



# **St Mary's Catholic Primary School**

## **Asthma Policy**

## **Introduction**

### **What is asthma?**

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest.

Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.

### **What triggers asthma symptoms?**

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off your asthma symptoms are called triggers. Finding out what sets off your symptoms - whether it is colds and viruses, pets, pollen, pollution, house dust mites or stress - means you can work out ways to avoid your triggers if possible.

The best way to cope with your asthma triggers is to always take your preventer medicine as prescribed, even when you feel well. And if you notice symptoms getting worse always see your GP or asthma nurse.

### **How serious is asthma?**

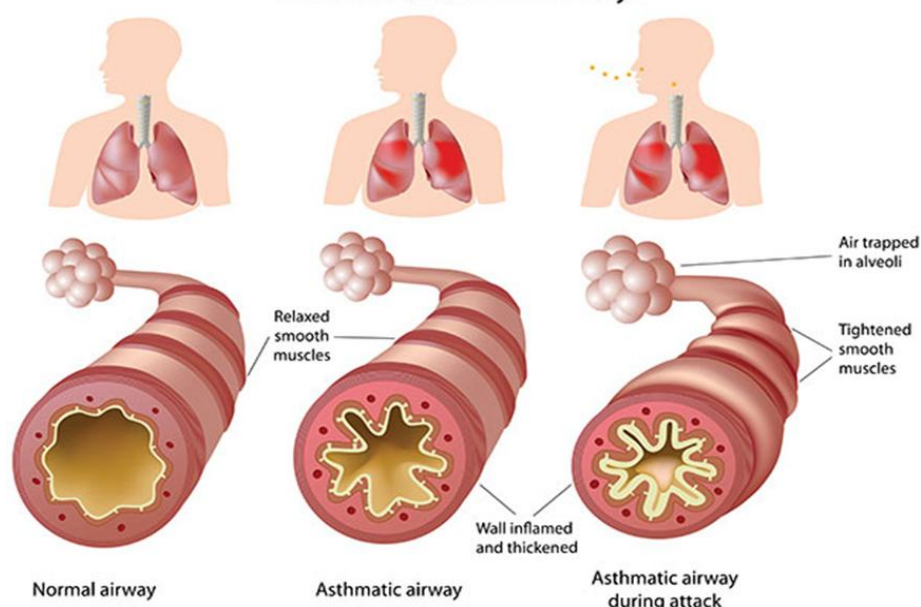
How serious asthma is varies from person to person. There are different types of asthma too. Someone with severe asthma (which affects around 5% of all people with asthma) can have symptoms most of the time and find them very hard to control.

But most people with asthma can manage it well by using a preventer inhaler every day, and a reliever inhaler if their symptoms flare up.

For every type of asthma though, there's the risk of an asthma attack. Asthma attacks can be life-threatening, so it's important to take action if you notice any signs that your asthma is getting worse.

(Source: Asthma UK)

## Asthma and Your Airways



### Purpose of this document

This policy sets out how our school will support students with asthma. We work closely with students, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management.

This policy reflects the requirements of key legislation and in particular two key documents:

1. Supporting pupils at school with medical conditions (2014).
2. Guidance on the use of emergency salbutamol inhalers in schools (2015).

### Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- DfE (2015) 'Supporting pupils at school with medical conditions'
- Asthma UK (2020) 'Asthma at school and nursery'
- DfE (2022) 'First aid in schools, early years and further education'

### Roles and responsibilities

The governing board 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, and governors.
- 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 this policy with the help of school staff, school nurses, local guidance and the governing board.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Arrange for all members of staff to receive training on supporting pupils with asthma. Ensure all supply teachers and new members of staff are made aware of this policy and provided with appropriate training.
- Monitor the effectiveness of this policy.
- 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.
- 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 this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- 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.

PE staff have a responsibility to:

- Understand asthma and its impact on pupils – pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.

- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a **five**-minute waiting period before allowing the pupil to return).
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm-ups and cool-downs.

Pupils with asthma need 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.
- Ensure the school has a complete and up-to-date asthma plan for their child.
- 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 spacer 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.

To enable school to effectively manage children and young people with asthma:

- The school will have an up-to-date asthma policy that is self-audited regularly.
- The school will maintain a register of children and young people with asthma that will be shared with staff.
- Every child with asthma will be asked to provide school with a personal asthma plan, from their doctor or specialist healthcare professional, which is shared with staff.
- There will be whole-school training around asthma, signs and symptoms and what to do in an emergency.

- Children and young people should have easy access to their inhalers and spacers. These may be kept in the classroom or in the main office as deemed appropriate by school.

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life as far as possible. We endeavour to do this by ensuring:

- we have an up-to-date asthma register;
- we have an up-to-date asthma policy;
- all pupils have immediate access to their reliever inhaler at all times. These are kept in the child's classroom;
- all pupils with asthma are asked to provide an up-to-date asthma action plan from their doctor;
- we have an emergency salbutamol inhaler and spacer;
- all staff have regular asthma training; and
- that we promote asthma awareness with pupils, parents and staff.

We will also:

- Ensure that medication in school is monitored and check expiry dates of medications every half term and advise parents if new medication is required. It is the responsibility of parents/guardians to ensure all medication is in date as advised by school.
- Ensure that empty out of date inhalers are disposed of appropriately.
- Ensure parents/carers are notified when student needs their inhaler.
- Ensure parents/carers are informed if a student refuses to use their inhaler or spacer.
- Ensure emergency kits are checked regularly and contents replenished immediately after use.

