

Old Clee Primary Academy

'Inspired to Believe, Learning to Succeed'

Asthma Policy



Approved by: Head Teacher

Date: 19th March 2025

Last reviewed on: March 2025

Next review due by: Spring 2026

Introduction

At Old Clee Primary Academy, children with Asthma, will be properly supported in the Academy so that they can play a full and active role in Academy life, remain healthy and achieve their academic potential and that they can access and enjoy the same opportunities at school as any other child. **Section 100 of the Children and Families Act 2014** places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

This policy should be read in conjunction with the Academy Medical Policy

As an Academy, we recognise that asthma is a widespread, serious, but controllable condition. The Academy 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 for Asthma.
- Asthma Policy
- Asthma Register
- Emergency Medication Kit
- A copy of the Individual Health Care Plan for each child with Asthma
- Recording and Sharing Information
- CYP Asthma Training for staff

Asthma Register

We have an asthma register of children within the Academy, 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 the Academy has:

- Gained consent to use the Academy's Emergency Inhaler if the child does not have their own inhaler with them (Appendix 6)
- Ensured a reliever inhaler to be held in school throughout the school year with an appropriate spacer and the date of which is checked regularly
- The reliever inhaler/spacer is kept in a medical bag in the child's specific classroom. These boxes are then transported everywhere the child goes whilst in school, for example in the playground, dinner hall, trips etc.
- An Individual Health Care Plan (IHCP) for each child with Asthma (Appendix 1) and a Class List held by all teachers in class (Appendix 2)
- Recorded any dosage of medication administered recorded in their individual "asthma record book" (Appendix 5) inside the box, and a slip completed with details of the dosage administered to be given to the child's parents (Appendix 3)

Asthma Champion (Lead)

The Academy has an Asthma Champion (or Asthma Lead). 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.

Medication including Inhalers

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK). 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 should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Academy staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are confident to support children as they use their inhaler should do so whenever possible. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse/asthma specialist 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. (Source: Asthma UK)

Individual Health Care Plan (IHCP)

Asthma UK evidence shows that if someone with asthma uses an individual health care plan they are four times less likely to be admitted to hospital due to their asthma. As an Academy, 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 an IHCP plan to ensure asthma is managed effectively within the Academy to prevent hospital admissions.

Staff Training

Staff will access training for CYP Asthma at least every three years or before if there is a significant change in guidance. This training will be scheduled by the Asthma Champion. The Academy commits to training as many staff as possible to ensure children with Asthma are supported in all areas of the school.

Academy Environment

The Academy does all that it can to ensure the environment is favourable to pupils with asthma. The Academy has definitive no-smoking/vaping rules throughout the site – including outdoors within the Academy grounds. Pupil's asthma triggers will be recorded as part of their Individual Health Care Plans and the Academy will ensure that pupil's will not encounter their triggers, wherever possible.

As part of our responsibility to ensure all children are kept safe within the Academy grounds and on offsite activities, a risk assessment will be performed by staff when required. These risk assessments

will establish asthma triggers which the children could be exposed to. Plans will be put in place 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 people carrying out physical activity with the class will be aware of which pupils have asthma from the Academy's asthma register. Pupils with asthma are encouraged to participate fully in all activities. Teachers/coaches will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Pupils will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so and the log and slip completed.

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, this is also true for children and young people with asthma. It is therefore important that the Academy involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is effecting a pupil's education

The Academy are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with 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, to review inhaler technique, medication review or an updated Individual Health Care Plan, to improve their symptoms. However, the Academy recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Inhaled Salbutamol Use

As an Academy 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 an Academy 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 Academy 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 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 Academy Asthma Champion and team will ensure that:

- On a monthly basis the inhaler and spacers are present, in date 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

Day to day management

As an Academy we require that children with asthma have an IHCP which will be completed in conjunction with the parent/carer and the Asthma nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis.

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)
- Shortness of breath when exposed to a trigger
- Tight feeling chest

Where a child responds well to their own medication they can usually remain in school however parents/carers should be kept informed to monitor symptoms. Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication.

