



Beech Grove Primary School

Asthma Policy

Introduction

Beech Grove Primary School recognises that asthma is a widespread, serious but controllable condition.

Children with asthma are welcome in our school and we ensure that they can participate fully in all aspects of school life, including PE, educational visits and out-of-hours school activities.

Beech Grove Primary School has a clear policy in place. All staff understand the policy and are provided with information and training about the condition.

We aim to ensure that all children know about asthma, at their level of understanding, and the procedures in place.

Beech Grove Primary School recognises that pupils with asthma could be classed as having disability due to their condition as defined by the Equality Act 2010 and, therefore, may have additional needs because of their asthma.

Asthma Medication

Beech Grove Primary School recognises that children with asthma will need immediate access to reliever medication at all times.

Inhalers are kept in the child's classroom, clearly in sight, in a green bag labelled First Aid.

Beech Grove Primary School will ensure that all staff, including support staff and supply staff, know what to do in an asthma attack.

Staff are not required to administer asthma medication to children, except in an emergency.

If parents have stated that their child may need some assistance, when completing the Asthma Registration Form, then staff, who have been trained and are willing to assist, will monitor the administration of the medication. Staff who agree to administer medication are insured by the local authority when acting in agreement with this policy.

We are aware of the guidance 'The Use of Emergency Salbutamol Inhalers in Schools from the Department of Health' March 2015 which gives schools guidance on the use of emergency salbutamol inhalers in schools.

There are also four inhalers kept in school for use emergency use only. These are located in the -

- Assistant Head teacher's office in the Main Reception area,
- Staffroom
- Medical/First Aid Room
- Staff toilets nearest to the dining hall (next to AS2)

Each kit contains –

- A salbutamol metered dose inhaler
- A compatible spacer



- A record of administration
- Copies of the letter to be sent to the parents/carers of the child who has had to use the inhaler
- Aide memoires for staff regarding asthma triggers and what to do in an asthma attack.

The emergency inhalers will be checked on a regular basis and a record will be kept in the Assistant Head's office in the main reception

These emergency inhalers will not be administered without parental permission, and parents will be asked if they wish to give their consent when their child is admitted or diagnosed.

Record Keeping

On admission, or diagnosis of the condition, the child's parents/carers will be asked to complete their child's asthma healthcare plan. *See Appendix C*

The plan provides

- clear information about the condition and the symptoms that staff need to look out for
- details about the medication – amount and frequency of dosage – and the expiry date
- the action required
- contact information for the child

The plan will be reviewed annually, or more frequently if needed, and will be kept with the central register of children with medical conditions.

Parents/ carers will also be asked to indicate whether they consent to administration of the emergency inhaler in the case of their child's own inhaler not being readily available or out of date. *See Appendix D*

There is an **asthma register** of children within school which is updated at least annually.

Roles and Responsibilities

The Governing Body has 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 educational visits
- make sure the asthma policy is effectively monitored and regularly updated
- provide indemnity for teachers who volunteer to administer medicines to pupils with asthma who need help.

The Head Teacher has a responsibility to:

- plan an individually tailored school asthma policy with the help of the school staff and school nurse
- liaise between interested parties – school staff, school nurses, parents/carers, governors 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 new staff know the school asthma policy
- regularly monitor the policy and how well it is doing
- delegate a member of staff to maintain the school asthma register.

The Asthma Lead has a responsibility to:

- co-ordinate and update the asthma register
- update the asthma policy
- regularly check the emergency inhalers are in working order and not out of date
- re-order the emergency inhalers when the expiry date approaches
- ensure measures are in place so that the children have immediate access to their inhalers
- ensure all staff are aware of the schools' routines and procedures and follow them as part of their duties

All school staff have a responsibility to:

- encourage pupils with asthma to participate fully in all activities
- understand the school asthma policy
- know which children they come into contact with have asthma
- know what to do in an asthma attack
- allow children with asthma immediate access to their inhaler
- inform parents/carers if their child has had an asthma attack
- inform parents/carers if their child is using more inhaler than they usually would
- ensure children have their asthma medication with them when they go out of the classroom or school
- be aware that a child may be tired if they have night time symptoms
- liaise with parents/carers, school nurse and SENDCO if a child is falling behind with their work because of their asthma.
- have regular updates and training

Teachers of PE have a responsibility to:

- encourage pupils with asthma to participate fully in all activities
- understand asthma and the impact it can have on children. Children with asthma should not be forced to take part in an activity if they feel unwell. They should also not be included from activities that they wish to take part in if their asthma is controlled
- ensure children have their inhaler with them during the activity and are allowed to take it when needed
- remind children with asthma, whose symptoms are triggered by exercise to use their inhaler before warming up
- ensure children with asthma always warm up and down thoroughly.

