



Asthma Policy

All changes from the previous version are highlighted in green.



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1. Legal Requirements

This policy has been written with due regard to the following guidance and legislation:

- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE) September 2014
- Guidance on the use of emergency salbutamol inhalers in schools, Department for Health, March 2015
- 0-25 SEND Code of Practice 2015
- Children and Families Act 2014 (Section 100)
- Equality Act 2010
- Schools Admissions Code DfE 1 Feb 2010
- Mental Health and behaviour in schools: departmental advice for school staff DfE June 2014
- The Data Protection Act 2018
- Ensuring a good education for children who cannot attend school because of health needs; DfE 2013
- Working Together to Safeguard Children (2023)
- The Special Educational Needs and Disability Regulations (2014)
- Misuse of Drugs Regulations 2001

2. Links to other school policies

- Accessibility Plan
- Children with health needs who cannot attend school Policy
- Attendance Policy
- Child Protection and Safeguarding Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Equality Policy
- Mental health and Well-being Policy
- First Aid Policy
- Supporting Pupils with Medical Conditions Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Equality Information and Objectives Policy

3. Introduction

Keystone Academy Trust recognises that asthma is a widespread, serious but controllable condition and our schools welcome all children with asthma. We ensure that children with asthma can and do fully participate in all aspects of school life, including PE, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

- Ensuring that children have access to their inhalers as and when required.
- Keeping a record of all children with asthma and the medicines they take.
- Creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to children with asthma.
- Helping all children to understand asthma as a medical condition.
- Making sure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.
- Working in partnership with all interested parties including the school's governing body, all school staff, parents/carers, the local authority, health care professionals and children to ensure the policy is planned, implemented and maintained successfully.

4. Implementation

The overall responsibility for the implementation of this policy at Luton St Nicholas Academy is given to Amy Arnold, SENCo. They will also be responsible for ensuring that sufficient staff are suitably trained. Jake Perrin, Head Teacher will ensure that cover arrangements are in place, in cases of staff absences or staff turnover, to ensure that someone is always available and on-site with an appropriate level of training.

5. Including pupils with asthma in school life

School environment

Keystone Academy Trust does all that it can to ensure that each school's environment is favourable to children with asthma. As far as possible, we do not use chemicals in lessons that are potential triggers for children with asthma.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma and receive regular up-to-date class medical information. Children with asthma are encouraged to participate fully in PE. Children whose asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a child needs to use their inhaler during a lesson, they will be encouraged to do so and they get older, we encourage them to become more self-aware and independent in the management of their inhaler.

Offsite sport, swimming and educational visits

All inhalers must accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school etc. These are returned to the class medical caddy once back on school grounds.

6. Procedure to be followed when notification is received that a pupil has asthma

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. Parents/carers of children with asthma will then be sent a **School Asthma Card (Appendix 1) for them to complete, which is in line with advice from the Asthma + Lung UK national charity.** Parents/carers will be asked to return the asthma card to the school.

From this information, the school keeps **an** asthma register, which is available to all school staff in the SEND/ Medical file located in the school office. **Please see Appendix F in the Supporting Pupils with Medical Conditions Policy.**

Asthma Cards will then be sent to parents/carers of children with asthma on an annual basis to update. Parents/carers will also be asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

In most cases, in line with advice from Asthma + Lung UK, a school asthma card will provide enough information to effectively meet the child's needs. However, where a child has asthma which significantly impacts upon their day-to-day life, and is prone to asthma attacks, an individual health care plan may need to be written in line with Appendix A of our 'Supporting Pupils with Medical Conditions Policy'. An individual health care plan could be essential if there is a high risk that emergency intervention will be needed.

7. Asthma Medicines

Immediate access to reliever medicines is essential. Pupil inhalers are labelled and kept in class medical caddy – these are carried out to the playground in the event of a fire. **The child's school asthma card should be kept with the inhaler, so that it is clear how much medication is required.** School staff are not required to administer asthma medicines to children (except in an emergency). Children are encouraged to take their own inhaler when they require it. This is usually supervised by a member of staff. The asthma register clearly states which children are asthmatic and if parental permission has been given to use the school's emergency inhaler. The emergency inhaler (see section below) can be used if the child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhaler is kept in the main school office. In the event of an attack, an inhaler must be taken to the child.

8. Staff Training

Designated members of staff should be trained in:

- Recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)

- Responding appropriately to a request for help from another member of staff
- Recognising when emergency action is necessary
- Administering salbutamol inhalers through a spacer
- Making appropriate records of asthma attacks

Training is provided through Paediatric First Aid training, kept up to date every three years.

9. Guidance on the use of emergency salbutamol inhalers in schools

Overview

In March 2015, the Department of Health published 'Guidance on the use of emergency salbutamol inhalers in schools'. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 allowed schools to keep a salbutamol inhaler for use in emergencies. The guidance is non-statutory and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy.

Benefits of keeping an emergency salbutamol inhaler

Keeping an inhaler for emergency use could have the following benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save a life
- Parents are likely to have greater peace of mind about sending their child to school
- Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Children who can use an emergency salbutamol inhaler

- Children for whom written parental consent has been provided to use the emergency salbutamol inhaler
- Children who have been diagnosed with asthma and prescribed a reliever inhaler
- Children who have been prescribed a reliever inhaler

Parental consent to use the emergency salbutamol inhaler

Parental consent is provided through the Asthma + Lung UK school asthma card. The school asthma card is updated annually, in most cases at the beginning of each academic year. It will also be updated regularly if the school is notified that there are changes to a child's condition or medication.

