Asthma Policy

Agreed by Governors	Date:	Next Review Date:
Learning & Attainment Committee	Summer 2016	Summer 2019
Learning & Attainment Committee	Summer 2019	Summer 2022
Learning & Attainment Committee	Autumn 2022	Autumn 2025
Learning & Attainment Committee	Autumn 2022	Autumn 2025
Learning & Attainment Committee	Spring 2026	Spring 2029

1. Principles

Asthma is a condition caused when the bronchial tubes (air passages) have become narrowed due to inflammation, making it difficult to breathe in and out. This sudden narrowing may lead to wheezing or an asthma attack. Tightness in the chest can be very frightening and may cause difficulty in breathing. Children are affected in different ways and in varying degrees of severity.

Robin Hood Junior School does all that it can to make sure that the school environment is favourable to children with asthma. This includes a non-smoking policy which ensures that children are not exposed to the dangers of passive smoking at school. The school does not keep furry animals.

Children with asthma are encouraged to participate in all aspects of school life, including sport and exercise. Teachers are aware of the type of sport and weather conditions that may increase asthma. Children are able to take their medication before exercise when necessary and inhalers need to be taken to swimming, and on school visits and journeys. Very minor attacks should not interrupt a child's concentration or participation in school activities, and as soon as the attack is over, children are encouraged to continue with normal school activities.

2. Aims

- To make sure that the school environment is favourable to children with asthma
- To encourage and help children with asthma to participate fully in all aspects of school life
- To make sure all staff know what to do in the event of a child having an asthma attack
- To make sure that all children have immediate access to inhalers at all times
- To work in partnership with children, parents, school staff and health professionals

3. Staff Training and Responsibilities

3.1 Staff Training

All staff must be able to recognise and respond to the symptoms of an asthma attack. Robin Hood Junior School ensures that:

- All staff receive asthma awareness training annually from the School Nursing Service or lead First Aider
- New staff receive asthma training as part of their induction programme
- Refresher training is provided whenever there are significant updates to guidance or procedures
- Training records are maintained by the School Business Manager and reviewed annually

Training covers:

- Recognising the symptoms of asthma and signs of an asthma attack
- How to respond to an asthma attack (see section 8 below)
- Location and use of inhalers and emergency equipment
- Individual Child Asthma Action plans for pupils with asthma
- Storage and maintenance of emergency asthma kits
- Recording and reporting procedures

3.2 Staff Responsibilities

Head Teacher

- Ensures all staff are aware of the policy for supporting pupils with medical conditions and understand their role in implementing it
- Ensures enough trained staff are available to implement the policy
- Oversees the implementation and review of this policy
- Ensures appropriate staff training is arranged and maintained

School Business Manager

- Maintains the school asthma register
- Coordinates annual updates of pupil medical information with parents
- Ensures emergency asthma kits are properly stocked and maintained
- Maintains records of inhaler use and parental notifications
- Coordinates staff training arrangements

Lead First Aider

- Provides or arranges asthma training for all staff
- Monitors and maintains emergency asthma kits (monthly checks)
- Acts as first point of contact for asthma-related queries
- Supports staff in responding to asthma attacks

Class Teachers

- Are aware of pupils in their class with asthma and their individual Child Asthma Action plans
- Know the location of pupils' inhalers
- Take into account the needs of pupils with medical conditions
- Ensure inhalers are taken on school trips, to PE lessons, and swimming
- Monitor pupils during physical activities and in weather conditions that may trigger asthma
- Know what to do and respond accordingly if a pupil needs medical help

All Staff

- Should take into account the needs of pupils with medical conditions and know what to do and respond accordingly if a pupil needs medical help
- Know how to access emergency asthma kits
- Follow the emergency response procedures for asthma attacks
- Report any concerns about a pupil's asthma to the class teacher and lead First Aider

Governing Body

- Is responsible for making sure the policy is implemented
- Ensures enough trained staff are available to implement the policy
- Reviews the policy every three years or sooner if required
- Monitors the effectiveness of asthma support arrangements

4. Admission and Initial Assessment

Our admission form asks for the child's medical background. If the parent writes on this form that the child suffers from asthma then his/her condition is discussed with the Head Teacher, class teacher and first aider and a 'Request for School to Administer Asthma Medication' form (see Appendix 3A of Medical Needs Policy) is completed by the parent.

