



**St. Peter & St. Paul CE Primary School, Burgh-le-Marsh**  
**"Striving for excellence together in a caring Christian community."**

**RESPECT COMPASSION COURAGE**



## ASTHMA POLICY

Responsibility: Governing Body

Approved on: 26/9/18

Signed: [Signature] (Chair of Governors)

To be reviewed: Annually (or earlier if legislation/Local Authority guidance changes).

Last reviewed: \_\_\_\_\_

This policy sets out how we, as a school, support children with asthma. We work closely with children, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management. This policy reflects the requirements of key legislation (Appendix 1- Legislation) and in particular two key documents:

1. Supporting pupils at school with medical conditions (2015)
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)

Asthma is a long-term condition that affects your airways - the tubes that carry air in and out of your lungs. You could say that someone with asthma has 'sensitive' airways that are inflamed and ready to react when they come into contact with something they don't like. Asthma tends to run in families, especially when there's also a history of allergies and/or smoking. When a person with asthma comes into contact with something that irritates their sensitive airways even more (an asthma trigger), it causes their body to react in three ways:

1. the muscles around the walls of the airways tighten so that the airways become narrower
2. the lining of the airways becomes inflamed and starts to swell
3. sticky mucus or phlegm sometimes builds up, which can narrow the airways even more.

These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to asthma symptoms, such as chest tightness, wheezing, or coughing. In the UK, around 5.4 million people are currently receiving treatment for asthma. That's one in every 12 adults and **one in every 11 children**. Asthma affects more boys than girls. Asthma in adults is more common in women than men. Asthma can sometimes be defined as a type, such as 'occupational'. Approximately five per cent of people with asthma have severe asthma.

**Having asthma has implications for a child's schooling and learning.** Appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents/carers.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

## Responsibilities:

### Headteacher, Governors & Senior Leadership Team:

- Support school community to implement the policy.
- Signing off of any self-audit.
- Cascade relevant information to school staff and pupils.

### Medicines

#### A member of the Senior Leadership Team will ensure that:

- The school has an adequate supply of Emergency kits and know how to obtain these from our medical equipment supplier.
- Emergency kits are accessible and that staff are aware of their location.
- Emergency kits are checked regularly and contents replenished immediately after use.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use.
- Individual spacers are washed regularly according to instructions; washed in warm soapy water and left to dry for approximately 15 minutes.
- Expiry dates of all medicines are checked monthly and impending expiry date are communicated to parent/carer.

## Children:

### Without asthma

- Learn about asthma, the signs and symptoms and what to do in an emergency.

### With asthma

- Tell someone if they are feeling wheezy or breathless and may need your inhaler.
- Know what things can make their asthma worse and tell a member of staff to help avoid it.
- Attend any school asthma support sessions.

## Parents/Carers:

- Inform the school if their child has asthma.
- Ensure their child has an up to date personal asthma plan (where required) from their doctor or specialist healthcare professional which is shared with the school (see Appendix 2).
- Inform the school of any changes to their child's condition.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Parents need to confirm in writing, where consent is not given to the school, to administer salbutamol in the case of an emergency (see Appendix 2).

## Medicines

- Inform the school about the medicines their child requires during school hours.
- Provide the school with one inhaler and spacer, labelled with their full name and date of birth, in the original packaging detailing the prescription.
- Even when children carry their own inhalers and spacer it is essential parents/carers provide the school with a spare.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year. Ensure that their child's medicines are within their expiry dates and dispose of out of date medicines.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.

## School Staff:

### Knowledge

- Read and understand the school's asthma policy and attend school asthma training as directed by the headteacher).
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which children have asthma.
- Be aware that asthma can affect a child's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra support.

### Supporting asthma management in your school

- Allow all children to have immediate access to their emergency medicines. All children are encouraged to carry and administer their own inhaler when their parents/carers and health care provider determine they are able to start taking responsibility for their condition. Children, who do not carry and administer their own inhaler, should know where their inhalers are stored.
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.
- Ensure children who carry their inhalers and spacers with them, have them when they go on a school trip or out of the classroom.
- All staff attending off site visits should be aware of any children on the visit with asthma. They should be trained about what to do in an emergency.
- Ensure children with asthma are not excluded from activities they wish to take part in.
- Understand asthma and the impact it can have on children. If school identify a pattern or are concerned about an individual child, they will inform parent/carer and advise medical advice should be sought.
- Get involved in the whole school training around asthma and use opportunities such as Personal Social Health & Economic Education (PSHE) to raise pupil awareness about asthma (see link for materials) [www.asthma.org.uk](http://www.asthma.org.uk)

### Communication and record keeping

- Maintain effective communication between parents/carers and the school including:
  - Informing parents/carers if their child has been unwell at school or if there is a pattern of asthma

symptom.

- Communicate any parental/staff concerns and updates to the designated Asthma Leads.
- Liaise with parents/carers, the child's healthcare professionals, and special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- If an inhaler has been used (outside the prescribed time):
  - Staff must record the usage in the record of inhaler administered form to notify parents (attached to policy)
  - Staff must record that an inhaler has been used using the schools incident recording system (e.g. CPOMS or other school management system).

