

Asthma Policy

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Next Review Date – March 2028

Policy Statement

This policy has been written with advice from Asthma + Lung UK and Department of Health and Social Care guidance on emergency salbutamol inhalers in schools in addition to advice from healthcare and education professionals.

This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

Indemnity

School staff are not required to administer asthma medication to pupils except in emergency. However many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils immediate access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness.

Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour. A child's own prescribed reliever inhaler should be used when it is immediately available. Some children may be prescribed a reliever that is not blue; staff should follow the child's prescribed treatment instructions.

Immediate access to reliever inhaler is vital. The inhaler should be kept wherever the child is at that time. During normal session time this will be in the unlocked, central first aid cabinet.

The school holds an emergency salbutamol inhaler and spacer(s). It may be used for a child who has been diagnosed with asthma and prescribed a reliever inhaler, or who has otherwise been prescribed a reliever inhaler, where written parental consent for use of the emergency inhaler has been given. Eligibility and consent will be recorded on the asthma register. The emergency inhaler is for use when the child's own inhaler is not available or cannot be used without delay. Use will be recorded and parents/carers informed. The emergency kit, including expiry dates, remaining doses and spacer availability, will be checked monthly.

Record Keeping

When a child with asthma joins the school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an 'Asthma Register' which is available for all school staff. This register will be

updated at least annually or more frequently if required using the information supplied by the parent/carer.

Where a child has an asthma action plan or Individual Healthcare Plan, a current copy should be available to staff and followed.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's labelled inhaler will be available.

School Visits

No child will be denied the opportunity to take part in school visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the visit, being carried by the supervising adult.

Group leaders will have appropriate contact numbers with them.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

- Inhalers will NEVER be locked away.
- All children with asthma will have rapid access to their inhalers as soon as they need them.
- Devices will always be taken with the child when moving out of school for activities or visits.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Colds/Viruses

When a child has a cold or viral infection their asthma symptoms may worsen. Any additional or altered use of reliever medication in nursery must follow the child's prescribed treatment instructions or current asthma action plan/Individual Healthcare Plan. The nursery will not set a generic additional dose or timetable for Ventolin/salbutamol.

Emergency Procedures

If a child is having an asthma attack and uses a blue salbutamol reliever inhaler:

- Help the child to sit up and keep calm. Do not let them lie down.
- Help them take one puff of their reliever inhaler every 30–60 seconds, up to a total of 10 puffs, using a spacer where available.
- If their own inhaler is unavailable, the nursery emergency salbutamol inhaler may be used if the child is eligible and written parental consent is recorded.
- Call 999 if the inhaler is not helping after 10 puffs, if the child is getting worse, or if you are worried at any time.
- If the ambulance has not arrived after 10 minutes and symptoms are not improving, repeat up to 10 puffs. If there is still no improvement and the ambulance has not arrived, contact 999 again.
- Inform parents/carers as soon as possible, without delaying emergency treatment.

If the child's prescribed emergency instructions differ, follow their current asthma action plan/Individual Healthcare Plan.

Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits and outings.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.
- Parents provide inhalers in the original box. NAME and DATED.
- Provide written consent if they wish their eligible child to use the nursery emergency salbutamol inhaler.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents/carers if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external visits/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, SENCO, etc. if a child is falling behind with their work because of asthma.
- Record any use of the nursery emergency salbutamol inhaler and inform the child's parent/carer.