Asthma & Allergy Friendly Policy 2026/27

North East London Health & Care Partnership

NELFT NHS
NHS Foundation Trust

Mayesbrook Park School
Alternative Provision for young people in Barking and Dagenham

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Date:	**23/09/2026**	**Last reviewed on: 23/09/2026**
Next review:	**01/09/2027**	

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Aims

The main aims of our Asthma and Allergy Friendly Schools policy are:

- To provide key information for schools so they can support pupils with asthma, wheeze, and/or allergies at school
- To provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis.
- To improve asthma and allergy related communication between education and healthcare services
- To reduce the number of children with poorly controlled asthma, wheeze and allergy in schools, with the support of local health services

Roles & Responsibilities

Named school allergy safety lead(s) & asthma champion(s): Katy-Anne Waite & Linda Brown

They're responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Implementing this allergy safety policy
- Contributing to the review of the allergy safety policy
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
    - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff: what lessons there are to learn & any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

Name of headteacher: Cathy Stygal

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

Teaching and support staff:

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens

- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

Parents/carers:
Parents/carers are responsible for:
- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

Pupils with allergies:
If age-appropriate, these pupils are responsible for:
- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

Pupils without allergies:
These pupils are responsible for:
- Being aware of allergens and the risk they pose to their peers

Named school nurse: Titilayo Idowu

Legislation & guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:
● Who was affected
● What happened, when and where
● Why the incident occurred (as far as is known)
● How staff and pupils responded and what was done to support the individual
● Whether emergency services were called
● How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. The school will share the report with the pupil's parents, the pupil or the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the allergy safety lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.
The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

Allergy awareness

Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil’s wellbeing
- Understand the school’s allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a ‘near miss’)

Context

Asthma

Asthma is a condition that affects the small tubes (airways) that carry air in and out of the lungs. When a person with asthma encounters something that irritates their airways (an asthma trigger), the muscles

around the walls of the airways tighten so that the airways become narrower, and the lining of the airways become inflamed and start to swell. Sometimes, there is production of sticky mucus or phlegm, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Asthma UK).

Wheeze
Wheeze is a respiratory condition, typically effecting young children (up to 5 years old) which can cause difficulties in breathing. Wheeze is usually caused by a virus which normally affects 0–5-year-olds. Children with wheeze will make a high-pitched whistling sound when breathing. Wheeze can resolve spontaneously but some children with more severe symptoms will need medication e.g., salbutamol inhaler. If you are concerned by a child's wheeze symptoms, you should contact a GP, 111 or 999, depending on severity.

Allergy
An allergy is a long-term condition when the body's immune system attacks a normally harmless substance, such as nuts. Antihistamines can be used to address less severe allergy symptoms.
Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something the child is allergic to. Children who are allergic to a substance should avoid that substance to prevent anaphylaxis. A pupil will need to use an adrenaline pen in the event of anaphylaxis and every pupil with a severe allergy should have an allergy plan that explains how to manage their condition.

As a school, we recognise that asthma and allergy are widespread, serious but controllable conditions. Our school welcomes all pupils with asthma and allergy and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- An asthma and allergy **policy**
- **A register** of all pupils with asthma and allergies
- The ability for children to **easily access their medication**
- **Personalised Asthma Action Plans and Allergy Care Plans** for all children with asthma or allergy
- **An emergency kit** including salbutamol inhalers, spacers, antihistamines and adrenaline auto-injectors
- **All staff training** on awareness, correct use of medical devices and emergency policies.
- At least one named **Asthma Champion** responsible for adherence to asthma and allergy friendly school standards in the school

Asthma and Allergy Register

We have a register of all children that are diagnosed with asthma, allergies or wheeze within the school which is updated yearly and as needed to enable our school to support our pupils with their health condition. All pupils with a prescribed blue inhaler should be listed on the register (even if they don't have a diagnosis of asthma). All pupils with confirmed severe risk of anaphylaxis with a prescribed adrenaline auto injector pen should be listed on the register. This register will hold key

information about all pupils with asthma/wheeze/allergy, including: their name, DOB, class, prescribed medication and consent from parents/guardians to use the emergency kit medication if the child does not have their own with them.

