Norton CEVC Primary School

Asthma Policy

Learn Believe Achieve

Hand in hand with God and each other

Contents:

Statement of intent

Norton CEVC Primary School recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. The school ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities, while also recognising that pupils with asthma need immediate access to reliever inhalers at all times. To do this, the school will keep a record of all pupils with asthma and their medicinal requirements, to ensure that the school environment is conducive to the education of pupils with asthma. All members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma are aware of what to do in the event of an asthma attack.

The school works in partnership with interested parties, such as the governing board, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma. This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing. This policy also encourages and assists pupils with asthma in achieving their full potential in all aspects of school life.

1. What is Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

2. Roles and responsibilities

The governing body has a responsibility to:

- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.
- Ensure that this policy, as written, does not discriminate against any of the protected characteristics, in line with the Equality Act 2010.
- Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensure this policy is effectively monitored and updated.
- Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
- Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

The headteacher has a responsibility to:

- Create and implement the Asthma Policy with the help of school staff, school nurses, LA guidance and the governing board.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Ensure all aspects of this policy are effectively carried out.
- Arrange for all members of staff to receive training on:
    - How to recognise the symptoms of an asthma attack.
    - How to distinguish asthma attacks from other conditions with similar symptoms.
    - How to deal with an asthma attack.
    - How to check if a pupil is on the school's central asthma register.
    - How to access the emergency inhalers.
    - Who the designated members of staff are and how to achieve their help.
- Ensure all supply teachers and new members of staff are made aware of pupils who have asthma in the class
- Ensure that first aiders are appropriately trained regarding asthma, e.g. supporting pupils to take their own medication and caring for pupils who are having asthma attacks.
- Monitor the effectiveness of the Asthma Policy.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's asthma register to a designated member of staff.
- Report incidents and other relevant information to the governing board and LA as necessary.

All school staff have a responsibility to:

- Read and understand the Asthma Policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying due to their condition, and understand how to manage these instances of bullying.
- Make contact with parents, the school nurse and the SENCO if a pupil is falling behind with their school work because of their asthma.
- Be on hand if a pupil with asthma is experiencing symptoms that require additional medical supervision. This will be the responsibility of staff holding a Paediatric First Aid Certificate.

Pupils with asthma have a responsibility to:

- Tell their teacher or parent if they are feeling unwell due to their asthma.
- Treat the school's and their own asthma medicines with respect by not misusing the medicines and/or inhalers.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally, in line with the school's Behaviour Policy.
- Understand that asthmatic pupils will need to use a reliever inhaler when having an asthma attack and ensure a member of staff is called immediately.

Parents have a responsibility to:

- Inform the school if their child has asthma.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition.

- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (recommended every 6-12 months).
- Ensure their child has a written Personal Asthma Action Plan at school to help the school manage their child's condition.

3. Asthma medicines

Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

Parents must label their child's inhaler with the child's full name and year group.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have agreed to administer asthma medicines are insured by the LA when acting in agreement with this policy.

This policy is predominantly for the use of reliever inhalers. The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

4. Emergency inhaler

The school keeps a salbutamol inhaler for use in emergencies when a pupil's own inhaler is not available. These are kept in the school's First Aid Box.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Instructions on using the inhaler
- Instructions on cleaning
- The manufacturer's information
- A record of administration showing when the inhaler has been used

The school buys its salbutamol inhaler from a local pharmacy. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual Asthma Plan. (Appendix 3). We will always inform parents if the emergency inhaler has been used, using the letter in Appendix 1.

When not in use, the emergency inhaler is stored in the school's First Aid Box in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school, but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

In line with the school's Supporting Pupils with Medical Conditions Policy, appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident in writing.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The designated staff member who oversees the salbutamol inhaler is responsible for:

- Checking that the inhaler and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

5. Symptoms of an asthma attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tightness in the chest as a 'tummy ache'.

6. Response to an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down.

- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a designated member of staff to help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**. If there is no improvement before the pupil has reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive within 10 minutes, the pupil can administer another 10 puffs of the reliever inhaler as outlined above.

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil's lips have a blue or white tinge.
- The pupil has collapsed.
- You are in any doubt.

7. In an emergency

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent arrives. Generally, staff will not take pupils to hospital in their own car. In some extreme situations, the school understands that it may be the best course of action. If a situation warrants a staff member taking a pupil to hospital in their car, another staff member or other responsible adult must accompany them.

We have provided a flow diagram of the symptoms and advice to follow in the event of a child requiring to use an inhaler.

8. 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 has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, in its asthma register.

