

# Asthma and Allergies Policy

## St Joseph's Catholic Primary School



<b>Policy Date:</b>	March 2020
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**Blessed Holy Family**  
Catholic Academy Trust



## **St Joseph's Catholic 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:

- St Joseph's Policy on 'Supporting Pupils at School with Medical Conditions,' March 2020
- Guidance on the Use of Emergency Salbutamol Inhalers in Schools, March 2015
- Guidance on the Use of Adrenaline Auto-injectors in Schools, September 2017
- Special Educational Needs and Disability Code of Practice, Sept 2015
- BMA Prescribing Non-prescription (over the counter) Medication in Nurseries and Schools, Jan 2020
- Safeguarding and Child Protection Policy

# Anaphylaxis

## What can cause anaphylaxis?

- foods (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)

## 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 St Joseph's?

- The school kitchen operated by ISS is a nut free environment and works closely with Welfare and DH to ensure any dietary needs of children are met. Where allergies are identified, specific individual menus are put in place to support the child.
- Children should not share 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.
- Parents are advised not to send in any treats that contain or may contain nuts e.g. for a birthday. This advice is translated into key languages to ensure all parents can access it. Staff / parents will provide alternative treats that are suitable for any children with allergies.
- Planning the catering requirements and emergency measures (access to emergency medication and medical care) of the allergic child for out-of-school activities.

### **What is the responsibility of all staff?**

- 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 patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective).
- To be aware of the 'Asthma and Allergies' policy.
- To know who the designated First Aiders are and summon their help as required.
- To be aware of any child that has an epi pen at school – refer to the Pupil awareness boards in the staff room and medical room.
- To know to access the child's adrenaline auto-injector (AAI) that is in the classroom and their individual second AAI stored in the cupboard in the medical room.
- To know that spare emergency AAI's are kept in the Medical Room, Breakfast Club/ After School Club and the Nursery and are only to be used in the event that a child's own AAI fails or as directed by the ambulance control.
- To know that the spare AAI can only be given to a child with prior written parental consent. Photographs of children with this written consent are attached to the relevant emergency AAI.

### **What is the responsibility of the First Aid Team/staff at St Joseph's?**

- 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 administer AAI's according to the manufacturer's instructions.
- To make an appropriate record of the allergic reaction.
- 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.
- Adrenaline is 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 occurs.

## **Where are the spare emergency AAls stored?**

- The spare emergency AAls are stored in the emergency kit, labelled as such in the Medical Room, Breakfast Club / After School Club and the Nursery.
- The list of pupils that the emergency AAI can be administered to is displayed with 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:

- Both medical authorization and written parental consent have been provided for the emergency AAI to be used, as recorded with their individual healthcare plan (IHCP).
- It can be used in the event that the child's own prescribed AAls fails.
- If a pupil does not meet these criteria, emergency services should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

## **When can an AAI be used?**

AAls 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?

The signs of an allergic reaction are:

## 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



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

Airway:	Persistent cough Hoarse voice
Breathing:	Difficulty swallowing, swollen tongue
Consciousness:	Difficult or noisy breathing Wheeze or persistent cough  Persistent dizziness

## 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

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) reactions 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, 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. 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 dialing 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.
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- 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 only be used by children who have been diagnosed with asthma or who have been prescribed a reliever inhaler, and for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded on the parental consent form.
- 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 in the medical room and the After School Club/ Breakfast Club and Nursery
- 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.
- Parents will be informed 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 be aware of the asthma policy.
- To know where to locate the asthma register and check if a child is on the register.
- To know where to access the child's inhaler and the emergency inhaler in the Medical room and ASC/BC and the Nursery.

## **What is the responsibility of the First Aider?**

- 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 spacer.
- To make an appropriate record of the asthma attack.
- To inform parents when medication has been given.

## **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.
- 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 recorded in the record book in the Medical room. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.
- Inform parents if the emergency inhaler has been used.

Compiled By: Mrs Trower and Mrs French

Revision Number: 2

Approved by: Governing Body



**St. Joseph's Catholic Primary School**

**PARENTAL CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER**

At St Joseph's School we take the health of the children very seriously, in particular asthma. As part of accepted good practice and under guidelines from the Department of Health, our school has purchased an Emergency Salbutamol Inhaler. This can only be used with parental consent for children who have been diagnosed with asthma, whose prescribed inhaler is unavailable or unusable.

Please complete the Parental Consent form below and return it to the school as soon as possible.

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1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
  2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school in the Medical Room.
  3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed..... Date.....

Name (print).....

Child's Name..... Class.....



**St. Joseph's Catholic Primary School**

**PARENTAL CONSENT FORM:  
USE OF EMERGENCY ADRENALINE AUTO INJECTOR (AAI)**

At St Joseph's School we take the health of the children very seriously, in particular Anaphylaxis. As part of accepted good practice and under guidelines from the Department of Health, our school has purchased two Emergency Adrenaline Auto Injectors (AAI's). These can only be used in an emergency, with parental consent, for children who have been prescribed an AAI which is unavailable or unusable.

Please complete the Parental Consent form below and return it to the school as soon as possible.

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1. I can confirm that my child has been prescribed an Adrenaline Auto Injector (AAI).
  2. My child has two working, in-date AAI's, clearly labelled with their name, which are kept at school (one in Class and one in the Medical Room).
  3. In the event of my child displaying symptoms of an allergic reaction and if their AAI's are not available or are unusable, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Signed..... Date.....

Name (print) .....

Child's Name ..... Class.....