



# Asthma Policy

September 2023

## ASTHMA POLICY

Name of School: **Willows Academy**

Named School Asthma Champion: **Amanda Piercy**

Named Headteacher: **Sarah Cox**

Date of Policy commencement: **September 2023**

Date of Policy Review: **July 2024**

### **Information about the Condition**

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 (Source: Asthma UK).

### **The principles of our school Asthma Policy**

- The school recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma.
- Ensures that children with asthma participate fully in all aspects of school life including PE.
- Recognises that immediate access to reliever inhalers is vital.
- Keeps records of children with asthma and the medication they take.
- Ensures the school environment is favourable to children with asthma.
- Ensures that other children understand asthma.
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack.
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

This policy has been written with advice from the Department for Education and Employment and the National Asthma Campaign.

1. This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
2. This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, and pupils. Supply teachers and new staff are **ALSO MADE AWARE OF THE POLICY**. All teachers, and at least one member of staff in each class is provided with training on asthma annually. This is provided internally in consultation with the school nursing team.

### **Medication**

Immediate access to a reliever is vital. The reliever inhalers of younger children are kept in the classroom or taken to wherever the child is working. Inhalers must be taken everywhere – hall, playground, field, visits etc. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this.

**All school staff will let children take their own medication when they need to.** When a child needs their inhaler, it will be recorded on their form held with the inhaler.

The school holds an emergency spare inhaler in the office in case a child forgets theirs or theirs runs out. This will be cleaned if it is used by a child. Mrs Piercy will ensure these are kept accessible and in date.

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. 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.

### **Record Keeping**

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school.

Willows Academy does now hold an emergency inhaler as per the 'Guidance on the use of Emergency Salbutamol inhalers in schools' March 2015. Specific staff have been trained to administer the emergency inhaler.

Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used, in the event, that their own inhaler is not available. Parents will be informed by letter if their child has used the emergency inhaler. No child will be allowed to use the emergency inhaler if their parents have not given permission except if deemed an emergency.

The school holds inhalers for each child, and they are regularly checked for expiry dates by a member of staff. When the child requires a new inhaler, this is requested either face to face or via MCAS.

Each child has a care plan written with the parent to ensure they are provided with the support needed and staff are aware of the actions to be taken during an asthma attack.

### **PE**

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a bag at the site of the lesson. If a child needs to use their inhaler during the 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. (Source: Asthma UK)

### **The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a definitive no-smoking or vaping policy. On occasion, the EYFS classes do take part in the egg/chick scheme. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma, however, risk assessments will be completed if the need arises. 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. Children are encouraged to leave the room and go and sit in different area should there be situation where fumes trigger their asthma.

### **Making the School Asthma Friendly**

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website [www.asthma.org.uk](http://www.asthma.org.uk).

### **When a Child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nursing team and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

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.

### **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 review our information held on the child, including care plans, on the first Parents Evening of 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 reliver 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:

- 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

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 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

### **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 have purchased 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). 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

Emergency inhalers are held in the cupboard in the office, and one for external use such as trips.

<b>Head of Academy:</b>	Sarah Cox	<b>Date:</b>	September 2023
<b>Chair of Governing Body:</b>	Nicola Williams	<b>Date:</b>	September 2023
<b>Written By:</b>	Sarah Cox and Amanda Piercy	<b>Date:</b>	September 2023