St John Fisher Catholic College Asthma Policy

For children and adults

Headteacher: Mr G Murray

Asthma Lead: Ms J Rogers

Asthma Champion: Mrs L Stevenson

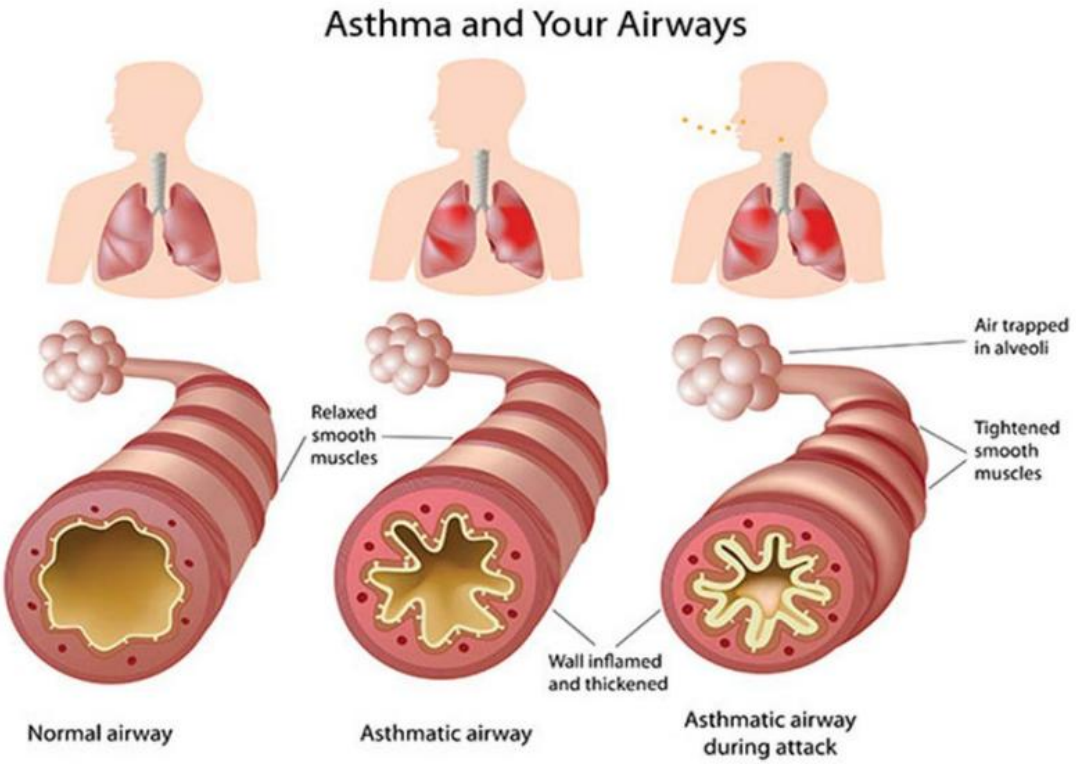
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Policy Review Due Date: July 2027

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.



At St John Fisher catholic College we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Ms Jen Rogers, DHT

As a school, we recognise that asthma is a common, controllable condition that can be serious if the person has poorly controlled asthma and/or is having an asthma attack. This school welcomes all people with asthma and aims to support these children and adults in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- an up-to-date asthma policy
- an asthma champion
- all pupils and adults with immediate access to their rescue inhaler at all times
- all pupils with an up-to-date asthma care plan
- emergency salbutamol inhaler kits available
- ensured all staff have regular asthma training
- promoted asthma awareness to pupils, parents and staff

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the statutory guidance on supporting pupils with medical conditions at school from the Department for Education (DfE).

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have an asthma care plan completed by the child's parent/ carer. These plans inform us of the day-to-day triggers and symptoms of each child's asthma and how to respond to them individually. We will send home our policy / information and a link for a form for every child with asthma each school year. These need to be completed immediately.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Wheeze (a 'whistle' usually heard on breathing out)
- Shortness of breath
- Tight chest
- Dry cough

These symptoms are usually responsive to the use of the child's rescue (usually blue) inhaler and rest (e.g., stopping exercise). As per the Department of Health document (link below), if the child uses the low dose rescue (usually blue) inhaler and responds, they would not usually be required to be sent home from school or to need urgent medical attention.

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

Asthma Register

We have an asthma register of children within the school, which we update each term. We do this by asking parents/carers if their child is diagnosed as having asthma **or** has been prescribed a rescue (usually blue) inhaler by a healthcare professional. All Children and Young People (CYP) prescribed a rescue inhaler within the last 12 months but without a formal diagnosis will be included on the register; so that the emergency inhaler and spacer can be made available to them with the consent of their parents/guardian. Employees of the school are encouraged to be included on this register.