Staff are made aware and kept up-to-date of medical needs by circulation of the 'Children in School with Medical/other needs' form sent to each class and regularly updated.

5. Child Asthma Action Plans

5.1 Requirement for an Individual Child Asthma Action Plan
All pupils with asthma must have an individual Child Asthma Action Plans (see Appendix A). These plans are developed in partnership with parents, the pupil (where appropriate), school staff and healthcare professionals.

5.2 Creating and Maintaining an Individual Child Asthma Plan
When we are informed that a pupil has asthma, the school will:

1. Provide parents with an asthma plan template (see Appendix B) for completion
2. Arrange a meeting with parents to discuss the plan if needed
3. Ensure the plan includes:
    - Details of the pupil's asthma condition and triggers
    - Regular medication to be taken during school hours (if applicable)
    - Reliever medication (inhaler) details including dose and frequency
    - Specific symptoms and signs that indicate the pupil needs their inhaler
    - Emergency contact details
    - Whether the pupil is competent to carry and self-administer their own inhaler
    - Consent for use of the emergency inhaler
    - Any activity restrictions or precautions
    - What to do in an emergency
4. Share the plan with:
    - The pupil's class teacher
    - All staff who work with the pupil
    - The lead First Aider
    - Supply/cover teachers as needed
5. Review the plan:
    - Annually as a minimum
    - Whenever there are changes to the pupil's condition or medication
    - After any serious asthma incident
    - When the pupil moves to a new class or key stage

5.3 Competent Pupils Managing their own Medication

If the parents agree that their child is capable, we allow the pupil to take responsibility for managing their own inhalers and equipment. This decision is reflected in the pupil's individual healthcare plan.

To assess pupil competence, we consider:

- The pupil's age and maturity
- The pupil's understanding of their condition
- The pupil's ability to recognise when they need their inhaler
- The pupil's ability to use their inhaler correctly
- Parental views and consent
- Healthcare professional recommendations

Even when pupils carry their own inhalers, a spare inhaler is kept in the school office as a backup.

5.4 Roles and Responsibilities

Parents should:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in developing and reviewing their child's individual healthcare plan
- Provide the school with the necessary medicines and equipment
- Make sure that they or a nominated adult are contactable at all times
- Contact the school immediately if their child's care needs or medications change

Pupils should:

- Be fully involved in discussions about their medical needs and their individual healthcare plan
- Understand their asthma, recognise their triggers, and take an active role in managing their condition

6. Storage and Access to Inhalers

6.1 Immediate Access to Inhalers

We recognise that immediate access to reliever inhalers is vital. We ensure that:

- All medicines are stored safely
- Medicines and devices such as asthma inhalers are always readily available to pupils, and not locked away
- Pupils know where their medicines are at all times, and they're able to access them immediately

This is true both in school and when away from the premises, such as on school trips.

6.2 Storage Arrangements

We encourage children who can manage their own treatment to carry their clearly named inhalers at all times.

For pupils who self-carry their inhalers:

- Pupils keep their named inhaler with them at all times
- A spare inhaler is kept in the school office as backup

- Pupils are reminded to take their inhaler to PE, swimming, and school trips

For pupils whose inhalers are stored centrally:
- Inhalers are kept in an unlocked, clearly labelled container in the school office medical area
- Inhalers are easily accessible to staff and pupils at all times
- Each inhaler is clearly labelled with the pupil's name, class, and dosage instructions
- Pupils know exactly where their inhaler is stored and can access it immediately

If a child has severe asthma, they should carry their inhaler with them wherever they go.

During lessons and activities:
- For PE lessons, inhalers are taken to the PE area and kept in an accessible location
- For swimming, inhalers are taken poolside in a waterproof container
- For school trips, inhalers are carried by the trip leader in a clearly labelled bag
- For outdoor activities, inhalers are taken outside and kept with supervising staff

6.3 Procedures for Accessing Inhalers

If a pupil needs their inhaler:
1. The pupil should inform a member of staff immediately
2. If the pupil carries their own inhaler, they use it straight away
3. If the inhaler is stored in the office:
    - A responsible pupil is sent to the office to request immediate assistance
    - Office staff bring the inhaler to the pupil immediately
    - Alternatively, if safe and appropriate, the pupil may go to the office with a responsible peer
4. Staff stay with the pupil while they use their inhaler
5. The incident is recorded (see Section 9: Recording and Monitoring)

In an emergency:
- Staff should not delay in getting the inhaler
- If necessary, call 999 while simultaneously accessing the inhaler
- Use the emergency asthma kit if the pupil's own inhaler is not immediately available

7. Emergency Inhaler Provision

7.1 Emergency Inhaler Provision
The school holds an emergency asthma inhaler to use in emergencies.

7.2 Who Can Use the Emergency Inhaler
An emergency inhaler can be supplied to a pupil at our school who's known to suffer from asthma, where it's needed in an emergency.
Emergency inhalers should only be used by children who have written parental consent for the use of the emergency inhaler, and who have been:
- Diagnosed with asthma and prescribed a reliever inhaler, or
- Prescribed a reliever inhaler, with or without a diagnosis of asthma

7.3 Parental Consent
No child should be given any medicines without written parental consent.

We obtain parental consent by:

- Providing parents with a consent form when we're informed their child has asthma (see Appendix B)
- Parents are encouraged to give consent for their child to use the emergency inhaler if their own inhaler is not working
- Maintaining an asthma register that records which pupils have consent to use the emergency inhaler
- Updating consent annually when we review individual healthcare plans
- Specifying the use of the emergency inhaler in each pupil's Child Asthma Plan

7.4 Emergency Asthma Kit Contents

Our emergency asthma inhaler kit includes:

- A salbutamol metered dose inhaler - these are reusable as long as they are properly cleaned after use
- At least 2 plastic spacers compatible with the inhaler - these shouldn't be reused due to the risk of cross-infection
- Instructions on using the inhaler and spacer
- Instructions 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, as detailed in their individual healthcare plans
- A record of when the inhaler has been used

The emergency asthma kit is stored in the school office medical area in a clearly labelled container.

7.5 Maintenance of Emergency Asthma Kit

Our Lead First Aider is responsible for:

- Checking monthly that the inhaler and spacers are present, in working order, and are in date
- Getting replacement inhalers when the expiry date is approaching
- Replacing spacers when they have been used
- Making sure the plastic inhaler housing (that holds the canister) has been cleaned, dried, and returned after use

Monthly checks are recorded on the Emergency Asthma Checklist (see Appendix D) and stored with the kit.

8. Recognising and Responding to Asthma Attacks

Information is displayed in the school office in the cupboards within the medical area. Additional information is also included on the child's asthma plan, which parents are asked to complete.

8.1 Symptoms of Asthma

All staff are trained to recognise the symptoms of asthma, which may include:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

8.2 Signs of an Asthma Attack

An asthma attack may be indicated by:

- Persistent cough (when at rest)
- A wheezy chest
- Difficulty breathing
- Nasal flaring
- Unable to complete sentences in one breath
- Appearing distressed or anxious
- Blue tinge around lips (severe attack)
- Exhaustion

8.3 Emergency Response Procedure

All staff must follow these steps when a pupil has an asthma attack:

1. Keep calm and reassure the pupil

- Stay with the pupil
- Encourage them to sit upright and slightly forward (do not lie them down)
- Loosen tight clothing
- Reassure them in a calm manner

2. Get the pupil's inhaler immediately

- If they carry their own, help them use it
- If stored in the office, send for it immediately or use the emergency inhaler
- If the inhaler is not available within 1 minute, use the emergency inhaler

3. Help the pupil take their inhaler

- Usually 2 puffs of reliever inhaler (salbutamol)
- Use a spacer if available
- One puff at a time into the spacer
- The pupil breathes in and out gently through the spacer for about 5 breaths per puff

4. Wait 5-10 minutes

- Stay with the pupil
- If symptoms improve and the pupil feels better, they can return to normal activities
- Continue to monitor them

5. If there is no improvement after 5-10 minutes:

- Give another 2 puffs of reliever inhaler (as in step 3)

6. Call 999 if:

- The pupil's symptoms do not improve after taking their inhaler as above

- The pupil is too breathless or exhausted to talk
- The pupil's lips are blue
- You are in any doubt

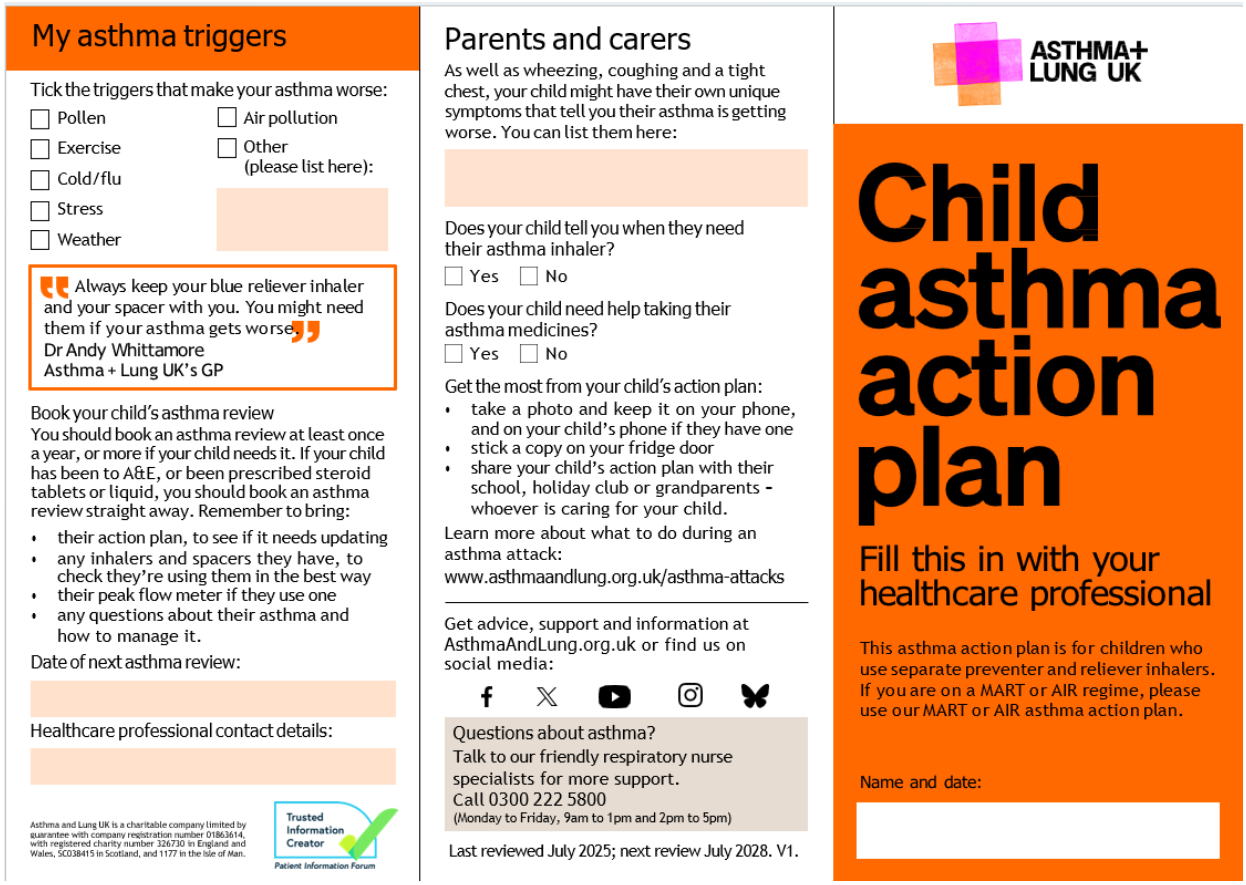
7. If an ambulance is called:

