Asthma and Allergy Policy

Confidence, respect and a love of learning

Our vision and aims support Articles 3, 28, 29, 30 and 31 of the United Nations Convention on the Rights of a Pupil.

Article 3: The best interests of a child must be a top priority in all things that affect pupils.

Article 28: Every child has the right to an education.

Article 29: Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

Article 30: Every child has the right to learn and use the language, customs and religion of their family.

Article 31: Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

Approved by:	**Curriculum and Personnel committee**	**11/5/2026**
Next Review date:	**Spring 2029**	

Aim	The main aims of our Asthma and Allergy Schools policy are to : a. Provide key information to support pupils with asthma, wheeze, and/or allergies at school. b. Provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis. c. Improve asthma and allergy-related communication between the school and healthcare services. d. Reduce the number of children with poorly controlled asthma, wheeze and allergy in schools with the support of local health services.
Context	**Why is asthma/allergy/wheeze important to Schools?** ● 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 pupils manage their condition and limit asthma/wheeze attacks and anaphylaxis. **School's Responsibilities** ● Schools are responsible for providing general support for asthma/wheeze/allergy. ● They are not responsible for pupils' 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. **What is Asthma/Wheeze/Allergy?** **Asthma** ● It's a long-term health condition that affects how someone breathes. ● When someone with asthma encounters an irritant/trigger, like dust or animal fur, they can find it harder to breathe. ● Each pupil 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: o When and how much preventer inhaler to use (normally brown).

	o When and how much salbutamol (reliever) inhaler to use to treat asthma symptoms, like difficulty breathing (normally blue). o Inhalers should be used with a spacer- a plastic tube that helps with breathing in the medication. o The pupil's known triggers/irritants that could cause worse asthma symptoms. **Wheeze** ● Wheeze is a breathing condition that affects 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 pupil breathes. ● Pupils 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 pupil's symptoms, you should contact the NHS- GP, 111, 999- depending on severity. **Allergy** ● 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. ● Pupils who are allergic to a substance should avoid that substance to prevent anaphylaxis. ● A pupil will need to take an adrenaline pen in the event of anaphylaxis. ● Every pupil with a severe allergy should have an allergy plan that explains how to manage their condition.
Overview	The following is in place; 1. An asthma and allergy **policy.** 2. **A register** of all pupils with asthma and allergies is held. **3. We 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. **2-yearly all staff awareness (85% of staff) and for all new staff, which is provided by the School Health Service or online,** on asthma and allergy. 7. **At least one named Asthma Champion** is responsible for adherence to asthma and allergy-friendly school standards in the school.

1. Policy	To be an Asthma and Allergy Friendly School, our school must have a policy signed off by our governing body- that is reviewed every 3 years.
2. Register	The following is in place to meet the register requirement: ● An asthma and allergy register of pupils is held in the school and is reviewed yearly and updated when required. ● This register will hold key information about all pupils with asthma/wheeze/allergy, including: their prescribed medication; whether the parents/guardians have given consent for the emergency kit to be used in an emergency; whether the pupil has a plan on file; etc. ● It will enable schools to support children with their health conditions. ● All pupils 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, which is on the standard asthma plan. ● If they have not used salbutamol for over a year in school, discuss with parents and they may not be using it anymore. They can remain on our emergency list and use our emergency supply. If they have not been used for a further year, they can be removed from our registry. ● Medical Tracker is the currently used a medical condition registry.
3. Access to Medication	Bonner has the following responsibilities for access to medication for our pupils with asthma/wheeze/allergy: ● Bonner School will support all children with asthma/allergy/wheeze to always have immediate access to their medication. ● Not all children with asthma, allergy or wheeze will have medication prescribed- depending on the severity of their condition, we will review a pupil's plan to identify any prescriptions. ● Asthma/Wheeze- pupils should have access to their reliever inhaler (blue pump inhaler) and spacer- if they always have a prescription. ● Moderate/Severe Allergy- pupils should have access to two adrenaline pens- if they always have a prescription- the school will contact the pupil's school nurse where this is not in place. ● More capable/independent pupils should be responsible for carrying their own medication. Schools should remind pupils of this and highlight the risks of not carrying it. ● For pupils not capable of carrying their own medication, medication should be stored in the classroom which both staff and pupils are aware of. ● Pupils or parents should always have auto-injector pens with them, including the journey to and from school.
4. Individual Care Plans	**All children on the register should have a <u>Generic School Asthma Care plan</u>** The standard (Generic) plan, designed to replace the existing individual plan, aims to simplify the process for you. No longer will you need to spend time and effort chasing up with families, GP or school health.

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1. Plan Duration: The individual plan is reviewed each year by the Asthma Community Nurse Specialist Clinic in Tower Hamlets. This plan remains valid for the entire duration of the child's time in school. Bonner keeps a spare copy for our reference.

2. New students: The standard plan should be for all new students entering the school. This ensures a consistent and efficient approach to managing asthma-related concerns.

3. Residential Trips: For students participating in residential trips, parents are required to fill out medication administration forms. Additionally, it is essential to ensure that an asthma and allergy plan accompanies the child during the trip.

● If a child has an Auto Injector pen, they must have an Allergy Plan and should not be in school without one. All parents should be given a plan on the administration of an autoinjector pen. They only need updating if there is a change in medication or allergy.

