

# Cedars Park Primary School



## Asthma Policy

Issue No	Author/Owner	Date Written/ reviewed	Comments	Next review date
01	Fiona Scarlett - SENDCo	January 2023	-	January 2024
02	Fiona Scarlett - SENDCo	January 2024	Review undertaken, some changes made.	January 2025
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**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 wall 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).

## **Aims**

At Cedars Park, we recognise that asthma is a widespread, serious, but controllable condition. As a school we welcome all pupils with asthma and aim to support these pupils in participating fully in school life. We endeavour to do this by ensuring we have;

- An up to date asthma register
- An up to date asthma policy
- An asthma lead
- All pupils have immediate access to a reliever inhaler at all times
- All pupils have an up to date asthma action plan
- An emergency salbutamol inhaler, held in the school office
- Ensure all staff have regular asthma training

## **Asthma Register**

At Cedars Park Primary School, we have an Asthma Register of children within our school who have asthma, which we update at least once a year. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic we ensure that the pupil has been added to the Asthma Register and has;

- An up to date copy of their personal Asthma Action Plan, provided by the child's health care professional (Appendix One)
- An in date reliever (salbutamol/terbutaline) inhaler and spacer, if appropriate, in school
- Permission from the parents/carers to use an emergency salbutamol inhaler if they require it and their inhaler is broken, out of date, empty, lost or inaccessible

## **Asthma Lead**

The Asthma Lead at Cedars Park Primary School is Fiona Scarlett, SENDCo. It is the responsibility of the Asthma Lead to manage the asthma register, update the asthma policy,

manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, mark 2015) ensure measures are in place so that children have immediate access to their inhalers.

## **Medication and Inhalers**

All children within our school 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 children to breath (source: Asthma UK).

Some children will also have a Preventer inhaler, which is usually taken morning and night, as prescribed by a health care professional. 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 a health care professional 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.

At Cedars Park Primary School children's reliever inhalers are kept in purple draw string bags, these are kept by the classroom doors. 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 themselves however, many of our staff are happy to do this. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. It is the responsibility of the class teacher, or cover teacher to ensure the children's inhalers move around the school with them, for example assemblies or PE lessons.

## **Asthma Action Plans**

Asthma UK evidence shows that if someone 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 distress for a family. Therefore, we believe that all children with asthma should have a personal Asthma Action Plan within school to help effectively manage their asthma at school. An Asthma Action Plan should be provided by your child's health care professional. When informing the school that your child has Asthma you will be asked to supply a copy of their Asthma Action Plan along with the 'Asthma Medication' form (appendix two). The school will ask for an up to date plan at the start of each academic year and when there are changes to your child's care needs.

These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We also send home our own information and consent form for every child with asthma each year. It is the parent/ carer's responsibility to inform the school in writing if there is a change to the child's asthma needs. Parents/ Carers also have the responsibility to provide the school with an in date inhaler at all times.

## **Staff Training**

Staff will receive regular training on Asthma and how to administer an inhaler. The Asthma Lead will ensure that all staff receive the necessary training.

## **School Environment**

The school does all that it can to ensure that the school is an environment that is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as a part of their asthma plans and the school will ensure that pupils will not come into contact with their triggers, or where possible. We are aware that triggers can include;

- Colds and infection
- Dust
- House mites
- 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 off the school site, a risk assessment will be performed by a member of school 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 cover teachers who are covering a class will also be told which children within the class have asthma.

Pupils with asthma are encouraged to participate fully in all activities. Teachers of PE 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.

## **When asthma is affecting a pupil's education**

The school is aware that the aim of asthma medication is to allow people with asthma to live a normal life therefore, we recognise that if asthma is impacting on the life of a pupil, and they are unable to partake in activities, tire during the school day, or fall behind in lessons we will discuss this with the pupils parent/carer, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may be that the pupil needs an asthma review, to revise inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, Cedars Park Primary School recognises that pupils with asthma could be classed as having a 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' (March, 2015) which gives school guidance on the use of emergency salbutamol inhalers in school (March, 2015).

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have an emergency kit which is kept at the school's office and one kept in the staff room. The kit contains;

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions of cleaning, disposal and storing the inhaler and spacers
- Manufacturer's information
- A record of administration sheet

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have adverse side effects. The side effects 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 beating faster.

The schools Asthma Lead and team will ensure that;

- The emergency salbutamol inhaler and spacer are present and in good working order and the inhaler has a sufficient number of doses available.

- Replacement inhalers are obtained when expiry date approaches.
- 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.