- Continue to give 2 puffs of reliever inhaler every 2 minutes until the ambulance arrives (up to 10 puffs)
- Contact parents/carers immediately
- Send a member of staff with the pupil in the ambulance if parents cannot arrive in time
- Send the pupil's inhaler and Child Asthma plan with them

8.4 After an Asthma Attack

- Inform parents/carers about the incident (even if mild)
- Send home a letter recording inhaler use
- Record the incident in the medical incident log
- Review the pupil's individual healthcare plan if necessary
- Consider whether additional support or adjustments are needed

Appendix A: Example Child Asthma Plan



My asthma triggers

Tick the triggers that make your asthma worse:

- ☐ Pollen
- ☐ Air pollution
- ☐ Exercise
- ☐ Other (please list here):
- ☐ Cold/flu
- ☐ Stress
- ☐ Weather

> Always keep your blue reliever inhaler and your spacer with you. You might need them if your asthma gets worse.
> Dr Andy Whittamore
> Asthma + Lung UK's GP

Book your child's asthma review

You should book an asthma review at least once a year, or more if your child needs it. If your child has been to A&E, or been prescribed steroid tablets or liquid, you should book an asthma review straight away. Remember to bring:

- their action plan, to see if it needs updating
- any inhalers and spacers they have, to check they're using them in the best way
- their peak flow meter if they use one
- any questions about their asthma and how to manage it.

Date of next asthma review:

Healthcare professional contact details:

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.

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Parents and carers

As well as wheezing, coughing and a tight chest, your child might have their own unique symptoms that tell you their asthma is getting worse. You can list them here:

Does your child tell you when they need their asthma inhaler?

☐ Yes ☐ No

Does your child need help taking their asthma medicines?

☐ Yes ☐ No

Get the most from your child's action plan:

- take a photo and keep it on your phone, and on your child's phone if they have one
- stick a copy on your fridge door
- share your child's action plan with their school, holiday club or grandparents - whoever is caring for your child.

Learn more about what to do during an asthma attack:
www.asthmaandlung.org.uk/asthma-attacks

Get advice, support and information at AsthmaAndLung.org.uk or find us on social media:

Questions about asthma?
Talk to our friendly respiratory nurse specialists for more support.
Call 0300 222 5800
(Monday to Friday, 9am to 1pm and 2pm to 5pm)

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ASTHMA+ LUNG UK

Child asthma action plan

Fill this in with your healthcare professional

This asthma action plan is for children who use separate preventer and reliever inhalers. If you are on a MART or AIR regime, please use our MART or AIR asthma action plan.

Name and date:

1 My daily asthma routine

I need to take my preventer inhaler every day.

My preventer inhaler is called:

and its colour is:

I take ___ puff(s) in the morning.

I take ___ puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

My reliever inhaler is called:

and its colour is:

IMPORTANT: If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

2 When I feel worse

My asthma is getting worse if I have any of these symptoms:

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my healthcare professional).

If my asthma gets worse, I will:

- take my preventer medicines as normal
- take ___ puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

URGENT! If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. See section 3.

Other things my healthcare professional says I need to do if my asthma is getting worse:

3 In an asthma attack

I'm having an asthma attack if I have any of these symptoms:

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

If I have an asthma attack, I will:

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

IMPORTANT: If you have a MART or AIR inhaler, please tell the responder when you call 999.

What to do after your child's asthma attack:

- If the asthma attack was managed at home, contact your GP surgery or call 111.
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.

Appendix B: Parental Consent Form