

THAMES VIEW JUNIOR SCHOOL



Asthma & Allergies Policy

2025/26

Contents:

Introduction	page 3
Aims and objectives	page 3
Asthma Background	page 3
Asthma inhalers	page 3
Register	page 3
Daily management	page 3

Recognising an asthma attack	page 4
Administering an asthma pump	page 4
Storing asthma pumps	page 4
Allergy Background	page 5
Recognising an allergic reaction	page 5
Anaphylaxis	page 6
Types of medication	page 6
Administering and storing medication	page 7
What to do in an emergency	page 7
Educational visits	page 7

Introduction:

This policy represents our commitment to managing children and young people with asthma and food allergies effectively and safely whilst under the supervision of staff at Thames View Junior School. It sets out the procedures and practice that all staff must adhere to when dealing with asthma and/or allergy related illnesses. This policy will be reviewed, amended as necessary and published annually in accordance to current legislation and guidance.

Aims and objectives of this policy:

- Manage children and young people with asthma and food allergies effectively and safely.
- Support the use of salbutamol inhalers and auto-injectors in emergencies.
- Allow staff to identify children with poorly controlled asthma.
- Outline the procedure staff need to take when dealing with allergies and anaphylaxis.

Asthma Background:

Asthma is a long-term condition that affects ones' airways – the tubes that carry air in and out of the lungs.

It usually causes symptoms such as coughing, wheezing and breathlessness. If an asthmatic person comes into contact with one of their triggers - anything that irritates the airways and sets off asthma symptoms - it can make their symptoms worse and even bring on an asthma attack.

Asthma inhalers:

There are two common types of inhalers most people with asthma have – the ‘blue’ and the ‘brown’ inhaler.

The blue inhaler contains ‘salbutamol’ – a fast acting drug which provides instant relief. It typically takes one or two puffs to work for effect. It is this inhaler which is kept in school to help provide relief for the child/young person.

The brown inhaler contains a low-dose steroid. This is typically given once or twice per day to help reduce inflammation and control symptoms. The dosage is dependent on how the child/young person’s asthma is progressing.

Asthma register:

All children with asthma pumps are added onto Medical Tracker. This is available to all staff on their own Medical tracker login.

Daily management:

At Thames View Juniors, anyone with severe asthma (if it affects their school attendance etc), has an individual care plan setting out how to use their pump - e.g. how many puffs, how many times in the day and what to do in an emergency. Teachers are to take all medication down to their PE lessons with them, in case they need relief after their exercise. If it is used, it is noted by the class teacher and logged onto medical tracker.

All asthma pumps are readily available for children if they need them during/after any play/lunch breaks. They have one in class and the first aid room.

Recognising an asthma attack:

If managed well, a few puffs of the inhaler should relieve one's symptoms. However, if they do not - the child or young person may be suffering from an asthma attack.

Signs that may indicate an asthma attack include:

- symptoms getting worse (cough, breathlessness, wheezing or tight chest);
- the reliever inhaler does not seem to help;
- the child or young person is too breathless to eat/speak;
- the breathing is getting faster and the child/young person may feel like they cannot catch their breath;
- children may complain of a tummy/chest pains.

When/if this happens, the medical lead Joanna Wellwood is called and then to follow the steps on the child's care plan and call for emergency services when required.

Administering an asthma pump:

In most cases, children at Thames Vies Junior are encouraged to administer their pumps by themselves, under the eye of a First Aid trained adult. The child usually knows what to do and how many puffs to take - this can be checked on Medical Tracker.

As the child is administering their pump, the adult makes a note of this on Medical Tracker, this will include time, date, how many puffs. Once logged a notification will be sent to parent to notify them.

Storing asthma pumps:

At Thames View Junior School, each child with an asthma pump is provided their own pack to store their pump in. This is a clear, labelled plastic wallet which includes the pump, the spacer and the child's care plan. The box moves with them at the end of each academic year.

