



## Asthma Policy

**Date reviewed and approved by Governing Body:** December 2021

**Review period:** Every 3 years or earlier if required by Head Teacher

**Next review due:** November 2024

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### Contents

1.	Statement of Intent:	1
2.	Aim:	2
3.	Definitions:	2
4.	Procedures for Allergy Management:	2
5.	Responsibilities for Allergy Management:	4
6.	In the event of a child suffering an allergic reaction:	5
7.	Monitoring arrangements	5
8.	Equality Review	5
9.	Links with other policies	5

### 1. Introduction

- 1.1. As a school, we recognise that asthma is a widespread, serious, but controllable condition. Little Paxton school welcomes all pupils with asthma and aims to support these children in participating fully in school life.
- 1.2. We endeavour to do this by ensuring we have:
  - An asthma register
  - Up-to-date asthma policy
  - Our Office Managers are our Asthma leads.
  - All pupils have immediate access to their reliever inhaler at all times (kept in a medical box in classrooms)
  - All pupils have an up-to-date asthma action plan (kept in class medical box and office)
  - An emergency salbutamol inhaler (kept in the school office)
  - Ensure all staff have regular asthma training

*Together, we grow deep roots in learning and strong wings to soar.*

## 2. Asthma Register

We have an asthma register of pupils, which the Asthma lead will update annually. 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 or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- An up-to-date copy of their asthma action plan (in school office and in class medical box)
- Their reliever (salbutamol/terbutaline) inhaler in school
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

## 3. Asthma Lead

Our Office Managers maintain the asthma register, update the asthma policy with the School Business Manager, manage the emergency salbutamol inhalers (please refer to the [Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015](#)) and ensures measures are in place so that children have immediate access to their inhalers.

## 4. Medication and Inhalers

Parents are responsible for providing inhalers, which are in date and labelled with a prescription label. All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. All inhalers are stored in the child's classroom in a medical box. School staff are not required to administer medication to children except in an emergency, however, many younger children may need help when using their inhalers. All school staff will let children take their medication when they need to and will record this. School staff will check the expiry dates of the inhalers in school termly and seek replacements where the inhaler has expired.

## 5. School Environment

We do all we can to ensure that the school environment is favourable to children with asthma. If the children have to vacate the school due to a fire alarm, it is the responsibility of the class teacher to ensure that the inhalers are taken to the meeting point. Class teachers will also include asthma on their risk assessment for trips and are again responsible for taking the inhalers held in the class medical boxes.

## 6. Exercise and activity

Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma. If a child needs to use their inhaler during the lesson, they will be able to do so.

## 7. Emergency Salbutamol Inhaler in school

- 7.1. As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015).
- 7.2. We have an emergency kit which is kept in the school office. The kit contains:

- ✓ A salbutamol metered dose inhaler
- ✓ Two spacers compatible with the inhaler
- ✓ Instructions on using the inhaler and spacer
- ✓ Instruction on cleaning and storing the inhaler
- ✓ Manufacturer's information
- ✓ 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

- 7.3. 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 and 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.
- 7.4. The emergency salbutamol inhaler will only be used by children who have been diagnosed with asthma, prescribed a reliever and for whom written parental consent for use of the emergency inhaler has been given.
- 7.5. The name(s) of these children will be clearly recorded on our Asthma Register. 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.

## **8. In the event of an asthma attack, we will:**

- 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, 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 we 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 we are worried at ANYTIME before they have reached 10 puffs, we will contact parents/carers and call 999 if needed.
- 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

## 9. Managing an asthma attack

### 9.1. Symptoms

- 9.1.1. Cough - A dry persistent cough may be a sign of an asthma attack.
- 9.1.2. Chest tightness or pain - This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache.
- 9.1.3. Shortness of breath - A child may say that it feels like it is difficult to breathe, or that their breath has 'gone away'.
- 9.1.4. Wheeze - A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.
- 9.1.5. Increased effort of breathing - This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.
- 9.1.6. Difficulty in speaking - The child may not be able to speak in full sentences.
- 9.1.7. Struggling to breathe - The child may be gasping for air or exhausted from the effort of breathing.

9.2. Not all symptoms listed have to be present for this to be an asthma attack

9.3. Symptoms can get worse very quickly

9.4. If in doubt, we will give emergency treatment

9.5. Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

### 9.6. In an extreme emergency an ambulance will be called if the child

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

9.7. If the parent has not arrived by the time an ambulance arrives, a member of staff will accompany the child to hospital.

## 10. Monitoring arrangements

10.1. This policy will be reviewed every **3 years** and shared with the full governing body.

## 11. Equality Review

11.1. Under the Equality Act 2010 we have a duty not to discriminate against people on the basis of their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

- 11.2. This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

## **12. Links with other policies**

- 12.1. Medical Conditions in School
- 12.2. First Aid and Administering Medication in School