CLOCKHOUSE PRIMARY SCHOOL

Asthma Policy

Mission Statement

Our School – A family and a home for everyone

Working and Learning together to be the best that we can be

Our Vision

We are not just a school, we are home!
We lay the foundations for each individual's future and for dreams to be fulfilled - whatever they may be.
No two bricks are the same but are accepted for their uniqueness and are placed in their own special way to meet their needs.
The cement bonds us together as a family to keep us strong, stable and safe.
We are all safe and happy under one roof, we are protected from the elements and prepared to weather every storm.
The key to success unlocks the door to future achievements unseen before.
The windows show us the reflections of our future self as ready, respectful and responsible adults.
Collaboratively, together our home is decorated with challenge and the rooms are furnished with fun.
All around, a variety of trees grow naturally from the seed of success, with nurture and care anything is possible.
So we are not just a school, we are a home that provides a champion for all as well as timeless experiences and skills for a brighter future.
And that is why we are called Clockhouse.
Ring the bell, we're always here!

School Aims

- To enable all children, members of the school community and the wider community to contribute to school life.
- To promote high standards and provide opportunities for all to achieve their full potential.
- To encourage a sense of self–worth and confidence empowering children to fulfil a contributing role in society.
- To create a diverse and challenging learning environment in which children are cared for and feel safe.
- To provide leadership and management which focuses on raising standards and promoting the personal development and well-being of all members of the school community.

Headteacher: **Mrs J Savidge**

Asthma Lead: **Mrs S Everingham**

School Nurse: **Samantha Lowman**

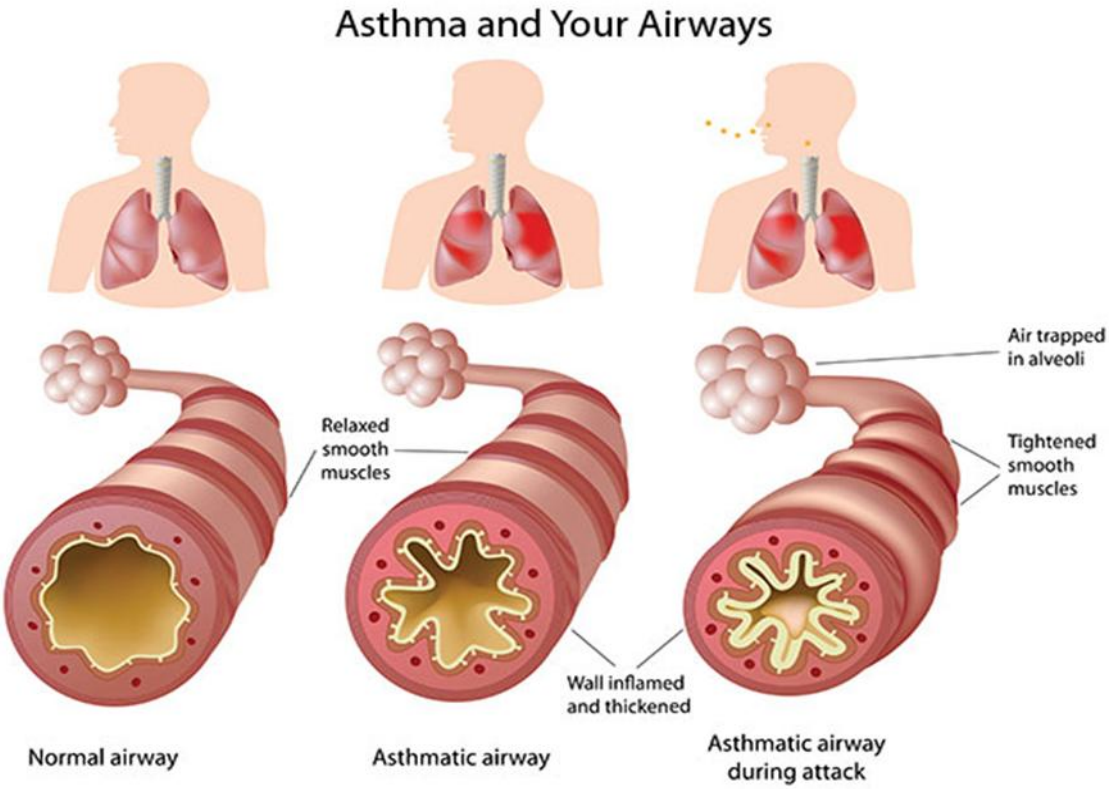
As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- An allergy register.
- Up-to-date allergy policy.
- An allergy lead.
- All pupils will have immediate access to their medicine and epipens at all times.

