



'Doing our best to achieve our best'

Clarendon Primary School, Nursery and Family Centre

Asthma Policy

Headteacher: Mr W Neale

Asthma Lead: Mrs A Bough

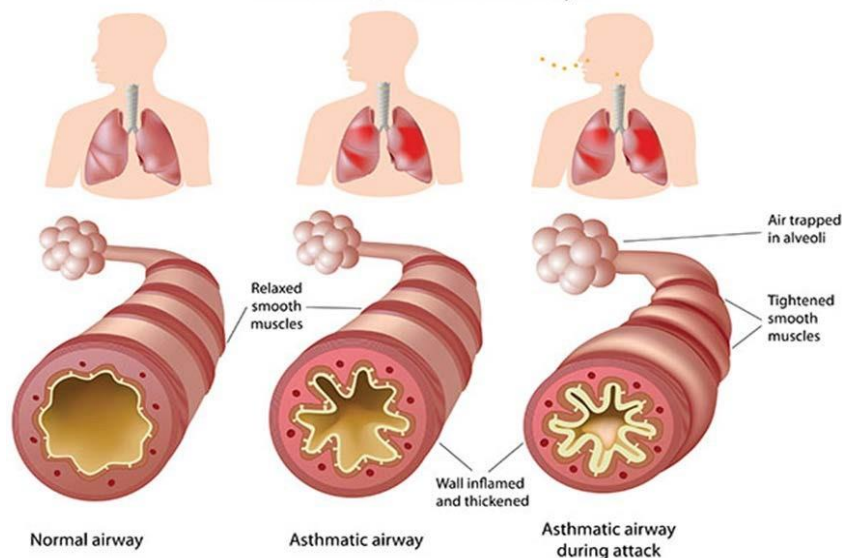
School Nursing team: North East Quadrant

Introduction

Asthma affects the airways that carry air in and out of your lungs. People with asthma often have inflammation in their small airways leading to symptoms such as cough, wheeze, breathlessness or a tight chest. Asthma symptoms can come and go, and often flare up due to a trigger such as a common cold. There is currently no cure for asthma but with the use of a twice-daily preventer inhaler symptoms can usually be completely managed.

A reliever inhaler is for the purpose of when symptoms flare-up. A reliever inhaler and spacer should be kept in school for children who have been prescribed them. Some children will only have one inhaler that is used as a preventer twice daily and as a reliever when required. This is known as maintenance and reliever therapy (MART).

Asthma and Your Airways



As a school, we recognise that asthma is a widespread, serious, but controllable condition. We welcome all pupils with asthma and aim to support them to participate fully in school life. We endeavour to do this by ensuring we have:

- An asthma register.
- Up-to-date asthma policy.
- An asthma lead / champion.
- Ensuring all pupils always have immediate access to their reliever inhaler and spacer.
- Ensuring pupils have an up-to-date asthma action plan, **or, for those children without diagnosis, an Individual Health Care Plan (IHCP).**
- An emergency salbutamol inhaler and spacer with corresponding paperwork.
- All staff receiving regular asthma training as part of their First Aid Training, with the asthma lead completing annual updates.
- Ensuring staff promote asthma awareness – pupils, parents and staff.

Asthma Register

As a school we have an asthma register of children with asthma, which is updated annually. 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, (for those children with a diagnosis).
- Their reliever (salbutamol/terbutaline) inhaler and appropriate spacer 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.

Asthma Lead/Champion

This school has an asthma lead/champion who is named above. It is the responsibility of this person to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhaler ([Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](http://www.gov.uk)) and ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma must always have immediate access to their reliever (usually blue) inhaler and spacer. The reliever inhaler is a fast-acting medication that opens the airways and makes it easier for the child to breathe.

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 do not **usually** need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor / nurse at home. If the child is on the maintenance and reliever therapy (MART), they will have just one inhaler that acts as a preventer and reliever and therefore should have one at school. If the pupil is going on a residential trip, we are aware that they will need to take all inhalers, spacers, and any other regular medication with them. (These will be used as per the prescription instructions / specialist guidance.)

Children are encouraged to carry their reliever inhaler and spacer as soon as they are responsible enough to do so. We would expect this to be from the **approximate age of 7 years** depending on the child. However, we will discuss this with each child's parent / carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For Younger children, reliever inhalers are kept in the school office, unlocked and with immediate access. School staff are not required to administer asthma medicines to pupils; however, many children have poor inhaler technique or are unable to use the inhaler and spacer 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 and spacer, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler and spacer, 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.)

Maintenance and Reliever Therapy (MART)

Some older children may be on a maintenance and reliever therapy plan. This means that they will have one inhaler device that they take in the morning and evening as a preventer, and they use the same inhaler as a reliever if they develop symptoms. The inhaler in this regime for children does not require a spacer and is known as a dry-powder device. The school will ensure that a copy of the asthma action plan specifically for MART regimes (written by a healthcare professional) is made available by the parent / carer. The link below provides a sample of a template for a MART Asthma Action Plan. This must be completed by a healthcare professional. [MART-no-logo.pdf \(beatasthma.co.uk\)](http://beatasthma.co.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 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 their asthma is managed effectively within school in order to prevent unnecessary hospital admissions. Asthma action plans must be provided by a doctor or a nurse. Parents must not fill out an asthma action plan template on behalf of their child as this will not be appropriate and could potentially be clinically incorrect. We ask parents to seek medical advice for the completion of these plans. Once the plan is returned to school, we will work with the parents to support it.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team, or via E learning for health tier 1 <https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>

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, which forms part of the wider Drug Policy. Within the PHSE curriculum pupils will address ways to keep healthy and this will include learning experiences that explore medicines such as inhalers, auto adrenaline injectors and how vaccinations and immunisation can help people stay healthy.