Children have a responsibility to:

- treat other children with and without asthma equally
- let any child having an asthma attack take their inhaler and inform a member of staff immediately
- tell a member of staff if they feel unwell



- treat asthma medication with respect
- know how to gain access to their medication in an emergency
- know how to administer their medication

Parents/Carers have a responsibility to:

- inform school if their child has asthma
- ensure school has up to date information on their child and their condition
- inform school about the medication their child requires during school hours
- inform school of any medication their child may require whilst taking part in educational visits, and out-of-school activities such as sporting events
- inform school about any changes to their child's medication
- inform school of any changes to their child's asthma
- ensure their child's inhaler, and possibly spacer, is clearly labelled with their child's name and class
- ensure the inhaler and spacer is within its expiry date and fully operational
- keep their child at home if they are not well enough attend school
- ensure their child catches up any school work they may have missed

School Environment

The school does all it can to ensure the school environment is favourable to children with asthma. There is a no smoking policy across the whole site and, as far as possible, school does not use chemicals in science or art lessons that could be potential triggers for children with asthma.

There are ducks that live on the school site and a school dog. Children have supervised access around these animals, but children whose asthma could be triggered by feathers or fur would be monitored and kept a safe distance away.

Asthma Attacks

- In the event of an asthma attack the procedures outlined in Appendix B *What to do in an Asthma Attack* will be followed. This is displayed in the staffroom.
- All staff are aware of the Asthma Policy and accompanying guidance
- New staff will be informed during their induction process.

Further Information

Guidance on the use of emergency salbutamol inhalers in schools

https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

Asthma UK www.asthma.org.uk

National Health Service www.nhs.uk



Related documentation

When reading this policy please be aware of and refer to the following related documents:

- Supporting Pupils with Medical Conditions policy
- First aid policy
- Health and safety policy

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Beech Grove Primary School

Appendix A – What is Asthma?

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. Children with asthma have airways that are almost red and sensitive (inflamed). These airways can react badly when children come into contact with an asthma trigger.

Asthma can vary in severity from person to person and symptoms can include -

- coughing
- wheezing
- a tight chest, which younger children may describe as a tummy ache
- shortness of breath.

Asthma Triggers

A trigger is anything that irritates the airways and causes asthma symptoms.

Common triggers include –

- colds, viral infections
- pollen
- animals with fur or feathers
- air pollution
- stress
- house dust mites
- cigarette smoke
- exercise
- laughter, excitement

It is important that children with asthma get to know their own triggers and try to stay away from them or take precautions.

What happens during an asthma attack?

When a child with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and begins to swell, making it difficult to breathe and leading to symptoms of coughing, wheezing, shortness of breath or feeling tight in the chest. It is at this point that the child with asthma will need to take a dose of their medication.

Asthma Medication

Reliever Inhalers – Every child with asthma should have a reliever inhaler. Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding



the narrowed airways. This allows the airways to open wider, making it easier to breathe again. Relievers do not reduce the swelling in the airways.

Reliever inhalers are usually **blue** and contain the drug Salbutamol.

An asthma nurse or health professional will usually demonstrate and check that the child can use their inhaler effectively when they are first prescribed one.

Reliever inhalers are a safe and effective medication and have very few side effects, although some children may get an increased heart rate and may feel shaky if they take a lot of medication. However, children cannot overdose on reliever medication.

Children with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week they should see their doctor or nurse for an asthma review as they may also need to take preventer medication.

Preventer Inhalers – Preventers protect the lining of the airways. They help calm the swelling in the airways and stop them from being so sensitive. Taking preventer medication means that a child with asthma is less likely to react badly when they come into an asthma trigger. Preventers are usually prescribed for children with asthma using their reliever inhaler three times a week or more.

