



## **ASTHMA POLICY**

Reviewed policy agreed by GB on:	Autumn 2024
Reviewed policy shared with staff on:	Autumn 2024
Policy to be reviewed again on:	Autumn 2027
Committee responsible for review:	Policy Committee

## **Introduction**

This policy has been written with advice from the Department for Education & Skills, Asthma UK and local healthcare professionals, the school health service

Willow Dene recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. We recognise that the vulnerable chest health of many of our children will mean that their asthma is complex and may require several stages of management or may occur as a complication of other underlying conditions i.e. chronic lung disease.

The school recognises that pupils with asthma need access to reliever inhalers at all times and has an emergency salbutamol inhaler and spacer available for emergency use in each main office. The school keeps a record of all pupils with asthma.

The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by the school community. Temporary staff are also made aware of the policy.

## **Training**

All staff who come into contact with pupils with asthma are provided with training on asthma from the community children's nursing team as part of the generic training for all staff at the start of the school year. Training is updated once a year at the start of the school year. For children requiring asthma treatment other than inhalers i.e. nebulisers, training is provided to at least 3 key staff as part of specialist small group training which is personalised to the child's care plan. This training is updated annually.

## **Asthma medicines**

Immediate access to reliever medicines is essential. Where possible pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent or carer, doctor or asthma nurse and class teacher agree they are mature enough. It is recognised however, that the majority of children at Willow Dene need adult support to recognise when asthma medicine is needed and to administer it. Some children may actively avoid their asthma medicine and therefore it is essential that there are trained staff who have good relationships with the child present at all times.

At Willow Dene, inhalers are in boxes labelled with the child's name. These are stored in classrooms in safe storage which is easily accessible to adults. The boxes

contain the inhalers, the child's own spacer and a recording book so that there is a record of how often relievers are used. These records are checked termly by a member of the nursing team so that any patterns can be recognised and reported

Parents and carers are asked to ensure that the school is provided with a labelled reliever inhaler which shows the child's name and dose.

Where children are reliant on adult care to administer asthma medicines, there is a requirement that school staff working with the child are happy to do this and are trained appropriately. All school staff will let pupils take their own medicines when they need to and are able to recognise this and do it independently.

Where children use nebulisers or other medicines as part of their asthma management, this is stored in secure classroom storage, administered by trained class staff and recorded on an MAR chart.

When children are out of class at swimming, Forest Schools, PE or in the playground, their inhaler should be easily accessible in case needed. When children are not able to do this independently an adult should ensure this is the case.

Class staff are responsible for ensuring that medicines are in date and that inhalers are not empty or broken. They must ensure that parents provide new medicines as soon as they are needed and should allocate a member of staff to check and keep a record of expiration dates

Class staff are also responsible for care of spacers and masks, following best practice in hygiene and infection control.

## **Record keeping**

As children join Willow Dene, children with asthma are identified via the new starter forms that all parents must complete. These are reviewed by the office team and the nursing team as a matter of course and any child with asthma added to the asthma register which is kept up to date by the asthma specialist on the school nursing team who also looks at the child's asthma alongside any other medical conditions and medications.

A designated member of the admin team is also responsible for ensuring the class teacher and STA are aware of the child's asthma when they are starting school, and that this is added to their individual pupil records on the school MIS (Bromcom). The same member of the admin team will ensure that all classes are reminded at least annually, which of their children are asthmatic.

All parents and carers are asked annually via parent mail whether their child has asthma. Parents and carers are also asked to update their information if their child's medicines, or how much they take, changes during the year.

Many but not all children with asthma have a medical care plan which is stored with their records, detailing the treatment for their asthma. All inhalers should have named and dated, clear instructions on a pharmacy label instructing when and how the inhaler should be used. Nebulised medicine is transcribed by the school nursing team onto a MAR chart.

## **Exercise and activity**

### **PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff know which children in their class have asthma.

Pupils with asthma are encouraged to participate fully in all lessons or activities where physical exertion for individuals may be part of the lesson. We recognise that physical exertion will be different for each child according to their needs. Children whose asthma is triggered by exercise will take their reliever inhaler before the lesson and if a pupil needs to use their inhaler during a lesson they will be enabled to do so

### **Out-of-hours sport**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs. At Willow Dene any out of hours activities are staffed by appropriately trained adults who know the children well and who have access to medicines and protocols.

