



# **HEIGHAM COMMUNITY FEDERATION AVENUE JUNIOR SCHOOL**

## **ASTHMA POLICY**

This policy has been written with guidance from information from Asthma UK.

## **What is Asthma?**

1. 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

2. As schools, we recognise that asthma is a widespread, serious, but controllable condition. Our schools welcome 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
- up-to-date asthma policy
- an asthma lead – at Avenue Junior School this is Louise Gibbs; at Recreation Road Infant this is
- all pupils have immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness to pupils, parents and staff

## **Asthma Register**

We have an asthma register of children within each 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 (salbutamol/terbutaline) inhaler and spacer in school and a spare inhaler that is kept in their classroom medical box
- 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost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**

4. Our schools have an asthma lead.

At Avenue Junior this is Louise Gibbs.

It is the responsibility of the asthma lead to:

- manage the asthma register
- update the asthma policy with any new guidance
- manage the emergency salbutamol inhalers
- ensure measures are in place so that children have immediate access to their inhalers.

5. 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.

6. Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect most children in Key Stage 2 to be able to do this. However, we will discuss this with each child's parents or carer if this is not appropriate.

7. Some children may have a number of other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken regularly for maximum benefit.

8. 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.

9. Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.

#### Asthma Action Plans

10. 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 and interrupt children's educational activities. 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). [my-asthma-plan-child-mar-21.pdf](#)

#### Staff Training

11. Staff will need regular asthma updates. All staff in school need to be confident to recognise and support any child requiring assistance with their asthma. Specific Asthma training will be organised by the schools to ensure staff are confident in their role.

#### School Environment

12. 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 possible.

13. 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

14. As part of our responsibility to ensure all children are kept 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

15. 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 teachers at the school will be aware of which pupils have asthma from the school's asthma register.

16. 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 and spacer 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 rescue inhaler and spacer 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 PE lesson they will be encouraged to do so.

17. It is 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

18. 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 the pupils' lives, 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.

19. 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. In this case an Individual Health Plan would be created to reflect their needs.

#### Emergency Salbutamol Inhaler in School

20. 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. The document can be found on

[Guidance on the use of emergency salbutamol inhalers in schools \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/411211/guidance-on-the-use-of-emergency-salbutamol-inhalers-in-schools.pdf)

We have summarised key points from this policy below.

21. As schools we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have 4 emergency kit(s), which are kept in the medical room in a labelled cupboard. They are all in carry boxes.

Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- 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

22. 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 been diagnosed with asthma OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of emergency inhaler has been given.

23. 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;
- Replacement spacers are available following use;
- 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 has 200 puffs, so when it gets to 20 puffs left we will replace it. The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it has not 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. Spent inhalers will be returned to the pharmacy to be recycled.

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.

#### Common 'Day to Day' Symptoms of Asthma

24. As schools 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.

25. 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 Department of Health Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

#### Asthma Attacks

26. 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.

27. All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise and manage an asthma. In addition, guidance will be displayed in the staff room (see Appendix 2). This can also be downloaded from the school website.

28. 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.

- 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.( r 1 puff to 5 breaths or 20 seconds per dose with mask )
- 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 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 or carer arrives

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted
- Has a blue/white tinge around lips
- Has collapsed

#### Policy Review

30. This policy will be reviewed every three years alongside the Administration of Medicines and Supporting Children with Medical Conditions in School Policies. Changes may be made in light of any new guidance issued.

The next date for review is September 2024.

#### References

1. Asthma UK website (2021)
2. Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

#### Appendix A



## AVENUE JUNIOR SCHOOL

AVENUE ROAD, NORWICH, NORFOLK, NR2 3HP

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Head Teacher: Mr M. Hooper

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Date:

Dear Parent/Carer

### **ASTHMA RECORD – THIS MUST BE COMPLETED FOR ALL PUPILS**

The Staff at Avenue Junior School take asthma very seriously. In order to have an up to date record of care we require **all** parents to inform us whether or not their child is asthmatic. The record will help the school staff to ensure that pupils with asthma receive the best possible treatment at all times.

For those children who do have asthma, an asthma record (attached) must be completed and returned to the school as soon as possible. So that children have access to their inhaler at all times, we require **two** inhalers to be kept in school. One which your child will carry with them and one which will be kept in the class medical box. This is to ensure that staff will always be able to access your child's inhaler and to avoid relying on the child being able to say where it is. All inhalers must be in date and labelled by your pharmacist with your child's name and dosage details. They must also be accompanied by a medicines consent form.

Even though your child may not have used an inhaler for some time; it cannot be assumed that they no longer require their inhaler. Even if your child has seen a doctor and it has been medically confirmed that they no longer require asthma medication, the school cannot remove them from the asthma register until we have had written confirmation. It is important that you notify the school of any changes.

Please complete the slip below and if necessary the attached asthma care plan and return to school by .....

Once you have confirmed your child has asthma Louise Gibbs, our medicine administrator, will send out an Asthma Plan template for you to complete with your child as supported by Asthma UK and a medicines administration form. This will be added to their Asthma Record to ensure we have as clear a picture as possible about each individual child with asthma.

If you have any questions, please do not hesitate to contact me.

Yours faithfully

Mike Hooper

Head of School

**Please complete the following information in all instances**

HCF Asthas Policy AJS written September 2021 & approved by the full Governing Body: 24/1/22  
Review date: Spring 23

**Asthma Register 2021/22**

Name of child \_\_\_\_\_

Please tick the appropriate box:

My child has asthma and I have completed the Asthma Record Care Plan overleaf

My child does not have asthma

Signed.....Parent/Carer

Date.....

**Avenue Junior School  
Asthma Record (Care Plan)**

HCF Asthmas Policy AJS written September 2021 & approved by the full Governing Body: 24/1/22  
Review date: Spring 23

**Please complete and return to the school office**

**Please tick the relevant boxes:**

- I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler.
- My child has a working, in-date inhaler, clearly labelled with their name, which can be kept in the class medicines box.
- My child has a working, in-date inhaler, clearly labelled with their name, which can be kept in their classroom drawer or bag.
- In the event of a severe asthma attack, I am happy for my child to receive up to 20 puffs of their reliever inhaler via a spacer until they get further medical help.
- If my child's inhaler 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.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

GP Surgery and Telephone: \_\_\_\_\_

Asthma Nurse: \_\_\_\_\_

Known triggers/allergies: \_\_\_\_\_

Any other medical problems: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

**Medication**

Reliever medication (usually blue)

Medication Name	Dose	When taken
e.g. Ventolin or Salbutamol	e.g. 2 puffs	e.g. when wheezy, before exercise

Any other medication: (NB most preventers can be taken outside school hours - please check with your asthma nurse or GP)

Medication Name	Dose	When taken

This record is for your school. Remember to update it if treatment is changed. Children should also have access to their own inhaler at all times. If your GP later advises that your child no longer needs an inhaler, please advise us of this in writing.

Appendix B

[my-asthma-plan-child-mar-21.pdf](#)