## **Asthma Register**

We have an asthma register of children within the school, which we update yearly or when parents inform us of any new information. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we will ensure that the pupil has been added to the asthma register and will ask for:

- An up-to-date copy of their personal asthma action plan from their doctor.
- A reliever (salbutamol/terbutaline) inhaler and spacer to be kept in school.
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Parents will be required to inform the school of any changes to their child's condition or medication during the school year.

**Note:** School staff are not obliged to administer medication at school, except in emergencies. However, some may be happy to do so.

Staff will administer the asthma medicines in line with the school's Administering Medication Policy. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

## **Medication and Inhalers**

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should **not** bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse **at home**. However, if the pupil is going on a residential trip, we are aware that they will need to take their preventer inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

School staff are not required to administer asthma medicines to pupils. However, many children have poor inhaler technique, or are unable to take the inhaler by themselves. If we have any concerns over a child's ability to use their inhaler we will advise parents/carers to arrange an urgent review with their GP/nurse.

## **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan from their doctor they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

## **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupils' asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing

- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

### **Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Inhalers will be kept in a box at the site of the lesson if outside the building. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

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. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

### **When asthma is affecting a pupil's education**

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we identify that asthma is impacting on the life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated personal Asthma Action Plan, to improve their symptoms.

### **Emergency Salbutamol Inhaler in school**

As a school, we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have 2 emergency kits, which are kept in Acorns and the headteacher's office (in the grab bag in case of evacuation) so they are easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction 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; and
- A record of administration of the inhaler.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available. It is recommended that puffs should be documented so that it can be monitored when the inhaler is running out.
- 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. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.
- Ensure that all spacers are cleaned, dried and returned to storage following use or replacements are ordered or requested, as necessary.
- Any spacer in the emergency kit cannot be reused. We will replace spacers following use. The emergency kit inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.
- The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

## **Common day-to-day symptoms of asthma**

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

## **Asthma Attacks**

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states 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).

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- appears exhausted;
- cannot speak;
- has a blue/white tinge around lips;
- is going blue;
- has collapsed;
- you are in any doubt.

It goes on to explain that 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.
- Shake the inhaler and remove the cap.
- Place the mask securely over the nose and mouth ensuring a good seal.

- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths).
- If there is no improvement, repeat these steps 5 to 7 above up to a maximum of 10 puffs.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.
- 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.

In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor.

Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the First Aid Policy:

- A staff member will call the pupil's parents as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.
- The staff member will be accompanied by one other staff member, preferably a staff member with first aid training.
- Both staff members will remain at the hospital with the pupil until their parent arrives.

## References

Asthma UK website (2022)

Asthma UK – Asthma at School and Nursery Guidelines

BTS/SIGN asthma Guideline

Department of Health (2014) Guidance on the use of emergency salbutamol inhalers in schools

**APPENDIX 1**

**Example School Asthma Register**

<b>Asthma Register with expiry flag (or could be used for other condition)</b>				
<b>insert name of school</b>				
<b>Name</b>	<b>Class</b>	<b>DOB</b>	<b>Consent to use emergency Inhaler</b>	<b>Expiry date of inhaler</b>
	9K	29/07/2001	Yes	01/02/2016
	10E	16/09/1999	Yes	20/02/2016
	7W	18/09/2000	Yes	31/12/2016

## **APPENDIX 2**

### **Maintaining Your Emergency Kit**

It is essential there is a clear procedure in place for maintaining this emergency kit. The following are suggested steps to take.

Half-termly visual check of kit to ascertain contents are present and correct – signature date and time of the check to be recorded in the kit bag.

If anything is missing steps should be taken to replace missing contents immediately – this should be documented as well as action taken.

Adequate (not excessive) Spares should be kept on school premises for this purpose.

Inhaler Expiry dates should be recorded on the school register and inhalers should be replenished in advance of the expiry date.

The Spacer Devices are single Patient use – they must not be used for more than one person due to the risk of cross infection. It is good practice to send the spacer device home with the child who used it and request the parent /guardian to replace it.

Shake and Prime (spray) the Pump (once) on a half-termly basis to ensure it is in working order.

Remove the canister from the blue housing and check how heavy it is (most metered dose inhalers **do not** have a counter) if the canister is feeling light – replace it.

All inhaler devices should be stored in a cool, dry place and out of direct sunlight in accordance with manufacturer's instructions.

### **How many Emergency Kits can we sell to any one school?**

This depends on the size of the school; however schools will require a minimum number of 3 Kits –

1. For Evacuation
2. School Trips
3. Reception

### **Review of Policy**

This policy is subject ongoing review as the need arises but will be reviewed no later than 28 February 2026.

# How to manage an asthma attack in children

## T

### Think ?

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk
- Cannot talk

Are they having an asthma attack?

Remember: stay with the child at all times


## I

### Intervene +

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Ask someone to get blue inhaler and spacer
- Administer inhaler (see blue box)
- Note time of using inhaler

## M


### Medicine



- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, it is safe to repeat the above 10 more times


## E

### Emergency 999



- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 15 mins, repeat Medicine steps
- Note time of calling 999

Postcode


 Has child taken their inhaler?

**When asthma strikes, it's TIME to act**