ST. PAUL'S CATHOLIC PRIMARY SCHOOL

Asthma Guidance

Policy Title	Asthma Guidance
Approval Date	Spring Term 2025
Next Review Date	Spring Term 2026
Approver	Headteacher

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Our school 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:

- an asthma register / code red
- up-to-date asthma guidance,
- an asthma lead/champion Emma Lucas (school office)
- all pupils have an up-to-date asthma action plan, or Individual Health Care Plan (IHCP) thinking of those children without diagnosis
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training,
- promote asthma awareness pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update 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 (code red) 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.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 who is named above. It is the responsibility of the asthma lead/champion 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)) 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.
All pupil medication is stored in the school office and accessible.
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. 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.

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 asthma is managed effectively within school to prevent 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.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team, or via E learning. We use the National College CPD training for all staff.

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 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 their triggers, where possible.
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 the children could be exposed to and 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 PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.
Pupils with asthma are encouraged to participate fully in all activities. If a pupil needs to use their inhaler and spacer during a lesson they will be encouraged and supported to do so via the school office.
There has been 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, and this is also true for children and young people with asthma. It is therefore

important that the school 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 affecting a pupil's education

The school is aware that the aim of asthma medication is to allow people with asthma to live a full and active life. Therefore, if we recognise that asthma is impacting on their life as 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 Personal Asthma Action Plan, to improve their symptoms. However, the school 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 Salbutamol Inhaler in school

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.

As a school we have purchased a salbutamol inhaler from the community pharmacists without a prescription.

- A salbutamol metered dose inhaler
- Instructions on using the inhaler
- 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

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 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
- 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, shake and release 2 puffs of medicine into the air
- Any puffs should be documented so that it can be monitored when the inhaler is running out.
- The inhaler can be reused, if it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in air in a clean safe place. The canister will

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 in the general waste.

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). 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.

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, we are prepared to deal with asthma attacks should they occur.
All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. 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
- 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 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/carers 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)
Supporting pupils at school with medical conditions (publishing.service.gov.uk)
Asthma (Children and young people) - elearning for healthcare (e-lfh.org.uk)

Appendix 1

School Action Plan Date:

ST. PAUL'S CATHOLIC PRIMARY SCHOOL

ASTHMA

Child's Name: ……...

Year: ……Class: ……

Parents' Home Tel. No.: ……

Parents' Work Tel. No.: ……

Add pupil photo here

Name of G.P. who prescribed medication and telephone number

……

What are the signs that your child may be having an asthma attack?.....

……

Name of Medicine	Dose	Frequency and times required	Expiry Date of Medicine

Does your child need a spacer?	Does your child need help with their inhaler?	Does your child need to take their reliever medicine before exercise?	What are your child's known asthma triggers?
YES/NO	YES/NO	YES/NO	

- I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete where appropriate)
- In the event of my child displaying symptoms of asthma, and if their inhaler/spacer is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.
- I confirm medication(s) are within their expiry date, are in their original labelled container and have a current prescription.

Signed (*Parent/Guardian*): ……

Name in capitals please: ……

Date: ……

Please note that Surrey County Council Guidelines state that:

1. **Medicines should be provided in the original labelled containers.**
2. **Medication containing Ibuprofen can only be administered if prescribed.**

AS WITH ALL MEDICATION HELD IN SCHOOL IT IS THE PARENTS' RESPONSIBILITY TO CHECK THE EXPIRY DATE AND AVAILABILITY OF THEIR CHILD'S MEDICATION.

CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)

My Child has a working, in-date inhaler/spacer, clearly labelled with their name, which is within the school office.

In the event of my child displaying symptoms of asthma, and if their inhaler/spacer is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed ……

Date…….

Name (print)…….

Relationship to child……..

Child's Name……

Class…….

Parent's address and contact details:

…….

…….

…….....

Telephone……..

Email…….....

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's 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

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

Keep calm and reassure the child
Encourage the child to sit up
Remove cap from inhaler
Shake inhaler spacer
Encourage the child to breathe in and out slowly and gently
Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
Wait 30 seconds and repeat steps 2-6
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.**