### **School environment**

At Willow Dene we recognise that the chest health of many of our children is particularly vulnerable and we are aware of some of the environmental triggers which may cause difficulty to children with asthma. These may include extremes of air temperature and air pollution. The school does all that it can to ensure the school environment is favourable to pupils with asthma, and has a definitive no-smoking policy. The school does not use resources in teaching that are potential triggers for pupils with asthma.

## **When to seek further advice**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will talk to parents about whether further advice or a review is needed. If appropriate, the teacher will then talk to the school nurse.

## **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

## **Use of emergency salbutamol inhalers in school**

From 1st October 2014 the Human Medicines Amendment #2 regulations will allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupils' prescribed inhaler is not available for example because it is broken or empty. We hold emergency salbutamol inhalers in school, and we ensure that this is only used by children for whom we have written parental consent for use of the emergency inhaler, who have either been diagnosed with asthma and prescribed an inhaler or have been prescribed an inhaler as reliever medication. A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol such as terbutaline. The salbutamol inhaler should still be used by these children if their own inhaler is not accessible. It will still help to relieve their asthma and could save their life. We have arrangements for the supply, storage, care and disposal of the inhaler and space is in line with the school's policy on supporting pupils with medical conditions.

## **The emergency kit**

Our emergency asthma inhaler 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, instructions on cleaning and storage, manufacturers information, a checklist of inhalers identified by their batch number and expiry date, a record of administration.

## **Recording case of inhaler and informing parents/carers**

Use of any inhaler should be recorded. This should include where and when, how much was given and by whom. The child's parents should also be informed in writing via their home school contact book.

## **Roles and Responsibilities**

*Employers have a responsibility to:*

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.
- Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place and make sure the asthma policy is effectively monitored and regularly updated report to parents/carers, pupils, school staff and local health authorities about the successes and failures of the policy provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

*The Head teacher has a responsibility to:*

- Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- Plan the school's asthma policy in line with devolved national guidance
- Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
- Ensure the plan is put into action, with good communication of the policy to everyone and ensure every aspect of the policy is maintained assess the training and development needs of staff and arrange for them to be met ensure all temporary staff know the school asthma policy regularly monitor the policy and how well it is working delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register

*All school staff 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

- tell parents/carers if their child has had an asthma attack or their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- be aware that a pupil may be tired because of night-time symptoms
- liaise with parents/carers, the school nurse and Leadership team if there are concerns about a child's asthma

*School nurses:*

- help plan/update the school asthma policy
- provide regular training for school staff in managing asthma
- management and monitoring of pupils' asthma alongside the school team
- keeping an asthma register and sharing with the school
- providing individual protocols and care plans

### **Responding to asthma symptoms and an asthma attack**

Salbutamol inhalers are intended for use when a child has asthma. The symptoms of other serious conditions including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need. For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler.

Common day-to-day symptoms of asthma are:

- cough and wheeze, a whistle heard on breathing out or when exercising
- shortness of breath when exercising
- intermittent cough
- the symptoms are usually responsive to the use of the child's own inhaler and rest EG 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
- complaining of shortness of breath at rest feeling tight in the chest ( younger children may explain this feeling as a tummy ache)
- difficulty in breathing; fast and deep respiration
- nasal flaring
- being unable to complete sentences

- appearing exhausted
- a blue or white tinge around the lips
- going blue

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
- as a blue white tinge around the lips
- is going blue
- has collapsed

keep calm and reassure the child where possible encourage the child to sit up and slightly forward use the child's own inhaler. If not available or there is a problem i.e. broken, empty, out of date, not in school use the emergency inhaler which is located in the school office remain with the child while inhaler and spacer are brought to them immediately help child take two puffs of salbutamol via the spacer if there is no major improvement continues to give 2 puffs every two minutes to a maximum of 10 puffs or until 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 and you are worried at any time before you have reached 10 puffs, call for assistance. 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 remember staff will always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

This policy should be read in conjunction with:  
Asthma UK School Policy Guidance  
Supporting Children with Medical Conditions at School Policy

### **Monitoring, evaluation and review**

At Willow Dene, the trust policy is aligned to reflect the specific needs of the children at the school and is monitored by the local school committee.



At Trust level, the board of trustees will assess the implementation and effectiveness of this policy. This policy will be promoted and implemented throughout all trust schools. The policy will be reviewed by the board of trustees on a three yearly cycle.