- All pupils have an up-to-date heath care plan.
- Emergency epipens.
- Ensure staff have regular asthma training.
- Promote asthma awareness pupils, parents and staff.

What is 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 (Source: Asthma UK).



Asthma in the individual

Asthma varies in severity from person to person. Some children and young people will experience an occasional cough or wheeze, while for others, the symptoms will be much more severe.

Some children and young people may experience symptoms from time to time (maybe after exercise or activity), while others may need to take time off school because of their asthma symptoms. They may also experience night-time symptoms disturbing sleep, so could be tired in class.

The usual symptoms of asthma:

- Coughing.
- Shortness of breath.
- Wheezing.
- Tightness in the chest.

- Being unusually quiet.
- Difficulty speaking in full sentences.
- Sometimes younger children will express feeling tight in the chest as a tummy ache.

Asthma triggers
A trigger is anything that irritates the airways and causes asthma symptoms. There are many triggers and everybody's asthma is different. Most children and young people with asthma have several triggers.

Common triggers include:
- Viral infections.
- House dust mites.
- Pollen.
- Cigarette smoke.
- Furry and feathery animals.
- Exercise.
- Outdoor air pollution.
- Laughter.
- Excitement.
- Stress.

Common 'day to day' symptoms of asthma
As a school we ask that for children with asthma we have a copy of their personal Asthma 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 can be downloaded from www.leedswestccg.nhs.uk/childrensasthma. 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 Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) they would not usually require the child to be sent home from school or to need urgent medical attention.

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 guidance will be displayed to support staff .This can also be downloaded from www.leedswestccg.nhs.uk/childrensasthma.

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. 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.
- Has a blue/white tinge around the lips.
- Is going blue.
- 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, do 2 puffs in the air.
- Place the mouthpiece between the lips with a good deal, 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.

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.

Younger children are more likely to need additional supervision and help to activate their inhalers and to ensure the medication is taken correctly and effectively.

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 (unless prescribed by their doctor) 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.

Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. Relievers do not reduce the swelling in the airways.

Relievers are usually blue and are essential in treating asthma attacks. Relievers are a very safe and effective medicine and have very few side effects. Some children and young people experience an increased heart rate and may feel shaky if they take a lot. However, children and young people cannot overdose on reliever medicine s and these side effects pass quickly.

Children and young people with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week they should see their doctor or asthma nurse for an asthma review as they may also need to take preventer medicines.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however, many staff members are happy to do this. Staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will supervise pupils when taking their own medicine and give advice if necessary.

Access/Storage of medication
We realise that it is essential for a pupil to have easy access to their reliever inhaler/medication when necessary. Each child's asthma medication is clearly labelled with child's name and stored in the 'Red Asthma Bag' in each classroom.

Record Keeping
Blank slips are kept in the Red Asthma Bags and also in the Medical rooms of KS1 and KS2.

Each time an inhaler is used, an entry is made on a record slip and filed in the classroom message bag to be handed to the parent at the end of the day. A record will also be made on the asthma list which is kept in the Red Asthma Bag.

NURSERY

- The Children's Asthma pumps are kept in the classroom in a 'Red Asthma Bag'. The teacher should take the bag with them whenever they leave the classroom for i.e. PE, Assembly, library, etc.
- **School Trips** – The 'Red Asthma Bags' are taken on the school trip.

RECEPTION

- **Daily** - The Children's Asthma pumps are kept in the classrooms in 'Red Asthma Bags'. The teacher should take the bag with them whenever they leave the classroom for i.e. PE, library, assembly, etc.
- **Break Times / Lunchtimes –** 'Red Asthma Bags' are taken outside and carried by the staff on duty.
- **School Trips** – The 'Red Asthma Bags' are taken on the school trip.

KS1

- **Daily** - The Children's Asthma pumps are kept in the classrooms in 'Red Asthma Bags'. The teacher should take the bag with them whenever they leave the classroom for i.e. PE, library, assembly, etc.
- **Break Times / Lunchtimes –** 'Red Asthma Bags' are kept in classrooms for quick and easy access.
- **School Trips** – The 'Red Asthma Bags' are taken on the school trip.

KS2

- **Daily** - The Children's Asthma pumps are kept in the classrooms in 'Red Asthma Bags'. The teacher should take the bag with them whenever they leave the classroom for i.e. PE, library, assembly, etc.
- **Break Times / Lunchtimes –** 'Red Asthma Bags' are kept in classrooms for quick and easy access.
- **School Trips** – The 'Red Asthma Bags' are taken on the school trip.