● School Health can chase the allergy team if this is not in school's contact details: Tel:02039540091 Email: compass.towerhamletsyphws@nhs.net
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<td>5. Emergency Kit</td>
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The following is in place to meet the emergency kit requirement:

Bonner 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 pupil’s own medication is not immediately available.

Consent for use of the emergency kit can be obtained via Arbor. Whether the pupil or their parents/guardians have consented to the use of the emergency kit in the event of an emergency should be recorded in medical tracker

Number/Location of Emergency Kits (for reference in the event of an emergency)
<table>
<tr><td>Number of emergency kits kept at the school</td><td>Bonner Mile End 1 x EpiPen, 1 x Ashma Pump

Bonner Bethnal Green 1 x EpiPen, 1 x Asthma Pump</td></tr>
<tr><td>Location of emergency kits</td><td>School Reception Office</td></tr>
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Acquiring Kit
● The school has purchased emergency medication and supporting equipment/documents from a local pharmacy.

● For the required contents of an emergency kit- see Appendix 1.

Using the Kit
● Emergency medicines should be used if a pupil 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 pupil’s asthma/wheeze/allergy plan.

● Bonner has a process for storing asthma/allergy/wheeze plans and ensure that staff know where they are stored.
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	● The Asthma and Allergy Register will give a full list of pupils with asthma/allergy/wheeze plans to help with identifying if the pupil is having an asthma/wheeze attack or anaphylaxis has a plan. ● For emergency medicines to be used, the following is needed: o Each pupil needs a signed Standard Asthma Care form where parental consent is given for the use of emergency medicine. ● A record of the prescription for the medicine- for pupils with asthma/wheeze, this would be a salbutamol prescription; for pupils with an allergy, this would be an adrenaline pen prescription. Not all children with wheeze will have a salbutamol prescription. ● For pupils with an allergy, an adrenaline pen should only be used on a pupil with an allergy plan and consent of parent/carer/guardian, in an emergency medical services (e.g. 999) or another suitably qualified person, may advise to use our emergency autoinjector pen. ● Staff members who have completed the online awareness are permitted to support the child in using 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: o The pupil's parents and guardians should be informed in writing. o Consider contacting the patients' GP or if urgent, calling 999/ going to A&E. **Maintaining Emergency Kit** ● The school has a responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly. ● For more information- see Appendix 2.
6. Staff Awareness session	Staff with significant contact with pupils complete awareness training to understand the basics of support for children with asthma/allergy/wheeze. School Health Service is providing 2-yearly face-to-face awareness sessions and will be booked in with you or contact the School Health Team. Alternatively, there is a 40-minute awareness session **Video** **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. The school promotes this awareness and include it in the induction process for new starters. All staff with significant contact with pupils should complete every 2 years. Bonners also has a responsibility to communicate to the following staff: ● How to raise issues about pupils with uncontrolled symptoms or no/incorrect asthma/allergy/wheeze plan.

	● Where pupil 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. ● The asthma champion/lead at the school is **Bilkees Patel.**
7. Asthma Champion/ Lead	The Asthma Champions/Leads are responsible for the following. ● 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
Tower Hamlets Asthma Leads	**Asthma Community Nurse Specialists**: if you have concerns re poorly controlled asthma.07591989962 Email: th.paedasthmanurse@nhs.net **School Health Team**: To become an asthma-friendly school and book an Awareness session, discuss with our school nurse. Tel: 020 3954 0091 Email: compass.towerhamletsyphws@nhs.net **Healthy Lives Advisor:** Send the self-certification form to David and he will issue certificates. Tel: 0207 364 6320 Email: David.banks@towerhamlets.gov.uk sultanax.begum@towerhamlets.gov.uk **Medical Tracker:** Support with medical tracker and set up. Email: stephanie.hall@barnardos.org.uk

Additional Information (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 a 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

- Regular checks 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 encountered 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 the air in a clean, safe place. The canister will be returned to the housing when dry and the cap replaced. Return to the 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 the 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

Bonner has an asthma/allergy/wheeze-friendly procedures in place for typical school situations:

Requesting Information from Parents

- Bonner is responsible for requesting parents/guardians of new pupils complete a medical declaration form when joining school and at the start of each new school year. This should request information for:
    - Any physician diagnoses 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 use of the emergency kit is on the Allergy Plan and the Emergency Asthma Plan.
- The emergency kit is to be used in the event of an emergency, if this has not already been provided.

- Bonner is responsible for informing parents/guardians that they need to update the school when there is a change in a pupil's healthcare needs, including medication changes, changes in the severity of the condition, etc.
- Bonner is responsible for reminding parents about these responsibilities to parents at appropriate intervals.

Asthma/Allergy/Wheeze Plans

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

Exercise and Activity

- Exercise and activity are beneficial for pupils with allergy/asthma/wheeze and are actively encouraged.
- Blue inhalers via a spacer should only be used before exercise when exercise is an identified trigger in the pupil's asthma/wheeze plan.
- Blue inhalers are normally used to relieve symptoms, such as wheeze/difficulty breathing, and not before these symptoms start.
- Some pupils will breathe heavily because they are not used to exercise, but 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 pupil 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 is completed by the class teacher for pupils with asthma/allergy/wheeze.
- Staff ensure pupils have their medication before departing for the trip.
- Staff bring a copy of each pupil's asthma/allergy/wheeze plan.

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