St Aidan's
Church of England Primary Academy
A member of CTDARI

'Fulfilling potential and growing in God.'

Acceptance, Love, Wisdom, Accountability, Youthfulness, Service

Our Vision

At St. Aidan's we want every child and adult to discover and develop their unique, God-given talents so that they may flourish as individuals and build strong foundations for a bright future.

'I came that they may have life and live it to the full' John 10.10

Asthma Policy

Updated: July 2026
Review Date: July 2027

This policy will be reviewed at least annually, and following any concerns and/or updates to national/local guidance or procedures.

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Introduction

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

St. Aidan's recognises that asthma is a widespread, serious but controllable condition affecting many children 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 those with asthma need access to reliever inhalers at all times and have an emergency salbutamol inhaler and spacer available for emergency use in school office.

The school keeps a record of all children with asthma. The school positively welcomes all children with asthma. This school encourages those 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 children 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 or young person's care plan. This training is also updated annually.

Asthma Medicines

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

At St Aidan's, inhalers are labelled with the child or young person's name. These are stored in classrooms in safe storage which is easily accessible to adults. The wallets contain the inhalers, the child or young person's own spacer and a recording log so that there is a record of how often relievers are used, as well as their care plan.

Parents and/or carers are asked to ensure that the school is provided with a labelled reliever inhaler which shows the child or young person's name and dose. Where children are reliant on adult care to administer asthma medicines, there is a requirement that school staff working with them are happy to do this and are trained appropriately. All school staff will let children take their own medicines when they need to and are able to recognise this and do it independently.

When children are out of class at swimming, PE or in the playground, their inhaler should be easily accessible in case needed. When they 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 and/or carers 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 St Aidan's, those with asthma are identified via the new starter forms that all parents and/or carers must complete. These are reviewed by the office team and the nursing team as a matter of course and any child or young person with asthma is added to the asthma register. This register is kept up to date by the asthma specialist on the school nursing team who also looks at the child or young person'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 Teaching Assistant (TA) are aware of the child or young person's asthma when they are starting school, and that this is added to their individual records on the school MIS (Arbor). 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/or carers are asked annually via parent mail whether their child has asthma. Parents and/or 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 be named and dated, with clear instructions on a pharmacy label instructing when and how the inhaler should be used.

Exercise and Activity

PE and Games

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

Those 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 or young person according to their needs. Children whose asthma is triggered by exercise will take their reliever inhaler before the lesson and if anyone 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 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 with asthma. It is therefore important that the school involve children with asthma as much as possible in after school clubs. Children on the asthma register will also take their inhalers to out of school scheduled events.
At St Aidan's any out of hours activities are staffed by appropriately trained adults who know the children well and have access to medicines and the school protocols.

School Environment

At St Aidan's 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 those with asthma. These may include extremes of air temperature and air pollution. The school does all that reasonably it can to ensure the school environment is favourable to children with asthma and has a definitive no-smoking policy. The school does not use resources in teaching that are potential triggers for those with asthma.

When To Seek Further Advice

If a child or young person 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 and/or carers 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 children 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 allowed schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the child or young person's 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 and/or carer 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 or young person 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 spacer 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 spaces compatible with the inhaler, instructions on using the inhaler and spacer, instructions on cleaning and storage, manufacturer's information, a checklist of inhalers identified by their batch number and expiry date and a record of administration.

Recording case of inhaler and informing parents and/or carers

Use of any inhaler should be recorded. This should include where and when, how much was given and by whom. The child or young person's parents and/or carers 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 children). 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 and/or carers, children, school staff and local health authorities about the successes and failures of the policy and provide indemnity for school staff who volunteer to administer medicine to those 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 Authority advice and the support of their employers.

- Liaise between interested parties – school staff, school nurses, parents and/or carers, governors, the school health service and children • Ensure the plan is put into action, with good communication of the policy to everyone and ensure every aspect of the policy is implemented effectively.

- 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 dates of spare reliever inhalers and maintain the school asthma register

All school staff have a responsibility to:

- Understand the school asthma policy.
- Know which children they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow children with asthma immediate access to their reliever inhaler.
- Tell parents and/or carers if their child has had an asthma attack or their child is using more reliever inhaler than they usually would.
- Ensure children have their asthma medicines with them when they go on a school trip or out of the classroom.
- Be aware that a child or young person may be tired because of night-time symptoms.
- Liaise with parents and/or carers, the school nurse and Leadership team if there are concerns about an individual's asthma

School nurses:

- Help plan / update the school asthma policy • provide regular training for school staff in managing asthma
- Management and monitoring of children's asthma alongside the school team • keep an asthma register and share with the school
- Provide individual protocols and care plans

<u>Responding to Asthma Symptoms and an Asthma Attack</u>

Salbutamol inhalers are intended for use when a child or young person 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 or young person 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.

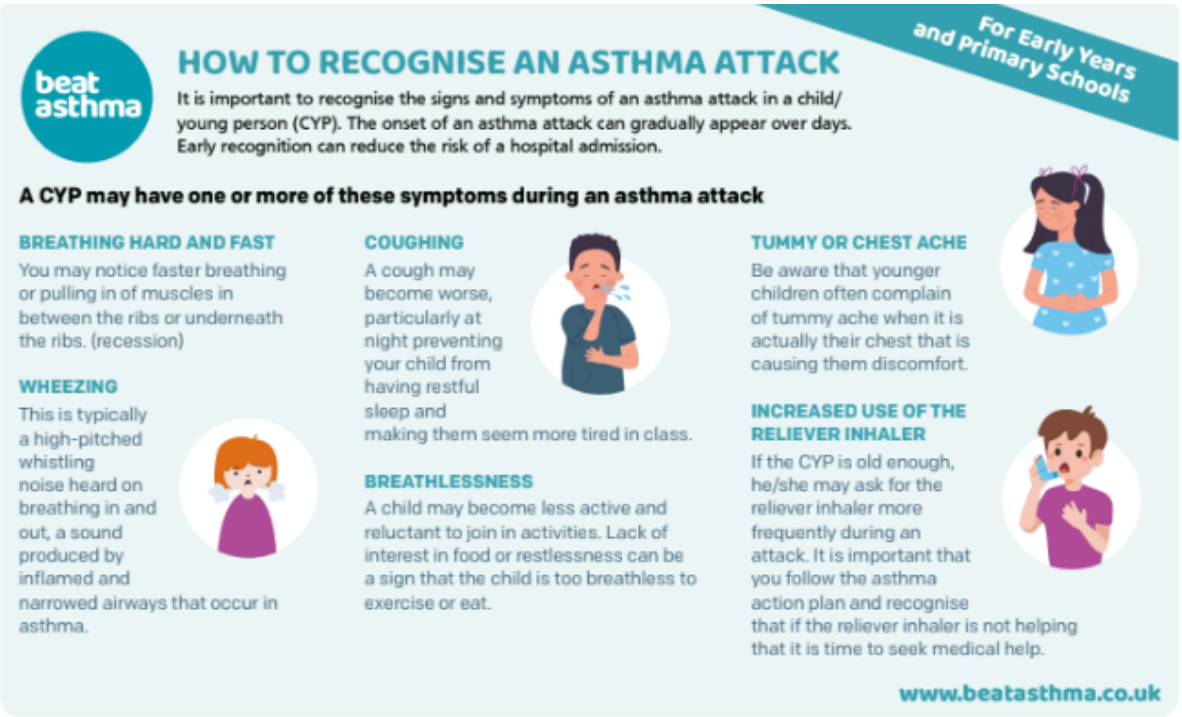
Common day-to-day symptoms of asthma are:

- 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 or young person's own inhaler and rest e.g. stopping exercise. They would not usually require the child or young person 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, or turning blue



If a child or young person is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed:

<u>Emergency Asthma Attack Procedure</u>

If a child or young person is having an asthma attack, standard school staff must follow this protocol immediately:

1. **Stay Calm and Reassure:** Keep calm and reassure the child or young person. Never leave them unattended.
2. **Positioning:** Encourage them to sit up straight and lean slightly forward. Do not allow them to lie down.
3. **Retrieve the Inhaler and Spacer:** Use the child or young person's own prescribed reliever inhaler and spacer. If their personal kit is unavailable, broken, empty, or out of date, immediately use the emergency salbutamol kit located in the school office.
4. **Administer Medication (The 10-Puff Rule):**
    - Shake the inhaler well and fit it into the spacer.
    - Administer **1 puff** into the spacer and encourage the child to take 5 steady breaths.
    - Wait **30 to 60 seconds**.
    - Repeat the process up to a **maximum of 10 puffs**.

When to Call an Ambulance (999)

Call 999 for an ambulance immediately if:

- The child's symptoms do not improve after the first 10 puffs.
- The child is too breathless or exhausted to speak, or has a blue or white tinge around their lips.
- You are deeply concerned about their condition at **any point** during this procedure.

Important: If the ambulance has been called and does not arrive within **10 minutes**, repeat the step-by-step process by administering another **10 puffs** (1 puff every 30 to 60 seconds) in the exact same manner.

5. **Contact Parents/Carers:** Contact the child's parents or carers immediately *after* emergency services have been called. A member of staff must always accompany the child to hospital in the ambulance and remain with them until a parent or carer arrives.
6. **Recovery:** If the symptoms improve fully and the child feels better, they may return to normal school activities. Their parents or carers must still be informed of the incident in writing.

This policy should be read in conjunction with:

- Asthma UK School Policy Guidance
- Supporting Children with Medical Conditions at School Policy