



# ASTHMA MANAGEMENT POLICY

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- This policy has been written following current advice from the Department for Education, Asthma UK, local healthcare professionals, the school health service, parents / carers, the governing body and pupils.
- 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 (asthma trigger) the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airway 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 further symptoms of asthma.
- All staff are provided with training on asthma from the asthma specialist nurse and this is updated annually.
- The school undertakes to offer support workshops for parents of children with asthma. These will usually be delivered by the asthma specialist nurse or school nurse.

We recognise that many pupils (and staff) attending this school suffer from asthma and that it is a widespread, serious but controllable condition. All pupils with asthma are welcome at our school and are encouraged to achieve their potential in all aspects of school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy
- an asthma lead
- all pupils have immediate access to their reliever inhaler at all times
- all pupils have an up-to-date asthma plan
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness to pupils, parents and staff

## **PUPIL ASTHMA REGISTER**

- A register of all children with asthma is maintained by the school and this is generated from the school **Asthma Card** information provided by parents. We update this yearly and ensure that the pupil has:
  - an up-to-date copy of their asthma plan (form AM1)
  - their reliever inhaler/spacer in school
  - permission from parents to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.
- The **Pupil Asthma Register** is kept in the **First Aid Treatment Room** and on the noticeboard in the **Staffroom**, both of which are available to all staff.
- Each term, the school Family Services Lead and PSA carry out a monitoring check of the expiry dates of all reliever inhalers kept at school and the **Pupil Asthma Register** is updated as required.

## **ASTHMA LEAD**

- The school asthma lead is Paula Davidson (Family Services Lead). It is the responsibility of the asthma lead to:
  - manage the asthma register
  - update the asthma policy

- manage the emergency salbutamol inhalers (*referring to Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015*)

## STAFF ASTHMA REGISTER

- A register of all staff with asthma is maintained by the school and this is generated from the information provided by individual members of staff. This is updated yearly
- The register is updated at the beginning of each Autumn term (unless staff are appointed mid-year).
- Where possible the school takes action to support staff suffering from asthma e.g. by informing them when grass-cutting activities are scheduled so that windows and doors etc can be kept closed.

A copy of the **Staff Asthma Register** is kept for reference in the school office in case of emergency

## RECORD KEEPING

- At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma.
- This is recorded on the **SIMs database**.
- All children with asthma are recorded on a **Pupil Asthma Register**
- Parents are asked to complete a request for school to administer medication using **AM1 Form** which details potential triggers, dose and timings for medication and a school **Asthma Card**.
- **Asthma Cards** are kept in each classroom's lidded '**Asthma Box**' and original copies are filed together with the **AM1 Forms** in the **First Aid Treatment Room**.
- **Asthma Cards** are taken together with the inhaler whenever the child goes on a trip or visit outside of school. (For out of school use green '**Asthma Bags**' are available from the **First Aid Treatment Room**).
- **AM3 Form** is completed by a member of staff (in EYFS and KS1) or the child themselves (in KS2) whenever a child has been given/receives a dose of their reliever inhaler.

## 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 guidance on the use of emergency salbutamol inhalers in school.

- As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We can do this using the NHS request form for schools issued by the Department of Health

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- 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
- a list of children permitted to use the emergency inhaler

- a record of administration (i.e. when the inhaler has been used).

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 emergency inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.**

### Storage and care of the emergency inhaler

The asthma lead will ensure that:

- 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; they cannot be reused
- 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.
- parents are informed if their child has used the emergency inhaler
- ***Ensure spare spacers and inhalers are available in the medical room and in the wet area in each Key Stage wing***

