

VAUGHAN PRIMARY SCHOOL

Asthma Policy

Date of Policy: Autumn 2021
Date of Review: Autumn 2022
Next Review: To be reviewed

Policy Review Dates

Review Date	Changes made	Shared with staff
Autumn 2021	New policy	Autumn 2021

This policy should be read in conjunction with the following:

- Equality Act 2010
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2015) 'Guidance on the use of emergency salbutamol inhalers in schools'
- Asthma UK (2020) 'Asthma at school and nursery'
- Health and Safety Policy
- Safeguarding Children and Child Protection Policy
- SEND Policy
- Supporting Pupils with Medical Conditions Policy

Statement of intent

Vaughan Primary School recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. The school ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities, while also recognising that pupils with asthma need immediate access to reliever inhalers at all times.

To do this, the school will keep a record of all pupils with asthma and their medicinal requirements, to ensure that the school environment is conducive to the education of pupils with asthma. All members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma are aware of what to do in the event of an asthma attack.

The school works in partnership with all stakeholders such as the governing board, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma. This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing. This policy also encourages and assists pupils with asthma in achieving their full potential in all aspects of school life.

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'
- DfE (2015) 'Guidance on the use of emergency salbutamol inhalers in schools'
- Asthma UK (2020) 'Asthma at school and nursery'

This policy operates in conjunction with the following school policies:

- Complaints Policy
- Supporting Pupils with Medical Conditions Policy

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, parents and pupils.
- 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 the Asthma Policy with the help of school staff, school nurses, LA guidance and the governing board.
- Ensure this policy is effectively implemented and communicated to all members of the school community.
- Ensure all aspects of this policy are effectively carried out.
- Arrange for all members of staff to receive training on:
 - How to recognise the symptoms of an asthma attack.
 - How to distinguish asthma attacks from other conditions with similar symptoms.
 - How to deal with an asthma attack.
 - How to check if a pupil is on the school's central asthma register.
 - How to access the emergency inhalers.
 - Who the designated members of staff are and how to achieve their help.
- Ensure all supply teachers and new members of staff are made aware of the Asthma Policy and provided with appropriate training.
- Monitor the effectiveness of the Asthma Policy.
- 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 the Asthma 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 Welfare Team and the SENDCo if a pupil is falling behind with their school work because of their asthma.

When in a PE lesson, 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 have a responsibility 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/HCP to help the school manage their child's condition.
- 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 in school
- Ensure that their child's reliever inhaler and spare inhaler 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).

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. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an Asthma Register
- ✓ up-to-date Asthma Policy,
- ✓ an Asthma Lead,
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ all pupils have an up-to-date asthma action plan,
- ✓ an emergency salbutamol inhaler
- ✓ ensure all staff have regular asthma training,
- ✓ promote asthma awareness 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 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. (see back of policy)

Asthma Lead

This school has an Asthma Lead. 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.

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).

Reliever inhalers are kept in the classroom and in Welfare.

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 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)

Staff training

Staff receive annual training and regular asthma updates. This training is provided by the Schools' Asthma Team.

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 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 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. When teaching PE, staff 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 staff that the green medical bags – containing the inhalers and spacers will be taken to these lessons. 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 and outside of school. 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 recognise that if asthma is impacting on their 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. 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) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015).

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have emergency kit(s), which are kept in the Welfare Office, 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;
- 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 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 inhalers will be checked at the beginning of every term by the Welfare Team, to determine if new ones need to be ordered or not.

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.

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 and classrooms and other key locations e.g. dining hall.

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, is going blue, has a blue/white tinge around lips and/or 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
- *Place the mouthpiece 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* 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 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.
- 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

Appendix 1

School Action Plan

Date:

Name:..... Date of birth:..... Allergies:..... Emergency contact:..... Emergency contact number Doctor's phone number:..... Class.....	Affix photo here
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What are the signs that you/your child may be having an asthma attack?
Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?
Does your child have a spacer device? (please circle) Yes No
Does your child need help using their inhaler? (please circle) Yes No

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes No
If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed..... Date.....
Print Name..... Relationship to
child.....

CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)
3. 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).....

Relationship to

child.....

Child's

Name.....

Class.....

.....

Parent's address and contact details:

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.....

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.....

.....

Telephone.....

.....

Email.....

Appendix 2

Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences

Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

Administering reliever inhaled therapy through a spacer

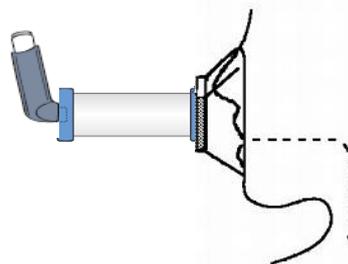
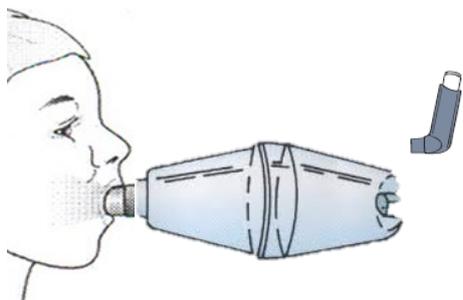
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**