The register of medical needs (Appendix F of the Supporting Pupils with Medical Conditions Policy) should identify if parental permission has been given for their child to use the emergency salbutamol inhaler.

10. Use of an Emergency Inhaler

Purchasing a school emergency inhaler

A generic inhaler which has not been prescribed for a named individual, must be purchased from a pharmacy. When doing so, the person representing the school must present a letter on school headed paper, which has been signed by the headteacher and sets out the reason for the purchase. Please see Appendix 2 for a template letter which can be adapted and copied onto school headed paper.

What should an emergency salbutamol inhaler kit include?

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer/plastic chamber
- 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 (see below)
- A list of children permitted to use an emergency inhaler
- A record of administration (i.e. when the inhaler has been used)

Storage and care of the emergency inhaler

The staff member responsible for the storage and care of the emergency salbutamol inhaler is Jake Perrin, Headteacher. They will ensure:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- That replacement inhalers are obtained when expiry dates approach
- 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
- The emergency inhalers and spacers are labelled and kept in the school office
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

The emergency salbutamol inhaler is stored in the main school office.

When should an emergency salbutamol inhaler be used?

The inhaler can be used if a child's prescribed inhaler is not available (for example, because it is broken, or empty) or in an emergency.

What are the side effects of a salbutamol inhaler?

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.

Recording use of the emergency inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the asthma attack took place, how much medication was given, and by whom. Staff should use Appendix 3 – Letter to inform parents of emergency salbutamol inhaler use.

11. Daily Care Requirements

Common 'day to day' symptoms of asthma

- Coughing and wheezing (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to the use of the child's own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

How to recognise an asthma attack

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)

However, a child may not display all of these signs and symptoms at once, for example a child may only display one of these symptoms e.g. a persistent cough.

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

What to do in the event of an asthma attack

- 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
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

The child's parents or carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Please see Appendix 4 for an 'Asthma Attack Poster' taken from the Asthma + Lung UK website, which can be displayed in school.

12. Complaints

Should parents/carers be unhappy with any aspect of their child's care, then they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of Amy Arnold, SENCo or a member of the senior leadership team, who will, where necessary, bring concerns to the attention of the head teacher.

If the situation remains unresolved, then a letter outlining the concern should be sent formally to the Clerk to the Governors at the school address.

13. Appendix 1 – Asthma + Lung UK School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call 0300 222 5800
WhatsApp 07378 606 728
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their asthma medicines?

Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

Pollen	<input type="checkbox"/>	Stress	<input type="checkbox"/>
Exercise	<input type="checkbox"/>	Weather	<input type="checkbox"/>
Cold/flu	<input type="checkbox"/>	Air pollution	<input type="checkbox"/>

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes ☐ No ☐

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**



14. Appendix 2 – Letter template for purchasing an emergency inhaler

Dear Sir/Madam,

Supporting pupils with medical conditions in schools

You may be aware of the Department of Health's document from March 2015 'Guidance on the use of emergency salbutamol inhalers in schools' which suggests that schools should purchase an emergency inhaler to be used when a child's own inhaler cannot be used e.g. it is broken.

As recommended by the document we now have an Asthma Procedure and have asked parents to complete a 'School Asthma Card' taken from Asthma UK which gives permission for the use of an emergency inhaler.

Therefore, I would like to ask if you would allow our school to buy an inhaler for this purpose, for use in our school. As the Special Educational Needs Coordinator responsible for medical needs in the school, I give permission for XXXX to purchase a salbutamol inhaler on behalf of Lutton St Nicholas Primary Academy.

I would like to thank you in advance for your support. Please do not hesitate to contact me should you need any further information.

Yours sincerely,

15. Appendix 3 – Letter to inform parents of emergency salbutamol inhaler use

Date:

Dear Parent/Carer,

Use of emergency salbutamol inhaler

Child's name:

Class:

In line with our school's asthma procedure and with due regard to the Department of Health's 'Guidance on the use of emergency salbutamol inhalers in school' (2015), we would like to inform you that your child was supported to use our emergency salbutamol inhaler today.

Your child displayed the following symptoms:	
Time of symptoms:	
Place of symptoms:	
Reason own inhaler could not be used:	
Number of puffs given:	

Although your child soon felt better, we would strongly advise that you monitor their symptoms closely and if needed, seek further medical support.

If you have any further questions, then please speak with your child's class teacher in the first instance.

Yours sincerely,

16. Appendix 4 – Asthma + Lung UK Asthma Attack A4 poster



What to do if a child has an ASTHMA ATTACK

**Actions to take if a child has an asthma attack
and when to call 999.**

- 1** Help them to sit up – don't let them lie down. Try to keep them calm.
- 2** Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- 3** If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
- 4** If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
- 5** If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Important: This asthma attack advice does not apply to MART inhalers. Speak to your GP or asthma nurse for more information.



A school asthma card contains contact details and essential information about a child's asthma. Scan the QR code to get yours.

**ASTHMA+
LUNG UK**

AsthmaAndLung.org.uk

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01963014, with registered charity number 206730 in England and Wales, SC030415 in Scotland, and 1177 in the Isle of Man.