## Additional Information:

### PE and activities

- Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.
- PE teachers will be sensitive to children who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents/carers should be made aware so medical help may be sought.
- Staff will have training and be aware of the potential social problems that children with asthma may experience.
- Staff use opportunities such as Science and PSHE lessons to raise awareness of asthma amongst children and to help create a positive social environment and eliminate stigma. School staff understand that pupil with asthma should not be forced to take part in activity if they feel unwell.
- Staff recognise potential triggers for pupil's asthma when exercising and in other settings and are aware of ways to minimise exposure to these triggers.
- Physical Education (PE) teachers should make sure children have their inhalers with them during PE and take them when needed, before during or after PE.
- Risk assessments will be carried out for any out of school visit and asthma is always part of this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.
- In an emergency situation school staff will be required under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

### School environment

- The school environment, as far is possible, is kept free of the most common allergens that may trigger an asthma attack.
- Smoking is explicitly prohibited on the school site.
- We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and will be vigilant to any child who may be at risk from these activities. We will not exclude children who are known to have specific chemical triggers but will endeavour to seek an alternative.
- Cleaning and grass cutting should, where possible, be carried out at the end of the school day. When not

possible, staff can reduce exposure by shutting windows and/or offering alternative places for break or lunchtimes to children where this is a trigger.

- Staff should be aware of significantly high air pollution and significantly high pollen days and reduce exposure or modify child activities accordingly.

## Children who miss time off school due to their asthma

- As a school we monitor child absence. If a child is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them.
- The school will liaise with Lincolnshire County Council's 0-19 Children's Health Service and/or other health professional to ensure the child's asthma control is optimal.

## Asthma Attacks

- Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters.
- If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. **(No child will ever be sent to get their inhaler in this situation, the inhaler will be brought to the child).**
- Emergency services (if necessary) and parents/carers will be informed.
- A member of staff will accompany the child to hospital until their parent/care giver arrives.

## Safe Storage and Disposal

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the child's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- All inhalers and spacers are sent home with children at the end of the school year. Medicines are not stored in school over the summer holidays.

### Emergency medicine

- Emergency medicines are readily available to children who require them at all times during the school day whether they are on or off site.
- Children who are self-managing are reminded to carry their inhalers and spacers with them at all times.

### Disposal

- Parents/carers are responsible for collecting out of date medicines from school.
- The Headteacher is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least 3 times a year.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

## Appendix 1 – Legislation

### **The Children and Families Act 2014**

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: Supporting pupils at school with medical conditions.

### **The Education Act 2002**

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and take a view to the safeguarding of children at the school.

### **Section 3 of the Children Act 1989**

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing. With relation to a child with asthma, this will mean knowing what to do in the event of an emergency.

### **Legal duties on local authorities**

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with asthma. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

### **Section 10 of the Children Act 2004**

This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with asthma properly. **Section 10** essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

### **Section of 17 of the Children's Act**

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with asthma so poorly that the child is put in danger, the local authority must step in.

### **Legal duties on the NHS Section 3 of the NHS Act 2006**

This gives Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. What this means is that CCGs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. In relation to children with asthma, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of asthma at school will obviously affect the health of a child. If a school is unable to get the support it needs to help manage a child's asthma successfully then both the local authority and the local CCG have a responsibility to the child's health and welfare.

### **Equality Act (2010)**

The equality act says that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability. The Equality Act 2010 defines a disability as a 'physical or mental impairment' that has 'a substantial and long-term adverse effect' on an individual's ability to carry out 'normal day-to-day activities'. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with diabetes is covered by the definition, in many cases diabetes is covered by the definition in the Act. Education and early years providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England, including maintained (non-fee paying) and fee-paying schools.

# Appendix 2 – School Asthma Card

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## School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

### Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

| Medicine             | Parent/carer's signature |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/>     |

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature  Date

I supply dates of medicines

| Medicine             | Expiry               | Date checked         | Parent/carer's signature |
|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     |

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes  No

Does your child need help taking his/her asthma medicine?

Yes  No

What are your child's triggers (things that make their asthma worse)?

- Pollen  Stress  
 Exercise  Weather  
 Cold/flu  Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes  No

If yes please describe below

| Medicine             | How many and when taken |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/>    |

Parent/carer's signature

Date

### What to do if a child is having an asthma attack

- Help them sit up straight and relax.
- Help them to take puff of their reliever inhaler (usually blue) every 30-90 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.

Any asthma questions?

Call our friendly helpline on:

**0300 222 5800**

(9am - 5pm Mon - Fri)

[www.asthma.org.uk](http://www.asthma.org.uk)



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## Appendix 3 – Notification of Inhaler Use

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### PARENTAL NOTIFICATION OF SALBUTAMOL INHALER USE AT SCHOOL

Child's name: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

This letter is to formally notify you that the child named above had problems with their breathing today.

This happened when \_\_\_\_\_

*[Tick as appropriate]*

- A member of staff helped them to use their asthma inhaler as prescribed.
- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.  
They were given \_\_\_\_ puffs.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.  
They were given \_\_\_\_ puffs.

We strongly advise that you have your child seen by your own doctor as soon as possible.

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