Pupil's asthma triggers will be recorded as part of their asthma action plans / individual health care plans and the school will ensure that pupil's will not come into contact with these triggers, where possible.

As a school 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.

As part of our responsibility to ensure all children are 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 children could be exposed to, and plans will be put in place actions 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 will be made aware of this too.

Pupils with asthma are encouraged to participate fully in all activities. It is agreed with staff that pupils who are mature enough will carry their own inhaler and spacer with them. For children who are too young, their inhaler and spacer will be labelled and kept in an appropriate place. If a pupil needs to use their inhaler and spacer during a lesson they will be encouraged and supported to do so.

In recent years, there has been emphasis on increasing the number of children 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 with asthma. As a school we therefore believe it is important that we involve pupils with asthma as much as possible. (N.B – The same rules apply for out of hours sport as it does during school PE lessons.)

When asthma is affecting a pupil's education

The school is aware that the aim of asthma medication is to allow pupils with asthma to live a full and active life. Therefore, if we recognise that asthma is impacting on their life, and notice they are unable to take part in some activities, are tired during the day, or falling behind in lessons, we will discuss this with the child's 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, may need to review inhaler technique, review medication or have their Personal Asthma Action Plan updated in order to improve their symptoms.

The school recognises that pupils with asthma could be classed as having a disability due to their asthma, as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

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. We have summarised key points from this policy below.

The use of emergency salbutamol inhalers in schools

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

In school we have 1 emergency kit, which is kept in the School Office so it is 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.

This information is recorded in the welfare file, Incident / accident book, on Parentmail and any other additional recording systems in place.

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 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, the inhaler will be shaken and 2 puffs of medicine released into the air.

Any puffs will be documented so that it can be monitored when the inhaler is running out.

The spacer cannot be reused so they will be replaced following use. If the spacer is plastic or metal, it can be given to the child that used it. If it is a cardboard disposable spacer, it can be disposed of as recommended on the packaging. The inhaler itself can be reused, if it has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap washed in warm running water and left to dry in air in a clean safe place. The canister will then be returned to the housing when dry and the cap replaced.

All inhalers that have expired or spent should be returned to a community pharmacy for safe disposal and not just disposed of in the general waste.

N.B – 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). Furthermore, 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 a diagnosis of asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the specific day-to-day symptoms of each child's asthma as well as 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 (*see appendix 1*). This needs to be returned immediately and kept with our asthma register.

Along with each child's specific day-to-day symptom list, 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 a result, we are aware that 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, in the event of one occurring we are prepared to deal with it as required.

Staff will receive an asthma update annually, where appropriate and within First Aid Training, and as part of this training, they will be taught how to recognise an asthma attack and how to manage it. In addition, guidance will be displayed in the staff room, (*see appendix 2*).

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.
- The child 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.*
- *Has collapsed*

‘The use of emergency salbutamol inhalers in schools guidance’ 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 and spacer – if not available, use the emergency inhaler and spacer.
- Remain with the child while the inhaler and spacer are brought to them.
- *Shake the inhaler and remove the cap.
- *Insert the inhaler into the spacer.
- *Place the mouthpiece of the spacer between the lips with a good seal, or place the mask securely over the nose and mouth.
- *Release one dose of the inhaler into the spacer and count to 5.
- *Remove the spacer from the mouth / face and shake the inhaler again.
- *Place the mouthpiece of the spacer back between the lips or place the mask securely over the nose and mouth.
- *Release the second dose of the inhaler into the spacer and count to 5.
- 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 parent / carer should be informed and advised that the child is 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 / carer arrives.

Useful Links

- [Asthma + Lung UK | Asthma home](#)
- [Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](#)
- [Supply-of-Salbutamol-Inhalers-to-Schools-Pharmacy-Guide-2020-.pdf \(healthylondon.org\)](#)
- [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](#)
- [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](#)

Summary and Policy Review

Template Produced by: Suzanne Bailey, ICS Clinical Respiratory Lead (January 2023)

Adapted by: Mrs A Bough (Asthma Lead/Champion) and William Neale on behalf of the school

Review date: November 2026 (or sooner if changes are made to Asthma Guidance)

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?

Do you/ your child have a spacer device? (please circle) Yes No

Do you your child need help to use their inhaler? (Please circle) Yes No

Are you/your child on maintenance and reliever therapy (MART) 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.....

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 is 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

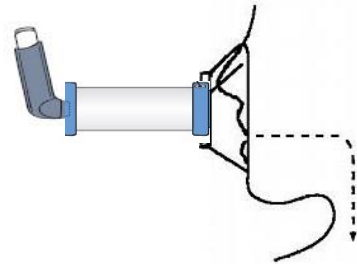
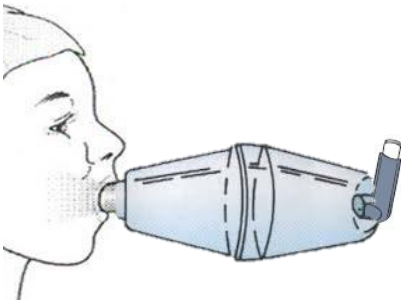
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air to clear it.**

A spacer might be:

- Orange
- Yellow
- Blue
- Clear
- Cardboard

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.**