



*Inspiring All to Excellence*



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**Anker Valley Primary Academy**

# **Asthma Policy**

## Document Control

Policy Title	Asthma Policy
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Policy Owner	Anker Valley Primary Academy
Policy Approver	Local Governing Body

## Version Control

Version	Date	Amended by	Comments
2	18.2.24	NH	Addition Page 3 Paragraph 1 Addition Page 3 about Asthma Register AND Asthma Lead Addition Page 4 about Staff training Addition Page 5 about Emergency Inhaler

Section	Changes Made

## Background

Anker Valley Primary Academy 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 will be provided with training on asthma and/or First Aid courses which are renewed in line with recommended guidance.

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:

- A named staff member who is the Asthma Champion who takes the lead in School for Asthma. (Mrs N Horlor and Miss H Elliott)
- Asthma Policy
- Asthma Register
- Emergency Medication Kit
- Request a copy of the Personalised Asthma Action Plan (PAAP) for each child with Asthma
- Recording and Sharing Information
- CYP Asthma Training for staff

## **Asthma medicines**

- Asthma inhalers come in a variety of colours, usually only blue inhalers will be seen school.
- Immediate access to reliever medicines (blue inhaler e.g., Salbutamol) is essential.
- Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agrees they are mature enough.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever (blue) inhaler. 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.

## **Record keeping**

### **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 suspected Asthma. 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:

- Gain consent to use the schools Emergency Inhaler if the child does not have their own inhaler with them.
- Request for a reliver inhaler to be in school with an appropriate spacer.
- Request a copy of the Personal Asthma Action Plan (PAAP) for each child with Asthma.

When joining the school (in Reception or at any other time), parents / carers will be asked if their child has any medical conditions including asthma on their enrolment form. This is checked regularly.

Parents/carers are asked to make the school aware of any changes to medication or dosages.

Asthma is recorded as a medical condition on the school's information management programme (Integris).

A record of all medical conditions is available to all staff.

## **Asthma Champion (Lead)**

This school has an Asthma Champion (or Asthma Lead) who is named above. It is the responsibility of the Asthma Champion 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. The Asthma Champion will communicate to parents/carers regarding any deterioration in a child's condition whilst at school (or on a school activity). This may be delegated to other members of staff as appropriate.

## **Staff Training**

Staff will access training for CYP Asthma at least every two years delivered by the Staffordshire School Nursing Team and will be appropriate for educational settings.

The school commits to training as many staff as possible to ensure children with Asthma are supported in school.

## **Exercise and activity – PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers will know which children in their class have asthma and all external PE teachers at the school will be made aware of which pupils have asthma.

Pupils with asthma will be encouraged to participate fully in all PE lessons. Teachers and teaching assistants will remind pupils whose asthma is triggered by exercise, to take their inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Each pupil's inhaler will be labelled and kept accessibly within the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.

Classroom teachers will follow the same principles as described above for games and activities involving physical activity.

## **Out-of-hours sport**

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 involves pupils with asthma as much as possible in after school clubs.

External PE teachers, classroom teachers and out-of-hours school sport coaches will be aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. They will be made aware of any child in their club who uses an asthma inhaler.

## **School environment**

The school will do all that it can to ensure the school environment is favourable to pupils with asthma.

The school will have a smoke free policy.

As far as possible the school will not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

## **Effect of Absence**

If a pupil 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 initially talk to the parents/carers to agree how to prevent their child from falling behind.

If appropriate, the teacher will then talk to the Head of School about the pupil's needs. The school recognises that it is possible for pupils with asthma to have Special Educational needs due to their asthma.

## **Emergency Inhaled Salbutamol Use**

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.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will request consent from parents/carers for Emergency Inhaler use when the school is notified that a child has Asthma. Once consent is gained, we will use the Salbutamol Emergency Inhaler during the onset of breathing difficulties in the absence of the child's own inhaler or if the child cannot use their own inhaler on that occasion (such as a breath actuated inhaler). This will always be used with a spacer. 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 Asthma Champion 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.
- Replacement inhalers are obtained following use.
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

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.

## **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

### Signs of an asthma attack include:

- Persistent cough (when at rest);
- A wheezing sound coming from the chest (when at rest);
- Being unusually quiet;
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache);
- Difficulty in breathing (fast and deep respiration);
- Nasal flaring;
- Being unable to complete sentences;
- Appearing exhausted;
- A blue / white tinge around the lips;
- Going blue.

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

### ***CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:***

- Appears exhausted;
- Has a blue/white tinge around lips;
- Is going blue;
- Has collapsed.

### Responding to signs 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;
- Remain with child while inhaler and spacer are brought to them;
- Immediately help the child to take two puffs of the salbutamol via the spacer immediately;
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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;
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way;
- The child's parents or carers should be contacted after the ambulance has been called;
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

### Important Things to Remember in an Asthma Attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to get their spare inhaler/ spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally, staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult must always accompany anyone driving a pupil having an asthma attack to hospital.

#### After a Minor Asthma Attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school.
- When the pupil feels better, they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.