The Winns Primary School

Asthma Policy

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Next Review Due: September 2029

Policy Links: Supporting Children with Medical Needs, First Aid Policy, Health & Safety Policy and Pupils with Allergies.

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.

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:

1. A named staff member who is the Asthma Champion who takes the lead in School for Asthma.
2. Asthma Policy
3. Asthma Register
4. Emergency Medication Kit
5. Request a copy of the Personalised Asthma Action Plan (PAAP) for each child with Asthma
6. Recording and Sharing Information

Asthma Champion (Lead)

This school has an Asthma Champion (or Asthma Lead). It is the responsibility of the Asthma Champion to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers, 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.

Asthma Register

The school maintains an up-to-date asthma register using **Medical Tracker**. Information is added and updated following notification from parents/carers and supporting medical evidence, such as confirmation of an asthma diagnosis, a suspected asthma diagnosis, or the prescription of a reliever inhaler by a healthcare professional.

Medical Tracker is reviewed regularly to ensure pupils' medical information remains accurate. Parents/carers are asked to inform the school promptly of any changes to their child's asthma diagnosis, medication or treatment plan.

For every pupil recorded on the asthma register, Medical Tracker holds the relevant medical information, including:

- Details of the pupil's asthma diagnosis or prescribed reliever inhaler.
- An up-to-date Individual Healthcare Plan, where required.
- Consent for medication to be administered in accordance with the school's medical needs policy.
- Details of the location of the pupil's prescribed inhaler and any spare inhaler held by the school.
- Emergency contact details.
- Any additional information or medical advice provided by the pupil's healthcare professional.

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 up the airways and makes it easier for the child to breathe.

Types of asthma treatment:

A) Traditional: Some children may have a separate preventer and reliever inhaler, which is usually taken morning and evening, 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.

B) Maintenance and Reliever Therapy (MART): Some children and young people in key stage 2, may have one inhaler that they use as a preventer and reliever medication (usually Symbicort). They would use their inhaler morning and evening and use it as a reliever for asthma symptoms in between regular doses during the day if needed.
C) Anti-inflammatory Reliever Therapy (AIR): Some children with mild asthma may also only have a single inhaler (usually Symbicort) which is used as needed and not regularly when they are having asthma symptoms.
D) If the pupil is going on a residential trip, we are aware that they will need to take the inhaler(s) with them so they can continue taking their inhaler as prescribed.

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. 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.

Individual Health Care Plan

All parents are asked to complete an Individual Health Care Plan and this will be stored with your child's inhaler.

Staff Training

All of our First Aiders receive Asthma training along with their Pediatric First Aid Training.

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 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. 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. 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.

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.

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 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:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available. NB: There are only 200 doses in a salbutamol inhaler, so each dose will need to be recorded and the device disposed of when the maximum number of doses has been reached.
- 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 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:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out)
- Shortness of breath when exposed to a trigger
- Tight feeling 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.

Reporting Inhaler Use to Parents

The school will report inhaler use to parents via Medical tracker to allow them to monitor their child's use of their inhaler.

Recording Inhaler Use

We will record each child's inhaler use to allow the school to see any pattern of events or the frequent in which a child uses their inhaler.

Asthma Attacks and Emergency Management

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

In the event of an asthma attack we will:
• 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 or up to 10 seconds)
• 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.