In the classroom, these boxes are kept in a place visible to see by everyone with a First Aid poster above, this then allows easy access for the child and adult to reach for the medication in an emergency.

The school's designated medical lead checks the boxes termly to ensure each pump is there and all dates are tracked through Medical Tracker, this then notifies the medical lead of when to get in contact with parents.

Expired pumps are handed back to the parents; and in some cases, back to the pharmacy, for safe disposal.

Allergies

Allergy background:

An allergy is a reaction the human body has to a particular food or substance. 1 in 4 people suffer from some sort of allergy at some point in their lives. They are particularly common amongst children. Some may outgrow them as they get older, although many are lifelong.

Allergens are the substances that cause allergies. The most common allergens include:

- grass and tree pollen (hay fever)
- dust mites
- animal dander, tiny flakes of skin or hair (cats/dogs etc)
- food – nuts, fruit, shellfish, eggs and cows' milk
- medicines – ibuprofen, aspirin and certain antibiotics - latex

Recognising an allergic reaction:

Allergic reactions occur relatively quickly once the child or young person has been exposed to an allergen.

Some of the most common signs of an allergic reaction include:

- sneezing
- a runny or blocked nose
- red, itchy, watery eyes
- wheezing and coughing
- a red, itchy rash
- worsening of asthma or eczema symptoms

Most allergic reactions are mild, but on the rare occasion, a severe reaction called **anaphylaxis** or **anaphylactic shock** can occur.

Anaphylaxis:

An anaphylaxis attack is a dangerous and severe allergic reaction in which the whole body gets affected.

Some common symptoms of this reaction include:

- generalised flushing of the skin
- nettle rash anywhere on the body
- sense of impending doom
- swelling of throat and mouth
- difficulty in swallowing or speaking
- alterations in heart rate
- severe asthma
- abdominal pain, nausea and vomiting
- sudden feelings of weakness
- collapse and unconsciousness

This is a medical emergency. If this happens, an ambulance is called. The parents are informed after the 999 call is made,

Types of medication:

There are a range of different types of medicines which can be used/prescribed to help provide relief from allergic reactions. Most medications can be bought over-the-counter, but it is best to have it prescribed.

Some of the different types of medication include

- **antihistamines** – These are further split into 2 groups: ones that make you feel drowsy (including Piriton) and those that do not make you feel drowsy (such as cetirizine). Antihistamines come in several different forms.

- **decongestants** – These provide short term relief. They are commonly available as nasal sprays, drops, tablets or capsules and liquids or syrups. - **lotions and creams** – These are designed to treat red and itchy skin. They are available over the counter.
- **steroids** – These help reduce inflammation caused by an allergic reaction. Weak steroid medication is available over the counter, whereas stronger medication is prescribed by a GP.
- **adrenaline auto-injectors** – These are prescribed and must be carried at all times. They can help an anaphylactic reaction becoming life threatening. There are 3 main types of auto-injectors – the EpiPen, Jext and Emerade.

Administering and storing medication:

Anyone who has medication prescribed (for allergies or any other conditions) must fill out a form available at the front reception. This form has all the details needed in order to be able to administer the medication whilst the child is in school (how much, how many spoons etc).

All medication is stored in the first aid room if needed to kept in the fridge or a locked cupboard but asthma pumps are kept in both the class and first aid room.

What to do in an emergency:

If a child is presenting with anaphylaxis symptoms, the following steps should be followed:

- use an adrenaline auto injector if the person has one (the steps to use it are always printed on the injector)
- call 999 for an ambulance immediately
- remove any triggers - if possible
- lie the child/young person down flat **unless** they are unconscious
- give another injection after 5-15 minutes (if the symptoms do not improve and a 2nd dose is available).

All First Aid staff are trained in how to use an Epi-Pen.

Educational visits

On educational visits, children are put into groups so they are with someone first aid trained this person will also carry medication that is needed just in case of emergencies.

Children with asthma/allergies are added onto the risk assessment before the visit. This highlights any potential routes which should be taken in an emergency.