When parents/carers have confirmed that their child has asthma **or** has been prescribed a rescue inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their asthma care plan completed by a parent/carer
- their in-date rescue inhaler in school clearly labelled with their name and an age and ability appropriate spacer.
- permission from the parents/carers to use the emergency salbutamol rescue inhaler and spacer if they require it, and their own inhaler is broken, out of date, empty or has been lost.

This register will be kept in the school office, and on the staff Team area of the computer system. It is available to all staff members including sports and after school club staff. Staff register is kept separately and is available to first aiders.
It is the responsibility of the asthma lead to ensure that these systems are fit for purpose and are regularly reviewed. The asthma lead will work collaboratively with the asthma champion to ensure that this occurs.

Storage
The school will store all in date, labelled medication in the main office. All medication will be stored in individual labelled containers and will be in their original containers and packaging. All asthma medication is accessible to all in the main office and is never locked. When no longer needed all medication is to be collected by parents and carers.

Asthma Lead/Champion

This school has an asthma lead and an asthma champion. The asthma lead holds ultimate responsibility for the management of asthma in school and ensures continuity of the Asthma Friendly Schools Programme. It is the responsibility of the asthma champion to manage the asthma register, personal care plans, update the asthma policy, manage the salbutamol inhalers as per the Department of Health Guidance on the use of emergency salbutamol inhalers in schools (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf) and to ensure measures are in place so that pupils have immediate access to their inhalers. The asthma champion also ensures that the school maintains its accreditation of the Asthma Friendly Schools programme.

The role of the asthma champion will also include ensuring that all school staff have received regular (annual) training on the management of asthma symptoms this may include delivery by the local NHS School Nursing Team as well as National College training and annual medical inset update. The Asthma champion will also work with the Asthma Lead and staff to ensure that appropriate measures are taken to support learners with asthma and other medical conditions, whilst on a school trip, including residential trips.

Medication and Inhalers

All learners with asthma can carry their inhalers to give them immediate access to their rescue (usually blue) inhaler at all times. The rescue inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. Their spare inhalers are kept in the main office where emergency inhalers are also kept.

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 typically should not bring their preventer inhaler to school 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 both inhalers (and other prescribed asthma medication) with them so they can continue taking their inhalers as prescribed. Where a pupil does not have the correct medication then they will not be permitted to attend the trip.**

Whilst we recognise that children may need supervision and support in taking their inhaler, 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 by themselves and 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. If we have any concerns over a child's ability to use their inhaler, we will advise parents/carers to arrange a review with their GP/nurse. All school residential trips have a school first aider present who can support with this if necessary.

Asthma Care Plans

Asthma UK evidence shows that if someone with asthma uses a personal asthma care 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 care plan to ensure asthma is managed effectively

within school to prevent hospital admissions. All asthma care plans are updated annually or upon any changes to the child's condition as advised by parents/carers. Asthma Care plans are part of a child's Individual Health Care Plans (IHP) and it is important to note that children can have multiple medical conditions such as having an allergy care plan alongside an asthma care plan.
IHP's must set out conditions that the child experiences, what needs to be done, when and by whom. Plans are to be drawn up in partnership with the child, the parents, the school and with relevant health care professionals. The level of detail on a child's IHP can differ depending on need.

Count it Out

As part of our commitment to Asthma friendly schools status, we require a brand new reliever inhaler that has not been used for each pupil. This will enable us to effectively apply "Count it out". This allows us to accurately assess the medicine content left in the inhaler and contact parents when another is needed.

Staff training

The school have committed to ensuring that all staff will receive asthma training, including office staff, lunchtime supervisors and classroom support staff. This training may be provided by the Local NHS School Nursing Team as well as National College and annual Inset.

It is the role of the asthma champion to maintain a record of all staff who have completed asthma training and to schedule refresher training for all staff when it becomes due for renewal (annually).

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 / no vaping policy. Pupil's asthma triggers will be recorded as part of their asthma care plans and the school will ensure that pupil's will not come into contact, where possible, with their triggers.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite sensitivity
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing, crying
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols, perfume
- Food allergies
- Fumes and cigarette/vape smoke
- Outdoor/traffic air pollution

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, where possible, these triggers are avoided.

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 rescue inhaler via a spacer before the lesson if this is part of their asthma care plan, and to thoroughly warm up and cool down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them. 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 lessons.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's rescue inhaler must be readily available to them throughout the trip, being carried by the child.

For residential visits, staff will be trained in the use of all the CYP regular treatments, as well as emergency management. **It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided which is clearly labelled with the prescribed instruction.** Group leaders will have appropriate contact numbers and a copy of each personal asthma care plan. A school spare rescue inhaler will be taken on the trip. **Every reasonable step will be taken to enable participation, but a learner may ultimately be unable to attend if the medication necessary to keep them safe cannot be provided and the risk cannot otherwise be safely managed.**

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 asthma is impacting on their life, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, and with consent the school nurse who may 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 care plan, to improve their

symptoms. However, the 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) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf) which gives guidance on the use of emergency salbutamol inhalers in schools. The emergency inhalers held by a school are considered back-up devices and **are not replacements** for a child or young person's own medication as prescribed by their GP.
All staff are aware that we have emergency asthma kits, which are kept in the medical room so that they are easy to access in the event of an emergency.

