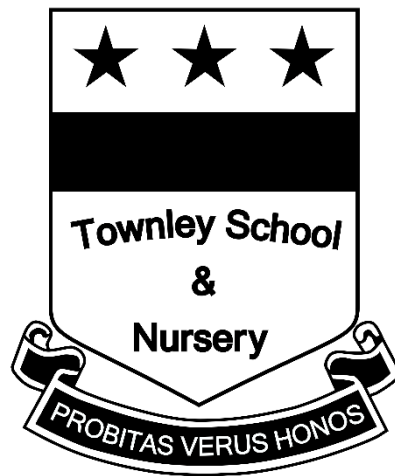


**Townley School and Nursery Policy Front Sheet**

<b>POLICY DOCUMENT</b>	Asthma
<b>Policy Number</b>	63
<b>Type of Policy –</b>	NHS
<b>Governor Committee</b>	Full Governing Body
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<b>Publish on School Website</b>	
<b>Purpose of Policy</b>	Policy review
<b>Supporting documents if applicable</b>	
<b>Chair of Governing Body signature</b>	
<b>Date</b>	

# Townley School and Nursery



## Asthma Policy

## School Asthma Healthcare Professional Contact:

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma encounters 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 (Source: Asthma UK).

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

- A named staff member who is the Asthma Champion who takes the lead in School for Asthma.
- An Asthma Policy.
- An Asthma Register.
- An Emergency Medication Kit.
- Requested a copy of the Personalised Asthma Action Plan (PAAP) for each child with asthma.
- Recorded and shared information.
- Children and Young People (CYP) Asthma Training for staff.

### Asthma Register

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

- Gained consent to use the schools Emergency Inhaler if the child does not have their own inhaler with them.
- Where appropriate, requested for a brand new, still sealed in the packed reliever inhaler to be in school with an appropriate spacer.
- Requested a copy of the Personal Asthma Action Plan (PAAP) for each child with asthma.

### Asthma Champion (Lead)

This school has an Asthma Champion (or Asthma Lead) who is the Headteacher. 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 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). Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. 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.

Reliever inhalers must be sent into school in the original, **sealed** box to ensure school can keep track of the number of doses left in the inhaler. Children must have the appropriate spacer in school. The inhaler and spacer must stay in school each day.

School 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)

### **Personal Asthma Action Plans (PAAP)**

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 their 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. (Source: Asthma UK).

### **Staff Training**

Staff will access the CYP Asthma training least every two years. This training will be accessed through the NHS England CYP Asthma e-learning suitable for school staff. The school commits to training as many staff as possible to ensure children with Asthma are supported in school.

### **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/vaping policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school 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 school grounds and on offsite school activities, a risk assessment will be performed by staff. 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 Personal Education (PE) teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK).

Pupils with asthma are encouraged to participate fully in all activities. PE teachers 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. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young 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. (Source: Asthma UK).

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 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. (Source: Asthma UK).

### **When asthma is affecting a pupil's education**

The school 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 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 Inhaled Salbutamol use**

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. As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will request consent from parents/carers for Emergency Inhaler use when the school 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 and 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 Asthma Champion and team will ensure that:**

- Half termly the inhaler and spacers are present and in working order, and the inhaler has enough 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 a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / 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. We will also send home our own information and consent form for every child with asthma each school year.

### **However, we also recognise that some of the most common day-to-day symptoms of asthma are:**

- A dry cough.
- Wheezing (a 'whistle' heard on breathing out).
- Shortness of breath when exposed to a trigger.
- A tight feeling in the 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:

- A 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.
- being unable to talk or complete sentences. Some children will go incredibly 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.

**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 **any time**, 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](http://www.asthma.org.uk)

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

BTS/SIGN guidelines for CYP Asthma.

(Adapted from Humber and North Yorkshire Health and Care Partnership 2023)





## Appendix 2 Template letter for parent – Introduction letter:

(Template letter to be used on school headed paper)

Dear Parent/Guardian

We are currently reviewing our asthma policy in partnership with NHS Cambridgeshire and Peterborough, to become an asthma friendly school. To do this, it is important that we update our records for all children who have a diagnosis of asthma or who are suspected to have asthma by the GP or hospital. Please would you update the information regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure, to be used in an emergency only. You still need to provide your child with their own inhaler and spacer prescribed. If you wish for us to use the school's inhaler in an emergency, please fill in the details below and return to school as soon as possible. If the emergency inhaler and spacer is used, you will need to organise a replacement.

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). If your child does not have a spacer or has not had an asthma review in the past 12months, please book an appointment with your GP as soon as possible.

Please complete the information below and return to school.

I confirm that my child has been diagnosed with asthma, or suspected asthma.

I confirm my child has been prescribed an inhaler.

My Child has a working in date inhaler and spacer clearly labelled with the name, which they will keep in school. (*Primary school*) Or have with them at school every day (*secondary school*)

Please Tick if you wish the school to use the school's inhaler in an emergency.

Name

Signed

Date

Yours sincerely,



## Appendix 3 Template for Personalised action plan:

(Template letter to be used on school headed paper)

Dear Parent/Guardian

We are currently reviewing our asthma policy in partnership with NHS Cambridgeshire and Peterborough, to become an asthma friendly school. To do this, it is important that we update our records for all children who have a diagnosis of asthma or who are suspected to have asthma by the GP or hospital.

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). This should be labelled kept with the child or in school depending on age. 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 practice nurse as soon as possible

As a school we are required to keep a personalised asthma action (PAAP) plan for each child with asthma or suspected asthma. Most children are given a PAAP when they see the asthma nurse for review, you were not given one please contact your surgery to have this provided.

If you are having difficulty obtaining a PAAP please contact .....who is our school's asthma champion.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site and our staff have been trained in its use. This is a precautionary measure to use in an emergency, we will only use this in an emergency and your child does not have her own inhaler at school. If the school emergency inhaler is used, you will be expected to replace the inhaler and spacer.

Yours sincerely,

## Appendix 4 Template letter for parent – Use of school’s emergency salbutamol inhaler:

(Template letter to be used on school headed paper)

Name

Class

Date

Dear parent/carer

This is to inform you that \_\_\_\_\_ needed to use the school emergency salbutamol inhaler/spacer whilst at school today because

- His/her salbutamol inhaler was empty/did not work
- He/she did not have their own salbutamol inhaler in school
- He/she did not have a spacer in school
- Other (please specify): \_\_\_\_\_

Please ensure that a new salbutamol (blue) inhaler is sent into school as soon as possible.

The spacer will now be kept for your child to use at school. As this was the school’s emergency spacer, please can you make arrangements to replace this, as agreed, as soon as possible (your GP can prescribe this)

Yours sincerely,

## Appendix 5 Template letter for salbutamol use and poorly controlled asthma:

(Template letter to be used on school headed paper)

Schools Name

Childs name

Date

Dear

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

If your child has been using their rescue inhaler at home as well, we encourage you to contact your doctor's surgery for a clinical review.

It is recognised that a child using a salbutamol inhaler more than three times per week including PE, indicates poor control and we would encourage you to arrange an appointment with your GP or Practice nurse for a review.

Yours sincerely,

## Appendix 6 Emergency Kit policy:

### Schools Asthma Emergency Kit

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#### **How to obtain your Asthma Emergency Kit**

Your Local Pharmacy can supply you with an emergency asthma Kit.

There is a cost to this supply which may vary between pharmacies

In October 2014, new legislation was introduced to enable schools to legally hold spare emergency inhalers to use in the event of a potentially life-threatening asthma attack. Schools are therefore allowed to purchase a salbutamol inhaler ***without a prescription*** for use in emergencies.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

To comply with the new legislation Pharmacists must obtain a request signed by the head teacher on schools headed paper or by using the attached order form.

The letter should state:

- the name of the school for which the product is required.
- the purpose for which that product is required, and
- The total quantity required. (Pharmacists please note this will depend on the size and geography of each school).

#### **Maintaining Your Emergency Kit**

It is essential there is a clear procedure in place for maintaining this emergency kit. The following are suggested steps to take.

- Monthly visual check of kit to ascertain contents are present and correct – signature date and time of the check to be recorded in the kit bag.
- If anything is missing steps should be taken to replace missing contents immediately – this should be documented as well as action taken.
- Adequate (not excessive) Spares should be kept on school premises for this purpose.
- Inhaler Expiry dates should be recorded on the outside of the Kit bag and on the school register and replenished in advance of the expiry date.

- The Spacer Devices are single Patient use – they must not be used for more than one person due to the risk of cross infection. It is good practice to send the spacer device home with the child who used it.
- With any new inhaler shake well and Prime (spray) four times away from the face before use. Shake and Prime (Spray) Twice on a monthly basis to ensure it is in working order.
- Each salbutamol inhaler contains 200 actuations (puffs). It is important to record the actuations used to know when to replace the inhaler. Use the emergency Salbutamol Inhaler Actuation (puff) Record chart.

All inhaler devices should be stored in a cool, dry place and out of direct sunlight in accordance with manufacturer’s instructions.

### What’s in the Kit...

<b><u>An emergency asthma inhaler kit should include:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
A salbutamol metered dose inhaler		
Manufacturer’s instructions		
At least two single-use plastic spacers compatible with the inhaler; Volumatic spacer and/or – Yellow aero chamber (under 5’s) and a Blue aero chamber (over 5’s)		
Instructions on how to administer inhaler using spacer/plastic chamber		
Instructions on cleaning and storing the inhaler and spacer.		
Label for Expiry date – to be placed on the outside of the bag.		
Pharmacy contact details		
A record of administration template (i.e. when the inhaler has been used).		

## Appendix 7 Asthma Friendly School check list:

Asthma Friendly School Criteria Checklist		
School .....	Name of contact .....	Name Of School
<b>Standard 1</b>  <b>Policy</b>  Schools policy should be available to view, all staff should be aware of where it is kept.	<b>Details</b>  Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (please note evidence source)  Date for review, to be set as annual.  The school must identify an asthma champion who has responsibility for review of policy and annual audit for asthma freidnly schools.	<b>Criteria Met</b>  <b>Yes</b>  <b>No</b>  <b>Action</b>
<b>Standard 2</b>  <b>Asthma Register</b>	Register Should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded.  If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students.  Consent for use of emergency inhaler recorded on register  Must be displayed in School office and staffroom/common room with Emergency poster.	<b>Yes</b>  <b>No</b>  <b>Action</b>
<b>Standard 3</b>  <b>Emergency Kits/Procedures</b>	Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them.  Emergency Kit for off - site activities/evacuation of building.  Contains Checklist and clear procedures on monitoring use and contents.  Parents are informed promptly if emergency kit is required and advised to bring child for review.	<b>Yes</b>  <b>No</b>  <b>Action</b>

	Asthma Champion/ Leads are easily identified by staff members	
<p><b>Standard 4</b></p> <p><b>Personalised Asthma Action Plan (PAAP) in addition to a IHCP</b></p> <p><b>Recording use of student's medications</b></p> <p><b>Students who self-manage.</b></p> <p><b>Storage of Inhalers/spacers</b></p>	<p>Students have a PAAP and know where it is kept – usually school office.</p> <p>Records kept of medication usage and parents informed promptly of any incidents/usage outside of the PAAP.</p> <p>Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be 1 record.</p> <p>Students should be encouraged to self-manage their condition where appropriate.</p> <p>Asthma medication and spacer is clearly labelled and stored in a cool location</p> <p>Expiry dates are checked regularly by staff and replaced when required.</p> <p>Inhaler is administered via a spacer.</p> <p>Spacers are single person use</p>	<p><b>Yes</b></p> <p><b>No</b></p> <p><b>Action</b></p>
<p><b>Standard 5</b></p> <p><b>Whole School Training</b></p>	<p>Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.</p>	<p><b>Yes</b></p> <p><b>No</b></p> <p><b>Action</b></p>
<p><b>Standard 6</b></p> <p><b>Monitoring absences for missed school days</b></p>	<p>The school should have a system in place to record missed school days related to asthma.</p> <p>The school should have a have an awareness of CYP who show poor asthma controlled.</p> <p>The school should be able to communicate with parents/carers a CYP has poor asthma control and request a asthma review.</p>	<p><b>YES</b></p> <p><b>No</b></p> <p><b>Action</b></p>