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has \_\_\_\_\_ puffs, so when it gets to \_\_\_\_\_ puffs having been used it will be replaced.

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 following the manufacturer's instructions.

The emergency salbutamol inhaler will only be used by children;

- Who have been diagnosed with asthma and prescribed a reliever inhaler or who have been prescribed a reliever inhaler and have written parental consent for the use of the emergency inhaler to be given
- In the event of an emergency, where health care professionals have advised this to be the necessary course of action e.g. school have dialled 999 and the paramedics have told the school to follow this course of action.
- If a child's own inhaler is not available or faulty and written consent has been given by parents to use the emergency inhaler.

The name(s) of these children will be clearly written in our emergency kit. The parents/carers will always be informed in writing if their child has used the emergency inhaler (appendix three).

## **Asthma Attacks**

Cedars Park Primary School understands that if a child's personal Asthma Action Plan is being followed then 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 have received an asthma update annually, and as part of their training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

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
- They may try to tell you their chest 'feels tight' (younger children may express this as a tummy ache)

If a child is showing these symptoms we will follow the guidance on the child's personalised Asthma Action Plan. All staff who come into contact with children with asthma know what to do in the event of an attack. The school follows the following procedure, in conjunction with the child's personalised Asthma Action Plan.

1. Ensure that the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Help the child to breathe by ensuring tight clothing is loosened.
4. After the attack; minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
5. The staff member will complete the administration of medication form and a asthma slip will be sent home informing the parent/carer that their child used their inhaler in school (appendix four)
6. If a child does not improve after following their personalised Asthma Action Plan then a first aider will be called along with the emergency services.
7. The emergency procedure will be followed on the child's personalised Asthma Action Plan and a parent/carer will be contacted.

## **Liability and Indemnity**

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## **Complaints**

Parents with a complaint about their child's asthma care plan should discuss these directly with Fiona Scarlett (SENDCo) in the first instance. If the SENDCo cannot resolve the matter, they will direct parents to the school's complaints procedure.

## Appendix One: Personalised Asthma Action Plan

### My asthma triggers

Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

People with allergies need to be extra careful as attacks can be more severe.

### My asthma review

I should have at least one routine asthma review every year. I will bring:

- My action plan to see if it needs updating.
- Any inhalers and spacers I have, to check I'm using them correctly and in the best way.
- Any questions about my asthma and how to cope with it.

Next asthma review date:

### GP/asthma nurse contact

Name:

Phone number:

### Out-of-hours contact number

(ask your GP surgery who to call when they are closed)

Name:

Phone number:

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### Every day asthma care:

#### My asthma is being managed well:

- With this daily routine I should expect/aim to have no symptoms.
- If I've not had any symptoms or needed my reliever inhaler for at least 12 weeks, I can ask my GP or asthma nurse to review my medicines in case they can reduce the dose.
- My personal best peak flow is:

#### My daily asthma routine:

My **preventer** inhaler (insert name/colour):

I need to take my **preventer** inhaler every day even when I feel well

I take  puff(s) in the morning and  puff(s) at night.

My **reliever** inhaler (insert name/colour):

I take my **reliever** inhaler only if I need to

I take  puff(s) of my reliever inhaler if any of these things happen:

- ★ I'm wheezing
- ★ My chest feels tight
- ★ I'm finding it hard to breathe
- ★ I'm coughing

Other medicines and devices (eg spacers) I use for my asthma every day:

## How to use it

Your written asthma action plan can help you stay on top of your asthma.

To get the most from it, you could...

- 1 **Put it somewhere easy for you and your family to find** – like your fridge door, noticeboard, or bedside table.
- 2 **Keep a photo of it on your mobile phone or tablet** – so you can check it wherever you are. You can also send it to a family member or friend, so they know what to do if your asthma symptoms get worse.
- 3 **Check in with it regularly** – put a note on your calendar, or a monthly reminder on your phone to read it through. Are you remembering to use your day-to-day asthma medicines? Do you know what to do if your symptoms get worse?
- 4 **Take it to every healthcare appointment about your asthma** – including A&E/consultant. Ask your GP or asthma nurse to update it if their advice for you changes.

