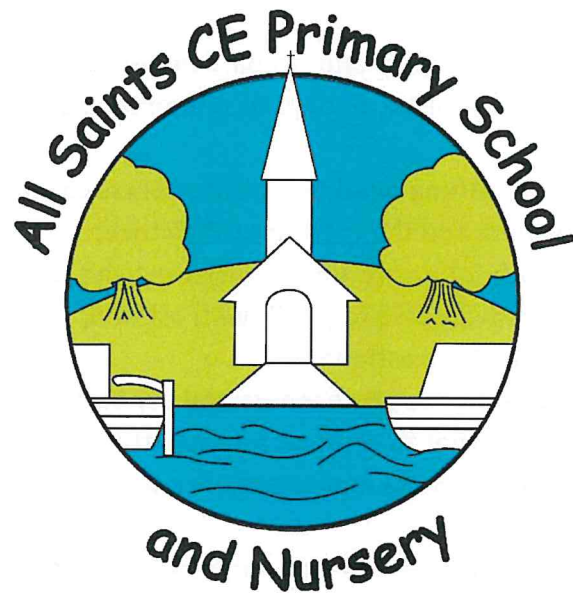


Asthma Policy



***'Learning for life,
building a firm foundation'***

Agreed by Governing Body:

Signed
Headteacher:

Signed
Chair of Governors:

Review date:

March 2024.

At All Saints CE Primary School and nursery, children's wellbeing, happiness and safety are our first priority. As a school, we recognise that asthma is a widespread, serious, but controllable condition.

We believe that our vision, *Learning for life, building a firm foundation*, is really important and by having clear asthma protocols and policies our school can help to create a safe environment, where pupils are able to learn, flourish and fulfil their potential. We believe that children need firm foundations on which to build in all aspects of their lives.

This school:

- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or school trips and other out-of-hours school activities;
- recognises that pupils with asthma need immediate access to inhalers at all times; keeps a record of all pupils with asthma and the medicines they take;
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma;
- ensures that all pupils understand asthma;
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack;
- understands that pupils with asthma may experience bullying and has procedures in place to prevent this;
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils. This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training.

Training is updated once a year, or as often as is possible depending upon school priorities.

Asthma Medicines

- Immediate access to reliever medicines is essential. The reliever inhalers of all children are kept in the classroom in an easily accessible place
- All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy.
- All school staff will let pupils take their own medicines when they need to.

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. From this information the school keeps its asthma register, which is available to all school staff.

Exercise and activity – PE and games

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 UK). Pupils with asthma are encouraged to participate fully in all activities. PE 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. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. 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 in after school clubs.

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

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy.

As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

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, are 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. 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.

Asthma attacks

All staff who come into contact with pupils with asthma must know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the staffroom (See appendix 1)

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers to complete new OSA2 forms at the start of the school year. Parents/Carers should keep school updated on any changes to their child's health.

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 personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler 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.

Asthma Lead

Lisa Harrison and Sarah Frankum

This school has an asthma lead who is named above. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

Guidance on Emergency use of Salbutamol states that schools should have at least 2 volunteers for ensuring protocol is followed? (delete)

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

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For Younger children, reliever inhalers are kept in the classroom in a basket with the child's name clearly labelled in an easily accessible position.

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. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. 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. (Source: Asthma UK)

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma action plan 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)

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 (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 an emergency kit, which is kept in the school office so it is easy to access. The kit contains:

- A salbutamol metered dose inhaler;
- 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:

- 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 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's asthma lead and team 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;
- 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 175 puffs having been used, we will replace it. The spacer cannot be reused. We will replace spacers 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.

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.

However, we also 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 DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team.

Roles and Responsibilities

Asthma UK recommends the following roles in developing an asthma policy:

Employers

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 pupils). 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
- make sure the asthma policy is effectively monitored and regularly updated
- report to parents/carers, pupils, school staff and local health authorities about the successes and failures of the policy
- provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help. Head teachers and principals

Head teachers have a responsibility to:

- plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers.
- plan the school's asthma policy in line with devolved national guidance
- liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
- ensure the plan is put into action, with good communication of the policy to everyone
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- report back to their employers and their local education authority about the school asthma policy.

All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils they come into contact with have asthma
- know what to do in an asthma attack
- allow pupils with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- ensure pupils who have been unwell catch up on missed school work
- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma experiencing bullying
- liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

PE teachers

PE teachers have a responsibility to:

- understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
- ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)
- remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up
- ensure pupils with asthma always warm up and down thoroughly.

School nurses have a responsibility to:

- help plan/update the school asthma policy
- if the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma
- provide information about where schools can get training if they are not able to provide specialist training themselves. NB: In some boarding schools, school nurses may hold further responsibilities in the management and monitoring of pupils' asthma (for example ensuring all pupils with asthma have a written personal asthma action plan).

Doctors and asthma nurses have a responsibility to:

- complete the school asthma cards provided by parents/carers
- ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)
- offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

Pupils have a responsibility to:

- treat other pupils with and without asthma equally
- let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- tell their parents/carers, teacher or PE teacher when they are not feeling well
- treat asthma medicines with respect
- know how to gain access to their medicine in an emergency
- know how to take their own asthma medicines.

Parents/carers have a responsibility to:

- tell the school if their child has asthma
- ensure the school has a complete and up-to-date school asthma card for their child
- inform the school about the medicines their child requires during school hours
- inform the school of any medicines the child enquires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- provide the school with a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler and the spare is within its expiry date
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- ensure their child has a written personal asthma action plan (see Appendix 2) to help them manage their child's condition.