Access to Medication

All children with asthma/allergy/wheeze should always have immediate access to their medication. Children with asthma/wheeze should have immediate access to their prescribed Salbutamol reliever inhaler (usually blue) and spacer, ideally in the classroom. Pupils with moderate/severe allergy risk should have access to two adrenaline pens (if prescribed). Staff should contact the school nurse if this is not in place. Children should be encouraged to carry their own medication as soon as they are responsible or capable enough to do so (usually secondary school pupils), however, we will discuss this for each child with the parent/carer and teacher. For pupils not capable of carrying their own medication, it should be stored in an accessible location, known to staff.

School staff are trained on the use of the adrenaline auto injector pens or administering an inhaler puff so they can take immediate action if a child is experiencing anaphylaxis or breathing problems. Our school recognises that some children may still need supervision in taking their inhaler due to poor technique or unable to take the inhaler by themselves. School staff are not required to administer asthma medicines to pupils, however, staff who have had asthma training and are confident enough to support children to use their inhaler, should do so, whenever possible. Failure to receive their medication could end in hospitalisation or even death. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse/asthma specialist nurse and advise parents/carers to arrange an appointment with their GP/nurse.

Asthma Action Plans and Health Care Plans

As a school, we have a generic, school-wide, asthma action plan, which is stored in a secure, accessible location, known to all staff. A whole school action plan is to ensure the care of asthma (and allergies) is managed effectively and the school environment is favourable for all children in the school setting. All pupils, particularly those with complex and difficult to manage asthma, are encouraged to obtain a personalised asthma action plan from their GP/asthma nurse and provide a copy to the school. For allergies and if a child has been prescribed an adrenaline auto injector pen, the school nurse will develop a health care to for their allergy care issues and actions, and a copy will be stored in the school records.

Emergency Kit

As a school, we are aware of the guidance on the use of emergency salbutamol inhalers in school (Human Medicines (Amendment) (No 2) Regulations 2014) and the use of adrenaline auto injectors in

school (Human Medicines (Amendment) Regulations 2017); this allows schools to buy salbutamol inhalers and adrenaline auto injectors, without a prescription, for use in emergencies from the pharmacy.

Our school is required to purchase emergency medications (plus supporting equipment/documents) from a local pharmacy. For a list of the required contents of the kits – see appendix 1. We will use the emergency medications during the onset of an asthma attack or anaphylaxis in the absence of the child's own inhaler or medication. We will ensure that the emergency medication is only used by children who are listed on the register with diagnosed asthma/wheeze/allergy, who have been prescribed the medication by their GP, and for whom written parental consent has been obtained. Not all children with wheeze will have a salbutamol prescription.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, and that adrenaline auto injector devices are effective against anaphylaxis when administered without delay. However, all medicines can have some adverse effects. The side effects of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. Medical advice must always be sought after administering adrenaline auto injectors.

Number of emergency kits kept at the school	3 (1 is located on each campus)
Location of emergency kits	MPC – SLT Office SC – Main Office EC – Main Office

Using the Kit

For pupils with an allergy, an adrenaline pen can be administered to a pupil 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 with regards to the child's mild to moderate symptoms, then the adrenaline pen should be used, as unnecessary delays have been associated with fatal outcomes and death. For pupils having breathing difficulties due to their asthma/wheeze, the emergency kit inhaler should be used only in circumstances where the child's inhaler is broken, inaccessible or not present with child. In the event a child has a severe allergic reaction or asthma attack but is not on the register, is not prescribed a pen/inhaler or does not have parental consent, 999 should be called immediately and advice on how to proceed sought from the emergency services until an ambulance arrives.

Staff members who have completed the training are permitted to support the child to use the emergency kit. Asthma and Allergy Champions or other First Aid trained staff 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 pupil's parents and guardians should be informed in writing.
- Consider contacting the child's GP or if urgent/serious calling 999/ attending A&E.

Maintaining the Emergency Kit
Our school has the responsibility for maintaining the emergency kit, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly (see appendix 2).

Staff Training

All staff who have significant contact with pupils should attend asthma and allergy awareness training and should complete annual refresher training (a minimum of at least 85% of all school staff). The awareness training is included in the local induction process for new staff members.