Asthma Attacks and Emergency Management

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
- 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

It 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 – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- 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 puffs of salbutamol via the spacer, one at a time.(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 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 parents should be made aware and they should be 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 or carer arrives

References

Asthma UK www.asthma.org.uk

Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools.

BTS/SIGN guidelines for CYP Asthma.



EXAMPLE – PARENTS TO COMPLETE RED SECTIONS

**OLD CLEE PRIMARY ACADEMY
INDIVIDUAL HEALTH CARE PLAN**

Appendix I

Child's name:	Dave June
Date of Birth:	05/03/2012
Current Year/Class:	6
Child's Address:	38 Best Way Grimsby DN32 8TH
Medical Diagnosis or condition:	Asthma
Date diagnosed:	April 2010
Review date:	September 2023

Family Contact Information

Name:	Beryl June
Relationship to child:	Mother
• Home Phone no.	01578 586575
• Work Phone no.	
• Mobile Phone no.	07825425668
Name:	Bob June
Relationship to child:	Father
• Home Phone no	01578 586575
• Work Phone no.	01578 874896
• Mobile Phone no.	07554845652

Health/Medics Contact Information

Clinician/Hospital doctor	Dr Grey
Contact Number	01578 688954
GP	Dr Red
Contact number	01578 687458

Named staff member to lead with daily support of child (Class Teacher/support)	Name:	Signature:
N.Marshall and D.Dickinson providing daily support	Signature:	Signature:
Head Teacher & Medical Lead acknowledgement from severe HCP's	Signature:	Signature:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

My triggers could be

- running around during playtimes and
- Changes in temperature.

You will need to be watching out for

- coughing,
- wheezing,
- shortness of breath
- and pain in my chest
- To indicate that I will need to take my inhaler.
- I will require 2 puffs when my asthma symptoms have been triggered.

At times it may be advised to have my inhaler before going outside in cases of extreme cold weather.

Daily care requirements

To look out for signs I may require my inhaler

- Administer two puffs to relieve symptoms.
- To repeat the dose if not affective and
- Treat as an emergency if no improvement or/and when maximum amount of puffs is exceeded.

Specific support for the pupil's educational, social and emotional needs

Staff to ensure daily care requirements are followed for full inclusion.

Arrangements for school visits/trips etc.

Your child is not to attend any school trips without his/her inhaler or medication.

Parent is to ensure there is an in date inhaler in school at all times.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Should my symptoms not be showing improvement an ambulance must be called and then my mum/dad. Continue administering the inhaler until emergency services arrive. It is advisable to have the defibrillator to hand. Please continue to administer the inhaler until emergency services arrive.

Who is responsible in an emergency (*state if different for off-site activities*)

All trained staff.

Staff training needed/undertaken – who, what, when

All staff trained. To be reviewed every 3 years or if any guidance changes

What is expected from parent:

- Child's inhaler (and spacer if required) to be kept in school.
- To replenish inhaler when required (conversation to be had between parent and child.)
- To be available via telephone for queries and in an emergency.
- Update Academy with any changes to care requirements.

Form copied to:

Class Teacher, Medical room.

I have read and understood the care plan:

Print name	Signature	Relationship to child	Date

My child no longer needs a care plan in place:

Print name	Signature	Relationship to child	Date

MY CLASS ASTHMA PLAN

NAME:
CLASS:

TO CONTROL MY ASTHMA IN SCHOOL I WILL BRING A RELIEVER INHALER TO LEAVE IN MY CLASSROOM INHALER BOX.

MY RELIEVER INHALER IS CALLED Salbutamol AND ITS COLOUR IS Blue

I TAKE 2 PUFF/S OF MY INHALER WHEN I WHEEZE, COUGH, MY CHEST HURTS OR IT IS HARD TO BREATHE.

I HAVE GOT A SPACER TO USE WITH MY INHALER.

TRIGGERS: - Running around at playtimes, Exercise and changes in the temperature.

SYMPTOMS: - Coughing, wheezing, shortness of breath and pain in my chest these are an indication I need to use my inhaler

TREATMENTS: - Two puffs on inhaler using my spacer.

If I am still having symptoms: -

I can use my inhaler up to 5 times (10 puffs).

