



## St Kentigern's Catholic Primary School

# Asthma Policy

### Introduction

The asthma friendly schools (AFS) programme sets out clear, effective partnership arrangements between health, education, and local authorities for managing children and young people with asthma at primary and secondary schools.

We are an 'Asthma Friendly School' and have gained 'Asthma Friendly' status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to. We commit to the audit of our procedures yearly. We welcome parents and students' views on how we can continue to improve and build upon our standards.

This policy was drawn up in consultation with School Nurses, School Governors, and health colleagues. We ensure all staff are aware of their duty of care to students. We have a "whole school" approach to regular training, so staff are confident in carrying out their duty of care.

### 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).



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

- having an asthma register;
- having an up-to-date asthma policy;
- having a school asthma lead;
- ensuring that all pupils have immediate access to their reliever inhaler at all times;
- ensuring that all pupils have an up-to-date asthma action plan;
- ensuring there is an emergency salbutamol inhaler available at all times in school;
- ensuring that all staff have regular asthma training;
- promoting asthma awareness to pupils, parents and staff.

### **Asthma Register**

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their Asthma Care Plan;
- their reliever (BLUE) inhaler in school;
- consent from the parents/carers to use the emergency salbutamol inhaler if required.

### **Asthma Lead**

This school has an asthma lead who is **Mrs Sarah Brooks**. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, and to ensure children have immediate access to their inhalers. The lead will also manage the emergency asthma kits (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. March 2015).

[Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

### **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 and Lung 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 the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma and Lung UK).

Inhalers are kept in children's classrooms (in named clear bags) in the orange 999 bags hung on the back of the classroom doors. 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 so staff can assist them. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines.

## **Asthma Care Plans**

Asthma UK evidence shows that if someone with asthma uses a personal asthma care plan, they are four times less likely to be admitted to hospital due to their asthma. Therefore, it is essential that all children with asthma have an Asthma Care Plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma and Lung UK)

## **Staff training**

To achieve asthma friendly school's accreditation, it is advocated that 80% of school staff access E-Learning for Health tier 1 asthma training:

[Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk)

All teaching and support staff had just undertaken this training at the time of writing this policy (February 2024). Staff will receive annual asthma updates provided in agreement either by the school nursing team or our acute provider.

## **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. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where this is 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
  - Changes in the weather
  - Chemicals (glue, paint, aerosols)
  - Food allergies
  - Fumes and cigarette smoke/vaping
- (Source: Asthma and Lung UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, risk assessments will be performed by staff. These risk assessments will establish potential asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where this is 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 PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma and Lung UK)

Pupils with asthma are encouraged to participate fully in all activities. Orange 999 bags should be taken with the class to wherever the PE lesson is taking place – either the hall or outside. If a pupil needs to use their inhaler during a lesson they will be encouraged and supported to do so. 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 in and outside of school. The same rules apply for out of hours sport.

### **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 recognise that asthma is impacting on their life as 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 Asthma Care Plan to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

### **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) 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 3 emergency kit(s), which are kept in the school office first aid cupboard so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on how to use the inhaler and spacer;
- Instruction on cleaning and storage of the inhaler and spacer;
- 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;
- A record of administration.

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 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's asthma lead will ensure that:

- Half termly, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- 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.

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 150 puffs having been used it will need replacing. **The spacer cannot be reused.** Spacers will be replaced following use. The 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. Spent inhalers will be returned to the pharmacy to be recycled to reduce our carbon footprint.

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 on our Asthma register. The parents/carers will always be informed in writing if their child has used the emergency inhaler.

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

Asthma Care Plans will inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough;
- Wheeze (a 'whistle' heard on breathing out) often when exercising;
- Shortness of breath when exposed to a trigger or exercising;
- Tight chest.

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per the Department Of Health document, they would not usually require the child to be sent home from school or to need urgent medical attention.

### **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
- Some children 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
- Is going blue
- Has a blue/white tinge around lips
- Has collapsed

**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 and attach to appropriate end of the spacer;
- Place the mouthpiece of the spacer between the lips with a good seal, or place the mask securely over the nose and mouth;
- 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\* 30-60 seconds between doses, 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 and call for parents/carers.**

The call handler will advise on further treatment whilst the ambulance is on its 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.

**Parents should always be notified of inhaler usage. Slips should be completed and sent home to inform parents how many puffs of the inhaler a child has had and at what time of the day.**

This policy will be reviewed every two years or in the light of changes to legal requirements.

**Policy written by:** Sarah Brooks – Deputy Headteacher/ SENCo/ Asthma Lead

**Date reviewed:** February 2024

**Next review date:** February 2026

**References:** [www.asthma.org.uk/](http://www.asthma.org.uk/), Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools.

**Associated legislation:** The Children and Families Act 2014, The Education Act 2002, Section 3 of the Children Act 1989, Legal duties on local authorities, Section 17 of the Children Act, Section 10 of the Children Act 2004, Section 3 of the NHS Act 2006, Equality Act (2010).