

Asthma Policy Stepney Primary School

Policy reviewed and adopted by the Board of Trustees	January 2023
Version	3
Date of next review:	January 2025
Responsible Committee:	Local Governing Body
Monitoring:	School Nurse / Head of School
Related Policies	N/A

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Introduction

Our vision, underpinned by co-operative values¹, is threefold; to work in partnership with the community we serve to combat social exclusion and deprivation, to build a sustainable and vibrant community and local economy, and to provide learners with a global perspective helping them to become responsible and articulate citizens in a global economy. We will achieve this by delivering the highest possible standards of education, and for this we rely on the performance of all our employees. With this in mind the Trust is committed to providing staff with development opportunities and support.

The success of Thrive is due to our employees performing at a consistently high level, through a shared passion for teaching and learning, and high aspirations for student learning, with each individual continually developing and growing professionally.

Prior to final approval by the LGB, this policy has been the subject of review and suggested amendments have been taken into consideration and changes made where they can be agreed.

1 Policy statement

This policy has been written based on national asthma guidance from the British Thoracic Society and the National Institute for Health and Care Excellence, advice on asthma in schools from Asthma + Lung UK and the Department for Education, in addition to advice from healthcare and education professionals.

This school welcomes pupils with asthma, bronchial hyperactivity and recurrent wheeze. We recognise that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. We encourage all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these are encouraged to receive training at regular intervals and this school will ensure the opportunity is provided for attendance at training by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is strongly recommended for all schools.

2 Indemnity

School staff are not required to administer asthma medication to pupils. However, younger children and those experiencing acute symptoms may need help to deliver their inhaler. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

3 What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

4 Medication

Preventers

Preventer treatments (inhalers and/or oral medications) will be taken on residential school trips. Only reliever inhalers should be kept in school.

Relievers

Usually these are salbutamol, which are blue in colour; however some children will have a different reliever inhaler, e.g. those following the SMART approach (see below). Any child who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

SMART inhalers contain a steroid. Because of this it is important that no child uses another child's SMART inhaler.

At any age, any child who is able to identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it is necessary.

Good practice indicates that an emergency salbutamol (blue) inhaler is kept in school for staff to use if a child's own salbutamol inhaler runs out, is lost or their SMART inhaler is not effective.

5 Immediate access to a reliever inhaler is vital.

All children with asthma will have IMMEDIATE access to their reliever inhalers as soon as they need them.

1. A child's reliever inhaler will **NEVER** be locked away or kept in the school office.
2. A child's reliever inhaler will always be taken with them when moving out of the classroom, e.g. for lessons, trips or activities.

Some children, it will be considered appropriate for them to carry their own reliever inhaler; However as a guideline:

5.1 Key stage 1

Reliever inhalers and spacers will be kept by the teacher in the classroom in a designated place of which pupils will be made aware. If the child or class moves to another area within the school, or out of school on a trip/visit/residential, the reliever inhaler will be taken also.

5.2 Key stage 2, 3 and 4

Children aged 7 years and over, who are considered sufficiently mature, are encouraged to carry their own reliever inhaler with them; this is at the discretion of the parent/carer and teacher. Otherwise the reliever inhaler must be stored as for Key Stage 1.

Year 6 pupils might be provided with a different inhaler device and asked to carry it in order to encourage independence in readiness for secondary education.

6 Record Keeping

When a child with a reliever inhaler joins this school, the parent/carer will be asked to complete a form giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually, or more frequently if required, using the information supplied by parents/carers. Any child who has a reliever inhaler should be included on the asthma register, even if they do not have a formal diagnosis.

Use of a reliever inhaler will be documented in the child's records.

7 Physical Education

Taking part in sports is an essential part of school life and important for health and well-being; children with asthma are encouraged to participate fully. However, symptoms of asthma are often brought on by exercise so each child's reliever inhaler will be available at the site of the PE lesson/sports activity.

Certain types of exercise are more potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them, and will be encouraged to warm up prior to participating and cool down after.

The reliever inhaler must be readily available to the pupil throughout the PE lesson/sports activity.

Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice and the school should ask the parent to seek written clarification from their doctor/nurse.

8 School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, carried either by the child themselves or by the supervising adult; this is at the discretion of the parent/carer and teacher as above. Group leaders will have appropriate contact numbers with them.

For residential visits, staff will be trained in the use of regular preventer treatments, as well as emergency management; it is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. The parent/carer must be responsible for ensuring an adequate supply of medication is provided.

9 Training

On a bi-annual basis, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

10 Asthma Education for pupils

It is encouraged that pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric respiratory specialist nurse team.

11 Concerns

If a member of staff has concerns about the progress of a child with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

13 Storage of Inhalers

- The following good practice guidelines for the storage of inhalers will be followed: Inhalers will **NEVER** be locked away or kept in the school office.
- All children with asthma will have rapid access to their inhalers as soon as they need them
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.

N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

14 Colds/ Viruses

When a child has a cold it is sometimes necessary for them to use their reliever inhaler regularly for a few days. Therefore a parent/carer may ask you to administer their reliever inhaler, for example each lunchtime, usually for approximately up to a maximum of one week- the amount to be given will be advised by the parent/carer but may be anything up to 6 puffs 4 hourly and will reduce by 2 puffs every 2-3 days.

This does not replace using the reliever inhaler as and when needed, it is in addition to this.

15 Emergency Procedures

Flow chart 1 included with this policy outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.

Some children may have a type of inhaler that can be used as both a preventer and a reliever. This is known as the SMART (or MART) approach (see below). Flow chart 2 outlines SMART actions when using Symbicort.

Good practice suggests that copies of these flow charts are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma/uses the SMART approach.

How to administer a dose of inhaled medication through a spacer.

One puff of blue reliever inhaler is administered via a spacer as follows:

- 1) Check the inhaler is in date and not empty
- 2) Remove the cap
- 3) Shake the inhaler
- 4) Fit the inhaler into the spacer
- 5) Place the spacer mask onto the child's face (or the mouthpiece into their mouth), ensuring a good seal
- 6) Actuate the inhaler once by pressing the canister into the casing
- 7) Allow the child to breathe for 5-6 breaths or 10 seconds before removing the spacer
If another puff is required, start again at step 3.
- 8) Replace the cap

A video can be seen at https://www.rightbreathe.com/spacers/2279/?s=&device_type=spacer

SMART approach

The single, maintenance and reliever therapy (SMART) approach, also called maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer (maintenance) and a reliever. The inhaler will be used regularly every day at home, and will be brought to school and used to relieve symptoms.

A supplemental flow chart for those using Symbicort for the SMART approach is included. The maximum total daily dose of Symbicort (including daily preventer puffs) is normally no more than 12 puffs. Therefore, it is important to know how many puffs are being used as a reliever throughout the day (parent/carer must be informed).

If the SMART inhaler has not worked then their Personal Asthma Plan should be followed and Salbutamol (blue) inhaler should be used.

16 Responsibilities

Parent/Carer have a responsibility to:

- Tell the school that their child has asthma/has a reliever inhaler.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any changes to their child's medication.
- Advise the school of anything that might have an impact on symptoms
- Provide the school with an inhaler (and spacer where appropriate) that has been prescribed for and labelled with that child's name.

All school staff (teaching and non-teaching) have a responsibility to:

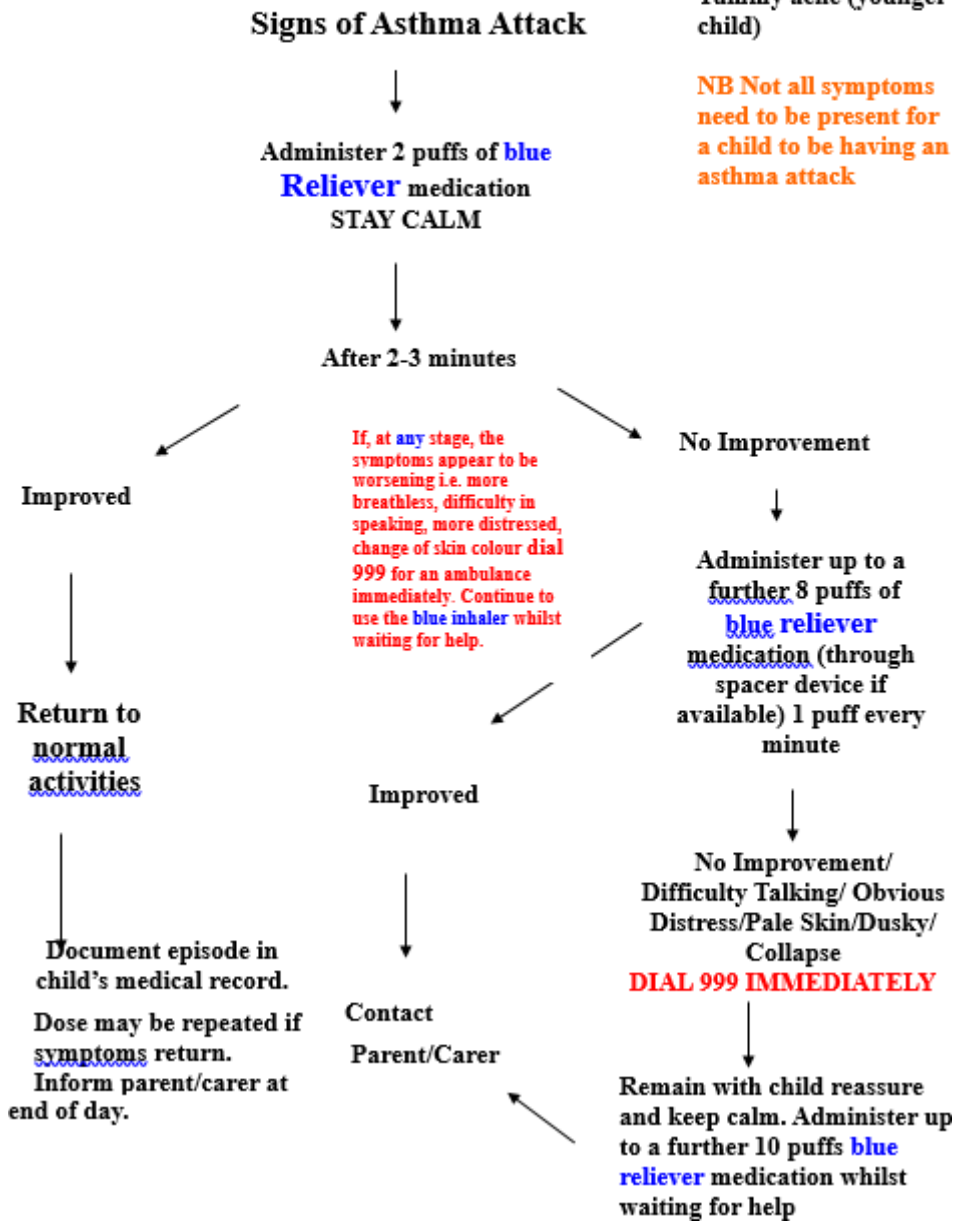
- Understand the school asthma policy.
 - Know which pupils they come into contact with have asthma.
 - Know what to do in an asthma attack.
 - Allow pupils with asthma immediate access to their reliever inhaler.
 - Inform parent/carer if a child has had an asthma attack.
 - Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
 - Ensure inhalers are taken on external trips/outings.
 - Be aware that a child may be more tired due to night time symptoms.
 - Liaise with parent/carer, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma
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17 Flow Chart

Signs of Asthma Attack

Signs & Symptoms
Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

NB Not all symptoms need to be present for a child to be having an asthma attack



18 Sample Letter

Sample Letter

Good Boys Academy
Good Boys Road
Hull

Community Pharmacist
Good Boys Road
Hull

Dear Pharmacist

Please can I place an order for the following items to be used as emergency treatment in the management of asthma as per School Asthma Policy November 2014.

Salbutamol Metered Dose Inhaler 100mcgs
Volumatic Spacer Device with Mask

OR

Aerochamber Plus with mask- but will need to stipulate child or adult mask (or both)
Salbutamol Metered Dose Inhaler 100mcgs

Yours Sincerely

Signature

Head Teacher

19 Public Sector Equality Duty

The Equality Act 2010 replaced and unified all existing equality legislation such as the Race Relations Act, Disability Discrimination Act and Sex Discrimination Act. It aims to ensure that people have equality of opportunity in accessing and experiencing public services. Schools when carrying out their day to day work should have regard to the following:

- eliminating discrimination
- advancing equality of opportunity and
- foster good relations across all characteristics

Schools cannot unlawfully discriminate against pupils because of their disability, gender, race, religion or belief, sex and sexual orientation. Protection is now extended to pupils who are pregnant or undergoing gender reassignment.

This means it is now unlawful to discriminate against a transgender pupil or a pupil who is pregnant or recently had a baby.

This policy was reviewed and updated with reference to this duty. The author/s of this document considered this policy in the light of these requirements to ensure that Stepney Primary School adheres to these statutory regulations.

Persons Responsible for policy:

School Nurse- Helen Gormanly

Head of School: Jo Atkinson