Parents must complete and sign the Asthma Care Plan (Appendix 2)

9. Exercise and physical activity

Games, activities and sports are an essential part of school life for pupils. All teachers know which pupils in their class have asthma and are aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

The school believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

10. Monitoring and Review

The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately. The governing body will review this policy annually.

Any changes made to this policy will be communicated to staff, pupils, parents and other relevant stakeholders.

The next scheduled review date for this policy is October 2025

Appendix 1

Letter to Parents Regarding Pupil's Asthma

Dear parent,

Your child has had problems with their asthma and/or breathing today. This has required the use of their relief medication and/or the school emergency inhaler.

Due to this event, we strongly advise that your child gets seen by your doctor, especially if your child is not known to be asthmatic, as soon as possible.

Yours sincerely,

Name

Headteacher

Appendix 2

Schools Asthma Attack Flow Chart

Mild Asthma Attack

- Increase in coughing
- Slight wheeze
- May complain of a tight chest
- No difficulty in speaking
- Not distressed

Yes

- Help the child to take their reliever inhaler (usually blue) preferably through a spacer device
- Give two to four puffs, (one puff every minute) shaking the inhaler between puffs
- Encourage the child to:
  - Breathe slowly
  - Sit upright or lean forward
  - Loosen tight clothing

Yes

Are the symptoms resolving?

Is the reliever inhaler lasting at least 4 hours?

Yes

- Stay with child until attack has completely resolved
- Inform parents *

No

Reliever inhaler is not lasting 4 hours or you are worried at any time:
Contact parents immediately, child needs same day medical review. Monitor child closely and be prepared for emergency action.

Severe Asthma Attack

- Symptoms are not resolving OR the child is:
  - Distressed, gasping, struggling to breathe or unable to complete a sentence
  - Fatigued or unusually quiet
  - Pale, sweaty or clammy
  - Blue/white tinge around the lips
  - Showing reduced level of consciousness

Dial 999 for an ambulance

- Continue to give reliever inhaler (shake between puffs)
- One puff every minute for up to ten puffs

- This should be repeated until the child's condition improves or the ambulance crew arrives
- Contact parents

Appendix 3

Norton CEVC Primary School

Learn Believe Achieve

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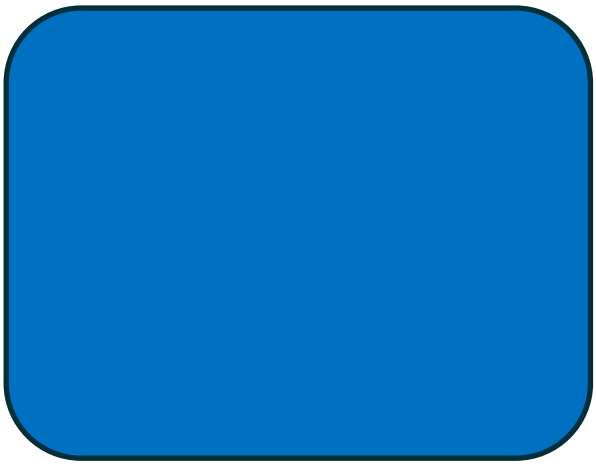
My Asthma Care Plan



Name ……

Class ……

D.O.B. ……

Emergency Contact Numbers

Name ……

Number ……

Name ……

Number ……

I can confirm that my child has been diagnosed with asthma and has been prescribed a reliever inhaler.

My child has a working in-date inhaler, clearly labelled with their name and it is in school in their class medical box.

In the event of my child displaying symptoms of asthma and if their inhaler is not available or usable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

I understand I have a responsibility to provide school with a replacement spacer if my child has to use the school emergency inhaler and spacer.

Signed ……
Date ……..
Print Name ……..
Relationship to child ……..
Child's name ……..
Child's class ……
Contact number ……..

Parental Consent Form for the Administration of Medicine linked to Asthma

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Name/type of medication/reliever inhaler	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects?	
Self-administrations – Y/N	
Procedures to follow in an emergency	

N.B: Medicines must be in the original container as dispensed by the pharmacy

Name	
Daytime telephone number	
Relationship to child	
Address	
I understand that I must deliver the medicine/reliever inhaler personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) ……..

Relationship to child …….

Date ……

Record the use of my reliever inhaler.

Date	Time	Own inhaler	Emergency inhaler	How many puffs given?	Spacer returned

Reliever inhaler medication for Asthma is usually effective for up to 4 hours. If a child needs to use their reliever inhaler more often they should be allowed to do so but ensure you inform a member of the senior leadership team IMMEDIATELY who will then contact parents/carers as the child will need a medical review the same day.