Normal activities can be resumed if I am breathing satisfactory

Should my breathing still be of concern or the attack is severe this will be deemed an emergency and requires contact with emergency services then parents/carers as shown below.

IF I HAVE AN ASTHMA ATTACK YOU CAN HELP ME BY: -

GETTING MY INHALER, I WILL NEED TO TAKE _____ PUFFS UP TO _____ TIMES

Get me to sit up straight and lean very slightly forward, I need to breath slowly and deeply to relax me. If this is successful I can carry on with my day but not P.E.

CALL 999 IF THERE IS NO IMPROVEMENT AFTER 15 MINS

My parents/Guardian should be contacted.

SCHOOL TRIPS

I UNDERSTAND THAT TO PARTICIPATE IN SCHOOL TRIPS MY CHILD MUST HAVE AN INHALER IN SCHOOL.

SIGNED BY PARENT/GUARDIAN:

Appendix 3

Slip for children who have used their inhaler in school

Child's name:

Class:

Date:

Dear Parent/Guardian,

This slip is to formally notify you that your child has had problems with their breathing today and required their reliever Salbutamol (rescue) inhaler. number of puffs were given at

The trigger appeared to be

When children use their Salbutamol inhaler on two or more occasions in the space of a week, it is a sign that their Asthma is getting worse. When this happens, it is strongly recommended that you make an appointment with their GP or Asthma Nurse to see if any other treatment is needed.

You can find out more about Asthma and other common health conditions in children on the Humber and North Yorkshire Healthier Together Website.

Yours sincerely,

Appendix 4

Slip for use of the Emergency Kit Inhaler and Spacer

Child's name:

Class:

Date:

Dear Parent/Guardian

This letter is to formally notify you that your child has had problems with their breathing today. This happened when

.....

They did not have their own asthma inhaler with them, so a member of staff helped them to use the Academy emergency asthma inhaler containing Salbutamol. They were

givenpuffs at Although they soon felt better, we would strongly advise that your child is seen by their own doctor or asthma nurse as soon as possible. Please can you ensure your child brings to school a working in-date inhaler and spacer for their use in school. Both should be clearly labelled with your child's name and date of birth.

For further information about Asthma and other common health conditions affecting children - visit Humber and North Yorkshire- Healthier Together Website.

Yours sincerely,

Appendix 6

Consent for Emergency Inhaler Use

Dear Parent/Guardian,

We are currently reviewing our asthma policy in partnership with the Humber and North Yorkshire Integrated Care Partnership. Please would you update the information regarding your child so we can ensure our records are accurate. Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. To keep your child safe, please provide a reliever (Salbutamol) inhaler and spacer for your child to have in school. This is in addition to the inhaler and spacer that you keep for your child. If you do not wish for us to use the Academics' inhaler in an emergency, then please indicate below. In an emergency, staff within the Academy have training to assist your child to use the emergency inhaler.

Please note that everyone with asthma should use a spacer with their inhaler to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). Children who use breath actuated inhalers can still use the emergency salbutamol inhaler and spacer within school if needed in an emergency. If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible. At the annual asthma review, your child should receive a Personal Asthma Action Plan, please provide a copy of this plan to the Academy so they can safely care for your child and understand their asthma management.

For more information on reasons for and how to use a spacer and about Personal Asthma Action Plans please see the HNY Healthier Together Website. If your child does not have a diagnosis of Asthma but has regular wheeze outside of viral illnesses, then please consult their GP as soon as possible to discuss if it could be Asthma.

Please complete the information below and return to the Academy as soon as possible.

Yours sincerely,

- I confirm that my child has been diagnosed with asthma
- I confirm my child has been prescribed an inhaler
- My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day
- I have provided a copy of my child's Personal Asthma Action Plan
- I am happy for my child to receive the emergency inhaler if needed
- Please tick if you **DO NOT** wish the Academy to use the Academics' inhaler in an emergency

Signed:

Date:

Name:

Relationship to Child:

Child's Name:

Class:

Ratification

Date ratified by the Head Teacher: March 2025

Date of last review: March 2025

Next review date: Spring 2026

Signed by Head Teacher: Miss D Richarson

Date: 19th March 2025