Asthma Register

At the beginning of each school year or when a pupil joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admissions form.

We have an asthma register of children within the school. This is updated at the beginning of the new school year each September and every half term. At the end of the school year in July the asthma pumps are returned home along with a blank 'Asthma Card Form'. Parents are asked to complete this form and return it to school along with their child's new Asthma pump in September.

If a parent/carer informs us 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 that the parent has completed an 'Asthma Card Form' and that the child has an 'Asthma Plan' if applicable. If a child's inhaler is broken, out of date, empty or has been lost the parents/carers will have signed a box on the 'Asthma Card Form' which states 'If the school holds a central inhaler and spacer for use in emergencies, I give permission for my child to use this'.

September

- Check the records of all children who previously had an asthma pump in school that they have returned a new Asthma Card Form.
- Check a new asthma pump has been returned.

Every half term

- Check expiry dates of the asthma pumps.
- Check the asthma pump is full.
- Check the Asthma Card Form is in good condition.
- Check there is a supply of slips for administering the asthma pump in the Red Asthma Bags.

July (last day of term)

- All Asthma pumps are returned home, along with a blank Asthma Card Form to be completed and return in September along with the new asthma pumps.

Asthma Lead

This school has an asthma lead who is named above. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers and to ensure measures are in place so that children have immediate access to their inhalers. (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015).

Asthma Plans

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 Plan and we ask parents to provide one if they have one to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

Staff training
Staff will need regular asthma updates. This training can be provided by the school nursing team.

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 Plan and the school will ensure that pupil's will not come into contact with their triggers, where possible. (Source: Asthma UK)

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.

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
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. 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 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 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 a child's life, and they are unable to take part in activities, and are tired during the day, or falling behind in lessons we will discuss this with parents/carers, and with consent the school nurse, 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 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 Guidance on the use of emergency salbutamol inhalers in schools, March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found under the downloads for schools section on www.leedswestccg.nhs.uk/childrensasthma. We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from an online pharmacist without a prescription. We can do this by completing an online questionnaire and uploading a letter of authorisation signed by the Head teacher. Eurekadirect.co.uk

We have 2 emergency kit(s), which are kept in:

- KS2 Finance & Attendance Office (next door to the medical room).
- KS1 Medical Room.

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.
- The inhalers are stored at appropriate temperature, which is usually below 30c.
- An inhaler should be primed when first used i.e. spray 2 puffs as it can become blocked if not used over a period of time.

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 and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order.
- 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.

The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't 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.

References

Asthma UK helpline is 0300 222 5800
It is available Monday to Friday 9-5pm with Nurses who are able to talk you through the basics of what you can do to support children in your school.

The Healthy London Partnership (HLP) Asthma Toolkit

- The London Schools' Guide for the care of children and young people with asthma: Pre-school, primary and secondary school years: www.healthylondon.org/resource/london-schools-guide-care-children-young-people-asthma-re-school-primary-secondary-school-years
- A simple guide to what to do if a child has an asthma emergency in school can be located here: www.healthylondon.org/wp-content/uploads/2017/10/What-to-do-in-an-asthma-emergency
- A brief film on what Schools can do to help children with asthma can be accessed here: www.healthylondon.org/resource/london-asthma-toolkit/schools/film
- Resources for Schools on a wide range of asthma issues including policies for Long Term Conditions and Salbutamol inhalers in schools are available here: www.healthylondon.org/resource/london-asthma-toolkit/schools/resources
- A free online learning for schools on asthma is available here: Sch.educationforhealth.org.wp
- You can access the full Toolkit by following the link: www.healthylondon.org/resource/london-asthma-toolkit/schools

Asthma UK Online Resources:

- Resources for Schools: www.asthma.org.uk/advice/child/life/school#pe
- Asthma UK's simple guide to what to do if a child is experiencing an asthma attack : www.asthma.org.uk/advice/child/asthma-attacks

Air Quality:

- www.london.gov.uk/what-we-do/environment/pollution-and-air-quality

Department for Education (DfE) Statutory and Operational Schools Guidance

- Guidance on supporting pupils with Long Term Conditions: www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
- Guidance on emergency inhalers in Schools: www.gov.uk/government/publications/emergency-asthma-inhlaers-for-use-in-schools

Health Conditions in Schools Alliance:

- A useful series of resources in a website aimed at supporting primary and secondary schools. Asthma is one of the Long-Term Conditions they provide advice on: www.medicalconditionsatschool.org.uk

This policy has been reviewed and no individual or group are disadvantaged by the policy or process therein.

Date Reviewed: **Autumn 2026**

Review Date: **Autumn 2027**