### Get more advice & support from Asthma UK:

- Speak to a specialist asthma nurse about managing your asthma on: **0300 222 5800**
- Message our expert asthma nurses on Whatsapp on: **07378 606728**
- Get news, advice and download information packs at: **www.asthma.org.uk**
- Follow us on Facebook for news and tips about your asthma: **www.facebook.com/asthmauk**

The step-by-step guide that helps you stay on top of your asthma

## Your asthma action plan

Fill this in with your GP or nurse



Name and date:



Any asthma questions? Call our friendly helpline nurses

**0300 222 5800**

Monday-Friday, 9am-5pm



### When I feel worse:

#### My asthma is getting worse if I'm experiencing any of these:

- My symptoms are coming back (wheeze, tightness in my chest, feeling breathless, cough).
- I am waking up at night.
- My symptoms are interfering with my usual day-to-day activities (eg at work, exercising).
- I am using my reliever inhaler three times a week or more.
- My peak flow drops to below:

**URGENT!** If you need your reliever inhaler more than every four hours, you're having an asthma attack and you need to take emergency action now.

#### What I can do to get on top of my asthma now:

If I haven't been using my preventer inhaler, I'll start using it regularly again or if I have been using it...

Increase my preventer inhaler dose to  puffs  times a day until my symptoms have gone and my peak flow is back to my personal best.

Take my reliever inhaler as needed (up to  puffs every four hours).

I carry my reliever inhaler with me when I'm out.

I carry my reliever inhaler with me when I'm out.

**URGENT!** See a doctor or nurse within 24 hours if you get worse at any time or you haven't improved after seven days.

Other advice from my GP about what to do if my asthma is worse (eg SMART/MART or rescue steroid tablets):



### In an asthma attack:

#### I'm having an asthma attack if I'm experiencing any of these:

- My reliever inhaler is not helping or I need it more than every four hours.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot or I have a very tight chest or I'm coughing a lot.
- My peak flow is below:

#### What to do in an asthma attack

- 1 **Sit up straight** – try to keep calm.
- 2 **Take one puff of your reliever inhaler (usually blue)** every 30 - 60 seconds, up to a maximum of 10 puffs.
- 3 **If you feel worse** at any point OR you don't feel better after 10 puffs call 999 for an ambulance.
- 4 **Repeat step 2 after 15 minutes** while you're waiting for an ambulance.

#### After an asthma attack:

See your GP within 48 hours to make sure you're not at risk of another attack. If you get worse see them urgently. Finish any medicines they prescribe you, even if you start to feel better. If you don't improve after treatment, see your GP urgently.

What to do in an asthma attack if I'm on SMART/MART:

## Appendix Two: Asthma Medication

### Asthma Medication

<b>Child's Name:</b>		<b>Date of Birth:</b>	
<b>Class:</b>		<b>Year Group:</b>	

<b>Medical Condition:</b>	
<b>Name/ Type of reliever inhaler:</b> (name & colour)	

<b>Dosage and Method:</b> (How many puffs? Does your child use a spacer?)	
<b>Timing:</b> (Please list the symptoms your child will exhibit if they require their reliever inhaler.)	E.g. wheezing, tightening of chest, continues coughing, finding it hard to breath
<b>Side Effects:</b>	
<b>Procedure to take in an emergency:</b> (Please describe what an asthma attack looks like for your child and what action should be taken.)	

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of my child.

I understand that I must immediately notify the school in writing, if there are any changes to the information provided on this form.

I have attached an Asthma Care Plan for my child from their GP or Asthma Nurse.

In the event of my child displaying symptoms of asthma, and if their inhaler and spare inhaler are not available or are unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

I have provided the school with the above medication in its original packaging. Please note that it is the parent or carers responsibility to ensure this is within date.

When does your child's inhaler expire? \_\_/\_\_/\_\_

I, the parent/ carer of the above child, request and give permission for the Head teacher, or person acting on his/her authority, to administer the above medication in emergency circumstances and in accordance with the directions given. I understand that neither the Headteacher, nor John Milton Academy Trust, will be liable for any illness or injury to the child arising from the administering of the medicine or drug unless caused by negligence of the Headteacher, their person acting on his/her authority, the Governing Body or John Milton Academy Trust, as the case may be.

<b>Form completed by:</b>	
<b>Relationship to child:</b>	
<b>Date:</b>	

Appendix 3: Emergency Inhaler notification slip

<b>Childs name:</b>			
<b>Class:</b>		<b>Year Group:</b>	

Dear Parent or Carer,

↓ This letter is to formally notify you that..... has had problems with their breathing today. This happened when.....

They did not have their own asthma inhaler with them/ their own inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.



Appendix Four: Notification of child own inhaler

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Today your child has had problems  
with their breathing/asthma today.

They received \_\_\_ puffs at \_\_\_ today.