Our school also has a responsibility to communicate the following to all staff:

- How to recognise symptoms and identify triggers/allergens
- How to raise issues about pupils with uncontrolled symptoms
- 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
- Procedures for break time/lunch time
- Where medication is stored
- Who the asthma champion/lead is at the school

Asthma Champion

Our school has an Asthma Champion who is named above. It is the responsibility of the asthma champion to manage the asthma and allergy register, update the asthma and allergy policy, manage the emergency kit and ensure medications are available/accessible. The asthma champion will also communicate to parents/carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate). Responsibilities can be shared between school team members, however, there should be clear agreement on who is responsible for each aspect of the role.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma and allergy. The school has a definitive no-smoking/vaping policy. The school will ensure that, wherever possible, pupils will not encounter/reduce exposure to their asthma triggers and allergens.

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. Exercise and activity are beneficial for pupils with asthma/allergy/wheeze and should be actively encouraged. All staff will know which children in their class have asthma/allergies. All PE teachers at the school will be aware of which pupils have asthma. Blue inhalers via a spacer should only be used before exercise when exercise is identified as a trigger for that child. Blue inhalers are normally used to relieve symptoms of asthma/wheeze and therefore, not before these symptoms start. If a pupil needs to use their inhaler during a PE lesson, they will be encouraged to do so. Some pupils will breathe heavily because they are not used to exercise. This does not mean they are having asthma/wheeze symptoms and staff should use their own judgement/consult with a colleague if 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 advise the child's parents/guardians to see their GP. Staff will also be aware if a pupil starts showing more signs and symptoms of allergy or anaphylaxis, particularly if during a PE lesson or outdoors where multiple triggers can be identified. This must be communicated to the school nurse and parents/carers will be directed to go see their GP.

Asthma, Allergies and Education

As a school, we are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting a pupil's life, and they are unable to take part in activities, feel tired during the day or fall behind in lessons, we will discuss this with the child's parents/guardians and the school nurse and suggest they make an appointment with their asthma nurse or GP. The school recognises that some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010, and therefore, may have additional needs because of their asthma.

Under section 100 of the Children and Families Act 2014, schools have a duty to support pupils at their school with medical conditions. The school is aware of its legal duty to make arrangements for pupils with allergies, which includes ensuring a safe lunch, clear communication on allergens in the school and promoting inclusivity at all times.

School Trips

As part of our responsibility to support children with asthma and allergies on trips, a risk assessment will be completed to identify potential triggers and hazards for breathing difficulties, wheeze and allergic reactions and to introduce control measures to mitigate the risks. We also ensure that pupils have all their medication before departing for the trip, that staff are aware of these pupils and care/action plans and staff can carry an emergency kit for the duration of the trip.

On residential trips, some pupils may need to take preventer inhalers (usually brown in colour). Preventer inhalers are normally used twice per day outside of school hours and prescribed by their

doctor/nurse. This medication needs to be taken regularly for maximum benefit. If a pupil requires a preventer inhaler on a residential trip, they should obtain an updated personalised asthma action plan from their GP to update school records.

Requesting Information from Parents

As a school, we recognise the responsibility to maintain up-to-date information from parents and carers about their children's care issues regarding their asthma/wheeze/allergies, as well as obtaining information about new pupils when joining school. Our school has an information declaration and consent form that is to be completed by the parents/carers which requests information for:

- Any physician diagnosis 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

As part of our whole-school approach, our staff are responsible for reminding parents/guardians that they need to update the school if there is a change in a pupil's healthcare needs, including medication changes and any changes in the severity of the condition or diagnosis. Schools are responsible for reminding parents about these responsibilities at appropriate intervals.

Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

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 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

- Check termly 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 soapy water and left to dry in air in a clean, safe place. The canister will be returned to the plastic housing when dry and the cap replaced. Return to emergency kit after cleaning and drying
- Following use of the spacer, wash in warm soapy water and leave to air dry in a clean, safe place **DO NOT** towel dry. Return to the emergency kit after cleaning and drying
- Empty inhaler canisters will be returned to the pharmacy to be recycled
- Before using a salbutamol inhaler for the first time, 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 temperature extremes
- 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