergency AAI kit.

Who can the spare emergency AAI be administered to?

The emergency AAI can **only** be used on a pupil where:

- A child has a HCP and **written parental consent** has been provided for the spare AAI to be used.
- The child's own prescribed AAIs cannot be administered correctly, without delay.

"Should a staff member suspect an anaphylactic reaction where these conditions have not been met, a member of the team should call 999 and ask whether to use the emergency AAI. If in doubt, the AAI should be used as delays in administering the AAIs have been associated with fatal outcomes."
Asthma and Allergy Recommendations for Schools (Compass Wellbeing)

When can an AAI be used?

AAIs are intended for use in an emergency situation when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives.

What are the signs and symptoms of an allergic reaction?

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised: (if breathing is difficult, allow child to sit)

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has** SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box on page 1, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline **do NOT move the pupil.** Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.[17] **If breathing is difficult, allow the pupil to sit.**

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").
- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer.

- Tell the paramedics:
  - if the child is known to have an allergy;
  - what might have caused this reaction e.g. recent food;
  - the time the AAI was given.

Recording use of the AAI and informing parents/carers

In line with *Supporting Pupils*, use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Asthma

Who can the spare emergency salbutamol inhaler be administered to?

- It should be used by children **who have been diagnosed with asthma** and for whom **written parental consent** for use of the emergency inhaler has been given.
- A child who has been **prescribed a reliever inhaler within the last 12 months but who does not have a formal diagnosis of asthma.**
- It **SHOULD NOT** be given to a breathless child who does not have asthma.

Where are the emergency salbutamol inhalers stored?

- The spare emergency salbutamol inhalers are stored in the emergency kit, labelled as such (to avoid confusion) in the **medical / SEN room.**
- A list of which pupils the emergency kit can be administered to, is enclosed in the 'Emergency Salbutamol Inhaler kit.'
- An administration record is included in the kit.
- There is also a copy of the letter to be sent home to parents informing them if the emergency inhaler has been used.

What are the symptoms of asthma?

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of the child's own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

What is the responsibility of all staff?

- To recognise the symptoms of an asthma attack.
- To know where to locate the register and check if a child is on it.
- To know where to access the child's inhaler (in the classroom) and the emergency inhaler (in the Medical / SEN room)
- To be aware of who the designated members of staff are (see list below) to access for help.
- To collect the emergency inhaler and spacer.
- To check the asthma register as part of initiating the emergency response.
- To initiate administering the emergency inhaler to save a child's life.

What is the responsibility of the designated person?

- To recognise an asthma attack.
- To respond to a request for help from another member of staff.
- To recognise when emergency action is necessary.
- To administer salbutamol inhalers through a Volumatic spacer.
- To make an appropriate record of the asthma attack.
- To send the plastic spacer home with the child, for their future personal use.

What to do if child presents with the signs of an asthma attack?

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

Responding to signs 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 child while the inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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.
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

How should the use of the emergency inhaler be recorded?

- It should be written on the administration record that is included in the kit. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.
- Send the emergency asthma letter home to inform parents, so that it can be passed onto the GP.

Who can administer the emergency inhaler or an AAI?

2018-2019

The following designated staff have been trained in asthma, allergies, eczema:

Staff	Renewal Date
Dean	20.11.18
Sivan	10.11.18
Siddrah	02.02.19
Liz	12.01.19
Nilufa	08.12.18

The following designated staff are First Aid Paediatric trained:

Staff	Renewal Date
Chloe	30th Sept 2018
Sharmina	4th Nov 2018
Siddrah	13th March 2021
Helen T	6th Oct 2019
Sureya	13th Jan 2020
Kathleen	13th March 2021
Shalina	29th Nov 2020
Sivan	4th Oct 2020
Dean	27th Nov 2020

The following staff member is trained in Outdoor First Aid, which also covers asthma, allergies and asthma:

Staff	Renewal Date
Olivier	May 2010

In an emergency situation, a member of staff who administers an inhaler or AAI could save a child's life.

March 2018

Amendments made in May 2018

To be reviewed 2020