# BADSLEY PRIMARY SCHOOL





## **Asthma Policy**

Policy Date	January 2025	Review Date	January 2027
GB Responsible	Full Governing Board	Written by	V Somerset
Approved	21.01.25	Website	Yes



#### Name of School Asthma Lead: Victoria Somerset

#### **NHS South Yorkshire Contact:**

Dr Sonal Kansra, Clinical Lead for Children & Young People's Asthma across the NHS South Yorkshire Integrated Care Systems and/or Specialist CYP Asthma Nurses <a href="mailto:scripped

#### **Aims**

Asthma is the most common chronic childhood condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK and this results in over 25,000 emergency hospital admissions a year.

At Badsley Primary School, we recognise that asthma is a common, serious, but controllable condition, and we welcome all children with asthma to join us. We want our school community to be healthy and happy. By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

#### **Objectives**

We will ensure that all pupils who suffer from asthma:

- be linked with specified staff members who know them, their condition, their parents/quardians, and their medical care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

#### **General Information**

All pupils with asthma will be placed on an Asthma Register and encouraged to take control of their own medical needs when, and as far as appropriate (according to their age and the severity of their condition).

The care and administration of medication to pupils with asthma will be incorporated in the planning and risk assessments around all school trips and visits.

Victoria Somerset is the named staff member in our schools who oversees the implementation of this policy.

#### **Medical Support and Liaison**

We follow a regionally endorsed Asthma Management Plan which sets out the response in the event of a pupil suffering from an asthma attack.

Exceptionally, for pupils where this plan is not appropriate, an individualised Medical Care Plan which incorporates guidance about what to do in the case of a medical emergency may be used. Our staff are trained to respond to asthma emergencies and will contact the emergency services and parents/guardians.

The school has multiple emergency salbutamol inhaler and spacers on premises due to the size of our school. These are kept in EYFS base, School Office and Pastoral Base.

Each emergency kit has a Salbutamol inhaler available and spacer compatible with Salbutamol. The inhalers should be stored in their original packing.

If a pupil needs to be taken to hospital, a member of staff will always accompany them until a parent/guardian arrives.

If pupil is frequently missing school lessons or activities, we (with consent from the parents/guardians) will link in with designated partners in health. This can be the School Nurse or the child's GP, Practice Nurse, or Hospital Specialist.

#### **All Staff Responsibilities**

All school staff should:

- Complete the appropriate level of training to effectively deal with children and young people's asthma.
- Read the schools' Asthma policy and be aware of which pupils have asthma in their immediate class, be familiar with the school's asthma management plan, and the content of the individualised asthma management plan of some pupils.
- Ensure that pupils have immediate access to their own medicines, which should be stored in a safe, labelled, and accessible space in each classroom.
- Support older pupils who may carry their own inhalers for the self-management of their asthma.
- Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school.
- Inform parents if pupils require their inhaler more than three times in a week.
- Ensure pupils have their medicines with them when they go on a school trip or external visit.
- Be aware of pupils with asthma who may require extra support.

• Ensure all children with asthma are included in activities they wish to participate in.

#### **Physical Activity for Pupils with Asthma**

- Pupils should be encouraged to warm-up and cool down appropriately before and after exercise, to use their inhalers as necessary, and to participate in all physical activities on offer.
- It is not recommended for children with asthma to routinely use salbutamol before exercise.

#### **Environmental Impacts on Pupils with Asthma**

- School and its grounds are a designated smoke-free area.
- At our school, we would actively engage with local authorities' programmes to reduce air pollution around schools.
- Cleaning and maintenance will be carried out at the end of the school day where possible.
- The indoor school environment will be kept free of common asthma triggers like dust mites, damp, and mould.

#### **Monitoring and Review**

At each half term, staff will check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required.

Our staff will liaise with parents/guardians about the health of their children who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

Medical registers and health care plans will be amended and updated by the SEND team and the designated Asthma Lead.

Training around the management of asthma for all school staff will be facilitated each year by the Senior Leadership Team. At least 85% of staff will be trained to this level.

https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/

#### **Appendices**

#### **Appendix 1 : School Asthma Plan**

#### Primary School Asthma Action Plan

Do I have signs of

- Wheezing
- Shortness of breath
- Coughing Or complaining that my chest hurts (I may express this as my tummy hurts)

Stay with me and call for help if necessary. Give me 2-4 puffs of my rescue (blue)inhaler with my spacer following the guidance in the green box

- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps

If my rescue (blue) inhaler has had little or no effect:

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences
- I am breathing hard and fast
- I may go very quiet
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHLAXSIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

#### Call 999 for an ambulance [School Postcode]

- If there is little or NO IMPROVEMENT Continue to give me 10 puffs of my
- If I am EXHAUSTED
- If I am going BLUE
- You are WORRIED OR UNSURE
- If I have COLLAPSED

rescue (blue) inhaler every 15
minutes until medical help arrives or
my symptoms improve.
Call my Parent/carer

#### **ALLERGIES**

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction making it difficult for me to breathe
- IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND \*INJECT
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

If my own inhaler/spacer or adrenaline pen is not available or expired, use the Schools emergency inhaler/spacer and adrenaline pen.

Adapted from London Healthy Lung partnership plan

#### School Asthma Action Plan

If a child stays is in the Green zone and needs his rescue(Salbutamol) inhaler 3 or more times a week, contact parents/carers to arrange an asthma review in that week

For a child in the amber zone who improves with additional inhalers at school, parents/carers should be contacted and the child should have a medical review the same day

Repeat inhalers and adrenaline injectors should be ordered if the emergency school supply has been used

#### Acknowledgements

Adapted from East London NHs trust and London Healthy Lung partnership plan

Version 1:0: September 2022 Review: September 2023

#### **Appendix 2 : Emergency Salbutamol Consent Form**

#### **BADSLEY PRIMARY SCHOOL**

Badsley Moor Lane Rotherham S65 2QS

**1** 01709 828665

Email: school@badsleyprimary.org

Headteacher: Mr. M Windle



### CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

#### **Badsley Primary School**

Child showing symptoms of asthma/ having asthma attack

I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler (delete as appropriate).

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 school for such emergencies.

Signed:	Date:				
Name (Print)					
Child's Name:					
Class:					
Parent/Carers Address and Contact Details:					
Telephone:					