Each kit contains:

- A salbutamol metered dose inhaler with manufacturers information
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction on cleaning and storing the inhaler
- A checklist of kit contents, inhalers to be identified by their batch number and expiry date, with half termly checks recorded
- Process for emergency/acute asthma attack
- Count it out document
- Asthma Champion name and contact details

It is compulsory to take an Emergency Kit on a residential, sports trip when a known asthmatic is present.

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.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a rescue inhaler, and for whom written parental consent has been given. The school's asthma champion and team will ensure that:

- On a half termly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- Replacement inhalers are requested to parents if expiry is within 2 months
- The plastic inhaler housing (which holds the canister) and spacer has been washed in warm soapy water, air dried and returned to storage following use.
- 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

- A record of how many doses have been delivered has been made on the 'Count It Out' table as the inhaler only contains 200 metered doses of medication and will continue to spray propellant after that (Appendix 5)
- All emergency asthma kits are accessible to staff at all times.

The inhaler and spacer cannot be reused without thorough cleaning. Following use, the inhaler canister will be removed, and the plastic inhaler housing, will be washed in warm running water and left to dry in air in a clean safe place. The spacer should be given to the learner / disposed of appropriately and replaced in the emergency kit. The inhaler canister will be returned to the housing when dry and the cap replaced.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a rescue inhaler

OR

- who have been prescribed a rescue inhaler

AND

- **<u>For whom written parental consent for use of the emergency inhaler has been given</u>**

The name(s) of these children are on our asthma register.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support learners 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, emergency guidance will be displayed in the staff room.

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 recorded below. 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 lips
*is going blue
*has collapsed

In the event of an asthma attack we will:

a. Keep calm and reassure the child
b. Encourage the child to sit up and slightly forward, loosen any tight clothing
c. Follow Individual Health Care Plans

If using a Pressurised Metered Dose Inhaler (pMDI):

1. Always use the child's inhaler with a spacer if possible
2. Shake the rescue inhaler and insert the inhaler mouthpiece into the hole in the end of the spacer device
3. Put the mouthpiece of the spacer into the child's mouth and ask them to close their lips around to ensure a good seal or if using a mask place the mask securely over the nose and mouth (spacer with mask is only usually used for a child under 4 years)
4. Press the inhaler canister down to release 1 puff of medicine into the spacer and ask the child to breath in and out of the spacer 5 times
5. Remove from the child's mouth/face, wait 30-60 seconds then repeat from step 4 onwards and give another puff (total of 2 puffs now given)
6. If there is no improvement after 5 -10 minutes, give a further 2 puffs following steps 4-5 (total of 4 puffs now given)
7. If no improvement after 5-10 minutes give a further 2 puffs following steps 4-6 (total of 6 puffs now given)
8. Up to 10 puffs of a child's reliever inhaler can be administered although this can vary so follow personal plan.
9. Stay calm and reassure the child. If the child has responded allow to sit for 15-20 minutes while we observe them. The child can return to normal activities when they feel better
10. If the child does not feel better or we are worried at **ANYTIME** call **999 FOR AN AMBULANCE**
11. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way and call **999 FOR AN AMBULANCE** again

Personal Asthma Care Plan (to be completed by parent / carer)
Date:

Name:……..

Date of birth:……

Allergies:……

Emergency contact:……..

Emergency contact number:……..

Doctor's name & phone number:……

Year:……

What are the symptoms or signs that your child may be having an asthma attack?

Are there any key words / visual signals that your child may use to express their asthma symptoms?

What is the name of your child's reliever medicine?

Does your child need help using their inhaler/spacer? (please circle) Yes No

What are your child's known asthma triggers?

When does your child need to take their reliever medicine? What is the dosage that has been prescribed?

I give my consent for school staff to administer/assist my child with their own reliever inhaler and spacer as required. Their inhaler and spacer are clearly labelled and in date.

Signed:…….. Date:……

Print Name:…….. Relationship to child:……..

NOTE: To ensure good asthma care your child should have an annual asthma review with their GP or Practice Nurse. If your child has not had a review in the last 12 months, please contact your GP practice to make an appointment. This is parental responsibility.

PARENT/CARER CONSENT FORM

USE OF EMERGENCY SALBUTAMOL INHALER

1. I can confirm that my child has been diagnosed with asthma/has been prescribed a salbutamol inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which will be left at school
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Child's Name:……

Year:……

Signed:…… Date:……..

Name (print):……

Relationship to child:……..

Parent's contact details:

Telephone:…….

Email:……