Preventer inhalers are usually **brown, orange, red, or white** and do not usually need to be taken during school hours.

The protective effect of preventer medication builds up over time, so preventers need to be taken every day, even if the child is feeling well.

Most children who need preventer medication will receive an inhaler preventer from their doctor that contains corticosteroids. These are a copy of steroids produced naturally in our bodies and are completely different to anabolic steroids sometimes used by bodybuilders. Doctors prescribe the lowest possible dose of inhaled steroid to get the asthma under control. Low doses of inhaled steroids do not cause side effects and have no effect on growth.

Spacers – A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make inhalers easier to use and more effective. Spacers may be needed and used at school, especially by children under 12.

Steroid Tablets - A short course of steroid tablets, usually 3-5 days, is sometimes needed to treat a child's asthma after an asthma attack. They are very effective at bringing severe asthma symptoms under control quickly. Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a steroid preventer inhaler, however, children should not experience any side effects from the occasional course of steroid tablets. It is rare for a child with asthma to have steroid tablets at school.



Nebulisers – A nebuliser is a machine that creates a mist of medicine that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medicine in an emergency. However, research shows that spacers work as well as nebulisers in most asthma attacks. Use of nebulisers in emergency situations is becoming far less common. Some children with asthma have nebulisers at home. However, normally children with asthma should not use a nebuliser in school.

If a doctor or nurse does advise that a child needs to use a nebuliser in school, the staff will need training by a health professional.



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Appendix B – What to do in an Asthma Attack

Common signs of an asthma attack

- coughing
- shortness of breath
- wheezing
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- tummy ache (sometimes in younger children)

What to do

- keep calm and reassure the child
- encourage the child to sit up and slightly forward – do not hug or lie them down
- make sure the child takes two puffs of their reliever (**blue**) inhaler immediately
- loosen tight clothing

If there is no immediate improvement

Continue to make sure the child takes 2 puffs of their reliever inhaler every 2 minutes up to a maximum of 10 puffs.

Call 999 if:

- the child's symptoms do not improve in 5-10 minutes
- the child is too breathless or exhausted to talk
- the child's lips are blue or there is a blue/white tinge around their lips
- or if you are in doubt

If an ambulance does not arrive in 10 minutes, give another 2 puffs every 2 minutes up to a maximum of 10 puffs.

After a less severe asthma attack

- Less severe asthma attacks (where the child responds quickly to the use of their reliever inhaler) should not interrupt the involvement of a child with asthma in school. When they feel better they can return to school activities, although they should be closely monitored.
- The parents/carers must always be told if their child has had an asthma attack.



Important things to remember during an asthma attack

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



Appendix C

Beech Grove Primary School – Asthma Registration Form

Name of Child		D.O.B.	
Address		Parent/Carer	
.....		Tel:	
.....			
Other contact details:			
Please tick if applicable	My child <u>is not able to totally self-administer</u> the contents of the reliever inhaler.		
<input type="checkbox"/>	<u>I would like school to assist my child when he/she requires the inhaler and medication.</u>		
<u>Regular treatment to be taken in school:</u>			
<u>Medication</u>	<u>Dosage</u>	<u>When to administer</u>	
Salbutamol (reliever) inhaler	2 puffs at a time – (up to a maximum of 10 puffs)	When displaying symptoms below	
I will inform school of any changes to the medication immediately.			
I understand that it is the parent/carer's responsibility to ensure medication is in date.			
<u>Triggers for an attack</u>		<u>Symptoms:</u>	
<ul style="list-style-type: none"> • Exercise • Cold weather • Other illnesses, such as cold or flu. • Allergies • Heightened emotions- eg. laughter or stress 		<ul style="list-style-type: none"> • Coughing • Shortness of breath • Wheezing • Feeling tight in the chest • Difficulty speaking in sentences 	
Signed		Relationship to Child	
.....			
Please print your name		Date	



Appendix D

Use of Emergency Inhaler - Consent Form

1. I confirm that my child has been diagnosed with asthma or has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they keep in school at all times.
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 medication from the emergency inhaler held by school for such emergencies.
4. I will be informed if my child has had an asthma attack and used the emergency inhaler.

Child's Name D.O.B.

Parent/ Carer's Name: (please print)

Signed: Date: