



Asthma Policy

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Asthma

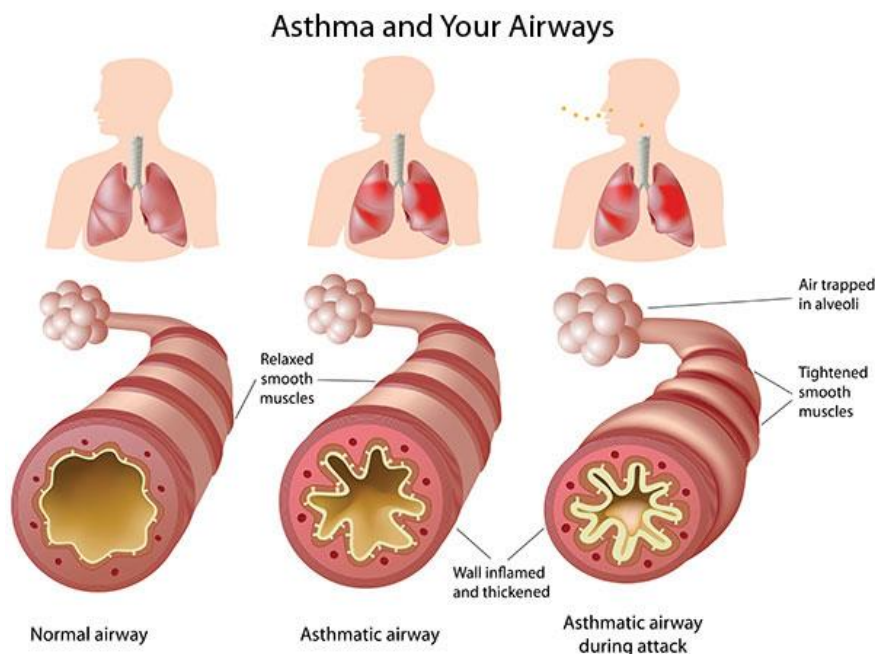
Asthma is a long-term lung condition. It affects the airways (breathing tubes) that carry air in and out of your lungs, causing them to become swollen (inflamed). This makes the airways narrower, so less air gets into and out of the lungs.

People with asthma can get symptoms like wheezing, breathlessness, a cough or a tight chest. Sometimes symptoms can get worse quickly. This is an asthma attack.

Symptoms can be triggered by things like exercise, allergens or changes in weather. There are lots of potential triggers and everyone with asthma will have their own set of triggers.

There is currently no cure for asthma, but most people with asthma can control their symptoms well with asthma inhalers and other medicines. Some people with asthma may not have symptoms for weeks or months at a time.

(Source: Asthma + Lung UK).



Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK, and an estimated 2.8 million school days are lost every year because of asthma symptoms.

It is estimated that every 2.5 minutes, a child in the UK has a potentially life-threatening asthma attack. Asthma leads to over 25,000 emergency hospital admissions a year and, in 2020 (latest figures available) 10 children under 15 died from asthma.

Emergency admissions, and deaths, related to asthma are largely preventable with improved management and early intervention. The National Review of Asthma Deaths found that 46% of the children who died from asthma had received an inadequate standard of asthma care.

(Source: Royal College of Paediatrics and Child Health and Asthma + Lung UK)

All children have a right to manage their own asthma as best they can and be educated in an environment sensitive to their needs and supported by people who understand their condition.

Well controlled asthma does not usually cause problems at home or at school.

Emergency treatment may be required in ANY child with asthma when they are having an exacerbation.

Rationale

At St Martin's C of E Schools, we recognise that asthma is a widespread, serious, but controllable condition and the school welcomes all pupils with asthma. We ensure that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities. We recognise that pupils with asthma always need immediate access to reliever inhalers and keep a record of all pupils with asthma and the medicines they take.

We ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma and that all pupils understand asthma.

We provide annual update training to ensure that all staff (including support staff) who come into contact with pupils with asthma know what to do in an asthma attack. Additional asthma training is delivered to school staff by school nurses on request.

We understand that pupils with asthma may experience bullying and have procedures in place to prevent this.

At St Martin's C of E Schools, we 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.

Accountabilities

The School Nurse will:

- offer asthma training to staff in schools on an annual basis.

