



# School Asthma Policy

To be reviewed 3 yearly

Chair of Governors, Jane Jones

Signed

## **School Asthma Policy**

East Preston Infant School recognises that asthma is a common, serious but manageable medical condition. We are committed to ensuring that pupils with asthma are properly supported so that they can participate fully in all aspects of school life, including physical education, educational visits and extracurricular activities.

This policy should be read in conjunction with:

- *First Aid, Intimate Care and Medicines in School Policy*
- *Supporting Pupils with Medical Conditions*
- *Bodily Fluids Risk Assessment*

This policy reflects current West Sussex County Council (WSSCC) guidance, the Department of Health guidance on emergency salbutamol inhalers, and the Asthma Toolkit.

This policy is written in line with:

- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Human Medicines Regulations 2012 (as amended October 2014)
- WSSCC guidance on Managing Medicines in Schools (August 2024)

### **Aims**

- To ensure pupils with asthma have immediate access to reliever inhalers at all times
- To ensure asthma does not limit access to education or school activities
- To ensure staff are trained and confident in managing asthma and emergencies
- To work in partnership with parents/carers and health professionals
- To ensure clear links between asthma management and first aid/medical procedures

### **School emergency supply**

In line with WSSCC guidance and the Human Medicines Regulations 2012, the school holds emergency salbutamol inhalers and spacers for emergency use.

Emergency inhalers:

- Are stored in agreed locations and clearly labelled
- Are checked termly for expiry and condition
- Are only used for pupils with asthma or prescribed reliever inhalers
- Require prior written parental consent

All use of the emergency inhaler is recorded and parents are informed immediately.

This procedure aligns fully with the First Aid and Medicines Policy.

## **Medication and Inhalers**

### **Reliever Inhalers**

- All pupils with asthma must have an in-date reliever inhaler in school
- Pupils are encouraged to carry their inhaler once deemed developmentally ready
- For younger pupils, inhalers are stored in classrooms in clearly labelled containers

### **Spacers**

- Spacers are used where prescribed
- Individual spacers must not be shared
- Parents are responsible for cleaning personal spacers

### **Preventer Inhalers**

- Preventer inhalers are usually taken at home
- Exceptions may apply for residential visits, as documented in healthcare plans

### **Record Keeping**

The school maintains an up-to-date Asthma Register, which is reviewed termly and updated when new pupils join.

For each pupil with asthma the school will hold:

- An up-to-date Personal Asthma Action Plan from a healthcare professional as required.
- Parental consent to administer medication, including the emergency salbutamol inhaler
- Details of triggers and emergency contacts

Asthma records are stored securely and shared with relevant staff on a need-to-know basis, in line with GDPR.

Administration of asthma medication is recorded in line with procedures set out in the First Aid, Intimate Care and Medicines Policy using Medibook.

## **Roles and Responsibilities**

### **Asthma Lead**

- Carol Chilvers (Asthma Lead)
- Overseen by Claire Greenway

Responsibilities include:

- Maintaining the asthma register
- Overseeing emergency inhalers and spacers
- Ensuring asthma training is up to date
- Acting as liaison with the School Nursing Service
- Ensures arrangements are in place to support pupils with asthma
- Reviews this policy every three years

- Ensures policy implementation and staff training

### **Staff**

- Know which pupils have asthma
- Allow immediate access to inhalers
- Follow emergency procedures and first aid protocols

### **Parents/Carers**

- Provide in-date inhalers and spacers
- Provide and update asthma action plans
- Inform school of any changes to medication or condition

### **Managing Asthma Day to Day**

Staff will:

- Ensure pupils can access inhalers quickly
- Encourage use of inhalers before exercise if required
- Support pupils who struggle with inhaler technique
- Monitor for signs that asthma may be affecting learning or wellbeing

Concerns will be shared with parents and, where appropriate, the school nurse.

### **Exercise, PE and School Activities**

- Pupils with asthma are encouraged to take part fully in PE and activities
- Inhalers are available during PE lessons and off-site activities
- Warm-up and cool-down activities are emphasised
- Staff supervising trips ensure inhalers and action plans are taken

Risk assessments for educational visits will include asthma considerations and link directly to first aid planning.

### **School Environment and Triggers**

The school aims to minimise exposure to known asthma triggers, including:

- Smoke and fumes
- Dust and allergens
- Strong chemicals or aerosols

Asthma triggers are documented in individual action plans and considered in classroom management and risk assessments.

### **Training**

- Staff administering inhalers receive annual asthma training
- Training records are maintained
- Training aligns with WSCC Managing Medicines requirements

## **Asthma 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 on 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
- Some young children may complain of tummy ache

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health Guidance, 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.

Staff will undertake asthma training, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The Department of Health Guidance states that 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.

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 (if consent has been given by the parent/carer)
- Remain with the child while the inhaler and spacer are brought to them
- \*Shake the inhaler and remove the cap and place in the spacer

- \*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 separate puffs of salbutamol via the spacer, (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 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

**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

If a child has been treated 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 / asthma nurse.

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 GP /asthma nurse.

**Access and Review of Policy**

The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed on a three yearly cycle.

Signed

(Chair of Governors)

Signed

(Headteacher)

Dear Parent/Carer

### **Asthma Information Form**

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME..... Age ..... Class .....

1. Does your child need an inhaler in school? Yes/No

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

.....  
.....

3. What triggers your child's asthma?

.....

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep an emergency salbutamol inhaler for emergency use.

**I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school. I agree that the school can administer the school emergency salbutamol inhaler if required.**

Signed: ..... Date .....

*I am the person with parental responsibility*

Circle the appropriate statements

- My child carries their own inhaler.
- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**  
Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed: ..... Date .....

*I am the person with parental responsibility*

Please remember to inform the school if there are any changes in your child's treatment or condition.

Thank you

<b>Parental Update</b> (only to be completed if your child no longer has asthma)	
My child..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed	Date
<i>I am the person with parental responsibility</i>	

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 <sup>st</sup> inhaler		With pupil/In classroom			
2 <sup>nd</sup> inhaler Advised		In office/first aid room			
Spacer (if required)					

Record any further follow up with the parent/carer:

Example letter to send to parent/carer who has not provided an in-date inhaler. Please amend as necessary for the individual circumstances.

Dear [Name of parent]

Following today's phone call regarding [Name of pupil]'s asthma inhaler, I am very concerned that an inhaler has not been provided. You have stated on [name of pupil]'s Asthma Information Form that [name of pupil] requires an inhaler in school and you have agreed to provide an inhaler [and spacer]. Please ensure that:

- an inhaler
- a spacer

are provided without delay.

If [name of pupil] no longer requires an inhaler, please request his/her Asthma Information form from the school office and complete the parental update section.

Please be aware that in the absence of an inhaler, should [name of pupil] suffer an attack, staff may not be able to follow the usual Asthma Emergency inhaler procedures. They may be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely