

School Asthma Policy

School Name: Broadfield Specialist School

Head teacher: Angela Wade

Asthma Champion: Jo Pickup

Approved by	
Name:	Angela Wade and Jo Pickup
Position:	Asthma Champion
Signed:	<i>Jo Pickup</i>
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Reviewed by:	<i>A. E. Wade</i> – Head teacher

The asthma friendly schools (AFS) programme sets out clear, effective partnership arrangements between health, education, and local authorities for managing children and young people with asthma at primary and secondary schools.

We are an Asthma Friendly School and have gained Asthma Friendly Status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to. We commit to the audit of our procedures yearly.

We welcome parents and students' views on how we can continue to improve and build upon our standards.

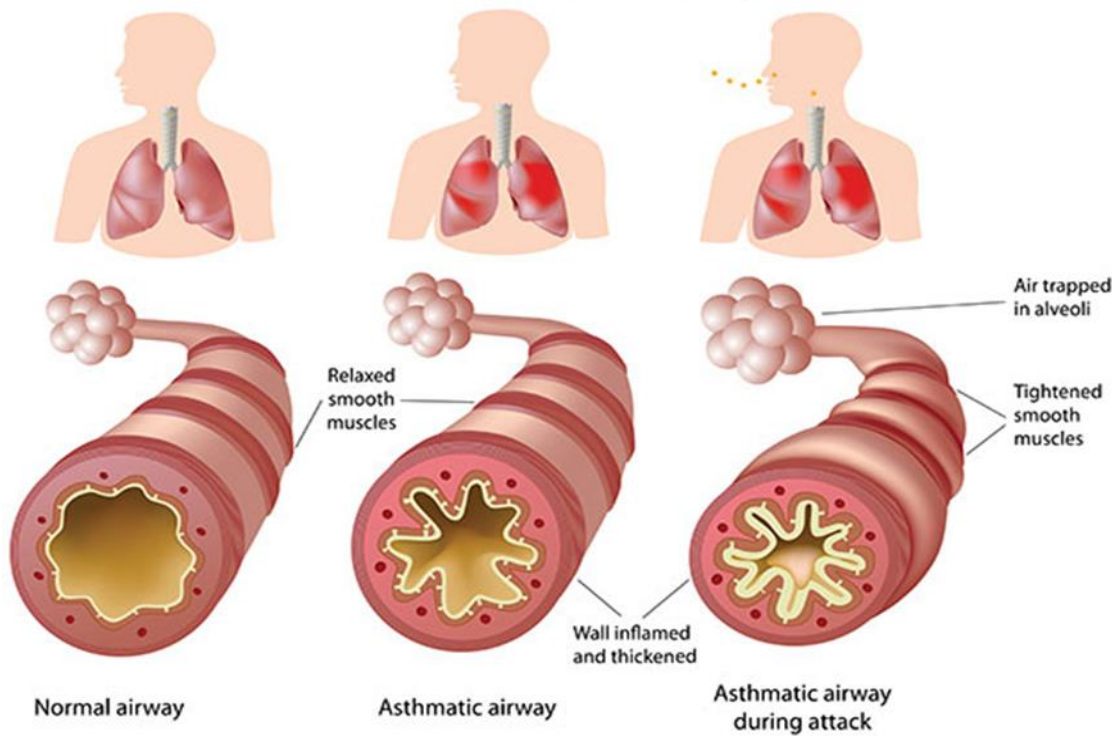
The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors, and health colleagues.

We ensure all staff are aware of their duty of care to students. We have a "whole school" approach to regular training, so staff are confident in carrying out their duty of care.

1. Asthma

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.

Asthma and Your Airways



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 to participate fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ an up-to-date asthma policy,
- ✓ an asthma champion,
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ all pupils with asthma have an up-to-date personalised asthma action plan (PAAP),
- ✓ an emergency asthma kit with salbutamol inhaler
- ✓ all staff have regular asthma training,
- ✓ promotion of asthma and management of the condition to pupils, parents, and staff.

2. 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 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 and has:

- an up-to-date copy of their personal asthma action plan
- their reliever (BLUE) inhaler in school,
- Consent from the parents/carers to use the emergency salbutamol inhaler if they require it.

3. Asthma Champion – Jo Pickup

This school has an asthma champion who is the lead in school and is named above. It is the responsibility of the Asthma Champion to manage the asthma register, update the asthma policy, and to ensure children have immediate access to their inhalers.

The Champion will also manage the emergency asthma kits.

The Asthma Champion will also ensure the AFS Standards are completed yearly and liaise with the PH5-19 team for any support and advice.

4. Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up 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 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 and Lung UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. However, we will discuss this with each teacher. We recognise that all children may still need supervision in taking their inhaler.

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 happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school 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.

5. Personalised Asthma Action Plans (PAAP)

Asthma UK evidence shows that if someone with asthma uses a 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 and Lung UK)

My Asthma Plan

For any child that has Asthma we will be sending out a 'End of term letter' to encourage parents/carers to organise an asthma review to ensure the PAAP is completed from the start of a new school year.

6. 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. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where this is 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 (Source: Asthma and Lung UK)*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a standard school risk assessment will be performed by staff. These risk assessments will establish potential asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where this is possible.

7. 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. (Source: Asthma and Lung 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, where this is known to be a trigger 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 and supported to do so.

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 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. (Source: Asthma and Lung UK)

8. 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 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 Personalised 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.

9. 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) We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have ___3_ emergency kit(s), which are kept in the Medical room, PE office, and the head teacher's office so it is easy to access.

Each kit contains:

- A salbutamol dose inhaler
- A disposable spacer compatible with the inhaler
- Copy of '**Emergency Asthma Action Plan**'
- Copy of '**How to help a child use their spacer**'
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- The **Asthma Register** showing children permitted to use the emergency inhaler as detailed in their personalised asthma plans
- A copy of '**record of emergency inhaler 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 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;
- Replacement spacers are available following use;

Any puffs should be documented on the 'Record of emergency inhaler' form so that it can be monitored when the inhaler is running out.

Spent inhalers will be returned to the pharmacy to be recycled.

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 on our Asthma register and listed 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 see 'letter to parent/carer'.

10.Common 'day to day' symptoms of asthma

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. This needs to be returned immediately and kept with our asthma register.

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) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from school or to need urgent medical attention.

11.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 'Emergency Asthma Plan guidance will be displayed in the staff room .

The DOH 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 |

12. Whole school training

Staff will need yearly asthma updates.

As a school community it is part of the AFS that pupil education will be incorporated into our RSHE curriculum.