



## Asthma Policy

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## **Policy statement**

This policy has been written with advice from Asthma UK and the Department for Education in addition to advice from healthcare and education professionals.

This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and by pupils.

All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses or e-learning. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is essential for all schools.

## **Indemnity**

School staff are not required to administer asthma medication to pupils except in an emergency. However, many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

## **What is Asthma?**

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

## **Medication**

Only reliever inhalers should be kept in school. Usually these are blue in colour but other newer models are available.

## **Immediate access to reliever inhaler is vital.**

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at any time e.g. in their school bag, taken with them during PE lessons etc.

As a guideline it is recommend that:

### **KEY STAGE 3 and 4**

Pupils will carry their own inhalers with them at all times. Good practice indicates that a spare inhaler is kept in school for use if the original runs out or is lost. **Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.**

### **Record Keeping**

When a child with asthma joins this school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

### **Physical Education**

Taking part in sports is an essential part of school life and important for health and well-being and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler should be taken with the pupil to the location of the lesson e.g. playing fields, sport hall.

Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

### **School Trips/Residential Visits**

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, being carried by the child themselves. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

### **Training**

On an annual basis, **all** staff will have access to training on signs and symptoms of asthma and how to treat it. All first aid trained staff will be required to attend training on signs and symptoms of asthma and how to treat it.

### **Asthma Education for pupils**

It is recommended that all pupils should be educated about asthma. This could be through APEX lessons, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric asthma specialist nurse.

**Concerns**

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or the NHS school nurse who provides a drop in service, weekly to school.

## **Storage of Inhalers**

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will **NEVER** be locked away or kept in the school office.
2. All children with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.

## **N.B.**

**In the unlikely event of another pupil using someone else's inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.**

## **Colds/ Viruses**

When a child has a cold it is sometimes necessary for him/her to have regular reliever medication for a few days. Therefore a parent/carer may request that their child administers their inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 2 and 8 puffs.

This does not replace using the inhaler as and when needed – it is in addition to this. Children should not be taking their inhaler every break/lunch time 'just in case' of symptoms.

## **Emergency Procedures**

A flow chart (Appendix A) outlines the action to be taken in an emergency. Copies of these procedures are included in the emergency asthma kits, these are located around school.

In an **emergency**, where a child, who is a **known asthmatic, is experiencing significant symptoms and** has not got their own inhaler with them or it is found to be empty, it is acceptable to use the schools emergency inhaler and spacer. This emergency inhaler kits will be kept in the following places:

- **Reception**
- **Student services – KS3 and 4.**
- **Baddon Block**
- **Humanities Office – ground floor Humanities block**
- **PE – boys and girls**

The emergency kits will be easily available in a place where staff can access it with ease and will be used as per the asthma flow chart. Staff should familiarise themselves with the location of the kits.

The emergency kit includes:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;

- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a record of administration (i.e. when the inhaler has been used).

This should then be recorded in the child's records and parent/carer informed.

The administrators will be responsible to for maintaining the emergency kits ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available, recording the check on a record sheet;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

- **Responsibilities**

- **Parents/Carers have a responsibility to:**

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

- **All school staff (teaching and non-teaching) have a responsibility to:**

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENDCO, etc. if a child is falling behind with their work because of asthma.

# Signs of Asthma Attack

## Signs of Asthma Attack

Administer 2 puffs of **blue Reliever** medication STAY CALM

After 2-3 minutes

Improved

Return to normal activities

Inform parent/carer

Document episode in child's medical record

Dose may be repeated if symptoms return

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

Improved

Contact Parent/Carer

No Improvement

Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute

No Improvement/ Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/ Collapse

Contact Reception to DIAL 999 IMMEDIATELY

Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help

### Signs & Symptoms

?

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

**NB Not all symptoms need to be present for a child to be having an asthma attack**



**USE OF EMERGENCY SALBUTAMOL INHALER CONSENT FORM**

**Child showing symptoms of asthma / having asthma attack**

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 they will bring with them to school every day.
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 Snaith School for such emergencies.
4. I understand I will be notified if my child receives salbutamol from an emergency inhaler held by The Snaith School.

Please delete any which do not apply.

Child's name: ..... Form: .....

Name of Parent / Carer.....  
(print)

Signature: .....Date: .....

**SPECIMEN LETTER TO INFORM PARENTS OF  
EMERGENCY SALBUTAMOL INHALER USE**

[Date]

Dear.....

**EMERGENCY SALBUTAMOL INHALER USE**

Child's name: .....

Form: .....

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when .....[details of incident e.g. when running in PE]

A member of staff helped them to use their asthma inhaler.

\*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given [number] puffs.

\*Their own asthma inhaler was [not working/not available/not in school], so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given [number] puffs.

[\*Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible. [Could you also arrange for their own asthma inhaler to be renewed and kept with them in school] [Delete as appropriate]

Yours sincerely

[Staff Name]

# ASTHMA EMERGENCY INFORMATION

Information for school

Child's Name		Child's Photo
Class/form		
Date of birth		
Address		
Parent/Carer Name(s)		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Number		

Known triggers	
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Medication to be kept with child	
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Other comments	
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Instructions for reliever inhaler use (please tick the appropriate statement)	
<input type="checkbox"/>	My child does <b>not</b> understand the proper use of his/her inhaler and requires help to administer them.
<input type="checkbox"/>	My child understands the proper use of his/her asthma medications, and in my opinion, can carry and use their inhaler at school independently; notifying school staff after using their inhaler.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/school nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing my Child with their prescribed medication and delivery devices. If necessary **I give permission for the school to use the emergency salbutamol inhaler if required.** I approve this Asthma Care Plan for my child and will update the school accordingly.

Parent/s Signature	Date
Staff Signature	Date

## **Further Information**

Asthma UK [Asthma UK Website](#)

Guidance on the use of emergency inhalers in schools. [click here](#)

NHS Asthma [NHS Asthma Link click here](#)