



## Policy for the Support of Pupils with Asthma

<b>Audience:</b>	School and academy staff, particularly Headteachers and administrative staff Local Governing Committees
<b>Reviewed:</b>	August 2023
<b>Other related policies / procedures</b>	First Aid Risk Assessments SEND Code of Practice Attendance policy Children Protection and Safeguarding Policy Supporting pupils with medical and mental health needs policy
<b>Owner</b>	Crofty MAT
<b>Policy / procedure model</b>	<b>MAT policy: all Crofty schools use this policy</b> Aligned: Policy to be adapted to school where indicated School policy: specific to needs of the school

## The Principles of our school Asthma Procedure

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the procedure is implemented and maintained successfully

This procedure has been written with advice from the Department for Education, the School Nursing Service and Employment and the National Asthma Campaign.

This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear procedure that is understood by school staff, parents, visitors, supply staff, volunteers and pupils.

All teachers, and at least one member of staff in each class are provided with asthma training on a regular basis. (Appendix 4)

### Medication

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication. Children should always tell their class teacher or first aider when they have had occasion to use their inhaler.

Records are kept each time an inhaler is used. The reliever inhalers of younger children are kept in their individual classroom in a designated first aid area marked with a green and white first aid sign.

All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are covered by the Crofty MAT Zurich insurance when trained and acting in accordance with this procedure. All school staff will let children take their own medication when needed.

### Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a Managing Medical Conditions in School Care Plan and Child Asthma Action Plan (appendix 3) and return it to the school. From this information the school keeps its asthma register which is displayed in the staff room and first aid room. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

The school now holds an emergency inhaler and spacer as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. This medication can only be administered to children on the Asthma Register and are held by the school in an 'Emergency Kit' (Appendix 6). Specific staff have been trained to administer the emergency inhaler.

Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. (Appendix 2) Parents will be informed by letter if their child has used the emergency inhaler (Appendix 3).

Asthma inhalers for each child are regularly checked for expiry dates by a named member of staff ( [redacted] – First aider). Each child's inhaler is kept in their own classroom in a named wallet containing their individual medication and a copy of their asthma card, in their class designated first aid area.

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their medication wallet along with their medication.

### **PE**

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE.

Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler. Two members of staff countersign the medical administration record.

### **School Trips and Outside Activities**

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

### **The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. On occasion, classes do take part in the egg/chick scheme, Teachers will be aware of any child who has a fur or feather allergy and will act appropriately.

As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the break out area if particular fumes trigger their asthma.

### **Making the School Asthma Friendly**

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children can be accessed from the following: website [www.asthma.org.uk](http://www.asthma.org.uk).

### **When a Child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the SENDCo who will to the school nursing team about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

### **Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms. (Appendix 5)

### **After the attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parents must be informed about the attack.

### **Emergency procedure**

If the pupil does not feel better or you are worried at any time before reaching 10 puffs from the inhaler, call 999 for an ambulance. If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted. In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

## Appendix 1

Consent Form:

Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, \*I do/ \*do not consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

\*please mark as appropriate

Signed: ..... Date: .....

Name: (print) .....

Child's Name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone:

.....

E-Mail:

.....

Please return to the school office as soon as possible c/o \_\_\_\_\_

## Appendix 2

### Emergency Salbutamol Inhaler Use Form

Child's name: .....

Class: .....

Date: .....

Dear .....

This letter is to formally notify you that ..... has had problems with his/her breathing today. This happened when ...

\*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 ..... puffs.

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

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

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First Aid Coordinator



# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name:

## 1 My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: \_\_\_\_\_

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- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_  
I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

## 2 When my asthma gets worse


I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than \_\_\_\_\_

**If my asthma gets worse, I should:**

Keep taking my preventer medicines as normal.

And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours.

 **If I'm not getting any better doing this** I should see my doctor or asthma nurse today.

**Does doing sport make it hard to breathe?**

**7**

**If YES**  
I take: \_\_\_\_\_  
puff/s of my reliever inhaler (usually blue) beforehand.




Remember to use my inhaler with a spacer (if I have one)



## Appendix 4

### Learning Resources for Schools

#### **Asthma:**

Asthma module; 45 mins approx.

This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans, you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

<https://sch.educationforhealth.org/wp/asthma-module/>



## **HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs of an asthma attack are • 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)

**CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 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 or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

## Appendix 6

### The Emergency Kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- 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
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used)

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit.

### Storage and care of the inhaler

It is recommended that at least two named school staff should have responsibility for 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;
- 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.

Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children.

The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.

The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.