The School will:

- Provide an emergency salbutamol inhaler and at least one Volumatic spacer device from a pharmacy and complete appropriate documentation (DH,2015).
- Replace the emergency salbutamol inhaler prior to the inhaler expiry date.
- Recognise the needs of pupils with asthma.
- Recognise that immediate access to the pupil's inhalers is vital.
- Encourage and help children with asthma to participate fully in all aspects of school life.
- Do all it can to ensure that the school environment is favourable to all children with asthma.
- Encourage all children with asthma to have their own inhaler in school including a spacer device. In exceptional circumstances the child may have access to the emergency inhaler and spacer following this guidance and procedure.
- Take responsibility for the safekeeping of the emergency salbutamol inhaler. If the emergency salbutamol inhaler is misplaced it is the responsibility of the school to purchase a replacement from a pharmacy.

The designated asthma staff member is responsible for:

- Supporting staff in an emergency.
- Ensuring that inhalers are checked monthly to guarantee that replacement inhalers are obtained before the expiry date.
- Ensuring that used or out of date inhalers are returned to the local pharmacy for disposal.
- Ensuring that the asthma register is accurate and up to date.

All staff responsibilities:

- The school emergency inhaler logbook should be completed if emergency inhaler has been used.
- Staff must inform designated asthma staff member if a school emergency inhaler has been used so that a new spacer can be ordered/replaced.
- If pupils require their inhaler, then staff need to record the amount of usage and inform parents.

- All staff should be aware of which children have asthma, be familiar with the content of their individual action plan and have read the schools Asthma policy.
- All staff must ensure children have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children have their medicines with them when they go on a school trip or out of the classroom.
- Be aware of children with asthma who may need extra support.
- Liaise with parents, the child's healthcare professionals, SENDCo and welfare officers if a child is falling behind with their work because of their condition.
- Ensure all children with asthma are not excluded from activities they wish to take part in.
- Parents to be informed if child/young person has used their inhaler due to asthma symptoms.

In order to achieve the above:

- All staff at St Martin's C of E Schools will receive training on the basic awareness of asthma and the correct use of inhalers on an annual basis.
- All staff will have a clear understanding of what procedures to follow if a child has an exacerbation of their asthma including the use of the emergency salbutamol inhaler with spacer.
- All pupils with asthma will have clear understanding of what they need to do if they are symptomatic including exacerbations.
- Emergency Inhalers for all pupils kept accessible at all times, and where appropriate (e.g. pupils in Year 5 and 6), are carried by the individual pupil.
- The school will maintain an up-to-date register of pupils with asthma and individual pupil health care plans (where appropriate) with emergency treatment detailed.

Children's asthma medical packs should include:

- Reliever inhaler and spacer.
- Individual Asthma Action plan.
- Emergency parental consent form (Annex A).

Management Of Asthma at St Martin's C of E Schools

Early administration of the correct reliever treatment will cause the majority of exacerbations to resolve completely. Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the main school office.

Each child should have own inhaler & spacer in school

- Pupils are generally responsible for their own treatment, with support as required.
- Parents/carers need to provide the school with a copy of their child's asthma action plan provided by the GP/Consultant/Practice Nurse.
- Information is to be dated and signed by the parent/carer. Parent/carers must notify the school in the event of any changes as soon as possible.
- A salbutamol aerosol inhaler and one spacer will be supplied by the school. This is intended to be an emergency spare inhaler, to be used for a child with asthma where there isn't access to his/her own salbutamol inhaler.
- The school's emergency medical packs are located in the main school office.
- Parents/carers need to provide the school with a completed consent form for use of the emergency inhaler.
- A letter will be sent home informing the parent of the use of the emergency inhaler.
- Following use of the emergency inhaler, the plastic inhaler housing (which holds the canister) and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry and the cap replaced, and then the inhaler returned to the designated storage space. After use, the spacer will be thoroughly washed and disinfected, and left to air-dry.

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 or when asked to update their details.

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 know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible, the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Aerosols (including hairspray for fixing artwork) are not used when children are in the environment. Pupils with asthma are encouraged to leave the room and go and sit in the school office if fumes trigger their asthma.

If a pupil is falling behind in lessons

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 work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and SENDCo about the pupil's needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

The Curriculum

The school ensures all pupils understand asthma by incorporating it in the national curriculum key stages one and two (science, design, technology, geography, history PSHE or PE).

The school are aware there may be additional medication, equipment, or factors to consider in planning residential visits.

Asthma Attacks

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

Signs and Symptoms

- A wheezing (whistling noise on breathing out) sound coming from the chest
- The child complains of shortness of breath,
- The child may complain of feeling tight in the chest (younger children may express it as tummy ache)
- Difficulty breathing (fast and deep respiration including nasal flare)
- Unable to talk or complete sentences
- Persistent cough (when at rest and known to have asthma)
- Being unusually quiet

To consider:

- Everyone is different.
- Rare to see all symptoms together

In The Event of an Asthma Exacerbation

- Keep calm and reassure the child or young person.
- **Give medication as early as possible.** Whenever possible have the emergency medication brought to you. Do not move the child or young person. (own medication where possible, emergency medication when not).
- Encourage child to preferably stand or sit up and slightly forward when taking medication (this applies in non-emergency). **DO NOT LIE CHILD DOWN.**
- Encourage the child to breathe slow and steady breaths.

- Give the child/young person 1 puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 5 breaths.
- Allow 1-2 minutes to observe effects.
- If no relief, repeat 2 puffs every 2 minutes up to 10 puffs until symptom improvement (the full amount is not required if adequate improvement). Remove MDI from spacer between each alternate puff, shake and replace.
- Stay with the child/young person until the symptoms have resolved. NEVER LEAVE A CHILD ALONE, DURING OR FOLLOWING AN ATTACK.
- Always inform school staff involved with the child during the school day regarding the need for emergency treatment.
- If the child has had an emergency treatment in school, school staff to notify the parent/carer.
- Following administration of the medication offer the child/young person a drink to rinse out any drug left in the mouth.

Always Seek Medical Assistance if:

- There is no significant improvement 5 – 10 minutes after taking the medication.
- There are any doubts about child's condition.
- The child has difficulty in speaking, they are too breathless or exhausted to talk
- The child is pale, sweaty and has blueness around the lips.
- The child is drowsy.
- The child is distressed and gasping.
- If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).

Details of the medication administered must be documented in school by the member of staff who treated the child.

Information to be documented:

- Child's Name
- Date of Birth
- Medication
- Dose taken
- Time
- Date
- Signature

What to do if a child has an **ASTHMA ATTACK**



**Actions to take if a child has an asthma attack
and when to call 999.**

- 1** Help them to sit up – don't let them lie down. Try to keep them calm.
- 2** Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- 3** If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
- 4** If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
- 5** If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Important: This advice does not apply to SABA inhalers.
Speak to your GP for asthma-specific advice and information.



A school asthma card contains contact details
and essential information about a child's asthma.
Scan the QR code to get yours.

AsthmaAndLung.org.uk



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Dear Parent\Carer,

School Asthma Care Plan

We are committed to providing quality care for children with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that the school has an Asthma Policy to enable all staff members to help your child manage their condition.

To ensure your child receives the best possible care at all times, we ask you to assist with the following:

- Complete the school asthma care plan (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion).
- Sign the declaration form.
- Inform school immediately of any change of treatment (when appropriate).
- Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school please during term time.

Please complete even if your child has no symptoms at present and only has a history of asthma. We still need this information. If you have any questions or wish to see a copy of the Asthma Policy and procedures, please contact the school office or the School Nurse.

Thank you for your co-operation in this important matter.

Yours sincerely

St Martin's Schools

ST MARTIN'S C OF E SCHOOLS - ASTHMA DECLARATION

I (Parent/carer's name) confirm that my child..... is:

a) Able to take responsibility for the administration of their own reliever in school (blue) inhaler when required

or

b) Unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent\carer during school hours

Signed (Parent\carer)

Date.....

Asthma Register and Asthma Care Plan

My child suffers from Asthma and requires an inhaler in school

Child's name.....

Date of Birth.....

Address.....

Telephone Number

Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken

Reliever medication to be given as required

Name of medication	Dosage	When to be taken

Treatment to be taken before exercise

Name of medication	Dosage	When to be taken

Asthma Triggers (if known)

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I hereby give permission for my child to receive the school inhaler in an emergency.

Signed..... (Parent/Carer)

Date.....