### RESPONSIBILITIES OF SCHOOL AND STAFF

**The school will:**

- Ensure all children with asthma should have immediate access to their reliever (usually blue) at all times.
- Support pupils in the administration of their reliever inhaler where necessary.
- At the end of each school year send home **with parents** all medicines and inhalers.
- Keep inhalers / spacers in each classroom, clearly labelled with the child's name and stored in clearly marked boxes labelled '**Asthma Box**'. These boxes will be situated prominently and clearly visible to all staff in each classroom.
- Arrange for routine washing of each child's spacer ***monthly*** – using hot, soapy water, rinsed and left to dry. This will be undertaken by the Teaching Assistant attached to each class.
- Acknowledge that some individuals may be prescribed inhalers for conditions un-related to asthma (eg rhinitis). This policy will still apply in these circumstances.
- **All school staff have a responsibility to:**
  - Communicate effectively and swiftly when required with the child, their parents / carers and other school staff.
  - Understand the school asthma policy.
  - Know which pupils they come into contact with have asthma.
  - Know what to do in case of asthma attack.
  - Never leave a child with asthma alone.
  - Never send a child with asthma alone to retrieve an inhaler. The child must be accompanied by an adult.
  - Support colleagues when requested to do so, especially those with hearing impairments who may require assistance when listening to pupils.

- Allow pupils with asthma immediate access to their reliever inhaler.
  - Tell parents / carers if their child has had a severe asthma attack – preferably by telephone or by using the school first aid treatment slips.
  - Tell parents / carers if their child is using more reliever inhaler than is usual.
  - Ensure pupils have their asthma medicines with them whenever they go on a school trip or out of the classroom.
  - Ensure pupils who have been unwell due to asthma have the opportunity to catch up on missed school work.
  - Be aware that a pupil may be tired at times because of night-time symptoms.
  - Liaise with parents / carers if a child is falling behind with their work because of asthma.
- **During PE lessons staff have a responsibility to:**
    - Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in an activity if they feel unwell. They should also not be excluded from activities they wish to take part in, if their asthma is well controlled.
    - Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed.
    - If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait / rest at least 5 minutes.)
    - Remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler approx. 10 minutes **before** warming up.
    - Ensure all pupils, including those with asthma, always warm up and cool down thoroughly.
    - Be aware of triggers in exercise including:
      - Cold air
      - Long-distance running
      - Fitness tests
      - Chlorine in swimming pools
      - Dusty equipment
      - Pollen – including grass cuttings

## RESPONSIBILITIES OF PARENTS / CARERS OF CHILDREN WITH ASTHMA

- **Parents / carers will:**
  - Complete fully all required forms including **AM1 Form** and **Asthma Card at least** annually or as required.
  - Notify school **immediately** of any changes to the child's medical condition or medication and amend the required records accordingly (including hospitalisation, appointments with asthma nurse etc).
  - Ensure that reliever inhalers (usually blue) are kept in school at all times. Doctors will prescribe additional inhalers for children to keep in school.
    - Children in **Early Years Foundation Stage** must have a **reliever inhaler, spacer and mask** in school at all times.
    - Children in **Key Stage 1** must have a **reliever inhaler and spacer** in school at all times.
    - Children in **Key Stage 2** may have just a **reliever inhaler** in school at all times.
  - Ensure that inhalers, spacers and masks are **clearly and permanently labelled** with the child's full name and that **caps / lids** are fitted.
  - Check expiry dates on all medicines regularly.
  - Accept that school may **send home** a child with asthma if they do not have an up-to-date reliever inhaler in school.
  - Make every effort to ensure a child's attendance at school if they are well enough.
  - Notify the school immediately if their child ceases to require an inhaler and needs to be removed from the asthma register. (A formal 'sign-off' record is required on the original **AM1 form**.)

- Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by doctor/nurse at home. However if the pupil is going on a residential trip, they will need to take their inhaler with them.

## ASTHMA SPECIALIST NURSE / SCHOOL NURSE

- **Specialist Asthma Nurse or School Nurse may be able to:**
  - Help and offer support to staff about children with asthma in school.
  - Arrange annual update training on the management of asthma within school.

## USUAL SYMPTOMS OF ASTHMA

- **The usual symptoms of asthma are:**
  - Coughing
  - Wheezing
  - Tightness in the chest
  - Shortness of breath
- **Occasionally children may also display:**
  - Chest or throat scratching
  - General lethargy or quietness

NB: Not everyone will get **all** these symptoms. Some people will get them from time to time; a few will get them all the time. The symptoms indicate that the asthma is unstable and the person requires treatment.

- Ensure the child takes his/her reliever inhaler **immediately** when needed for symptoms of cough, wheeze or breathlessness.

## EXERCISE AND PE

- Taking part in sports, games and activities is an essential part of school life for all pupils.
- Teachers must be aware of children within their class who have asthma.
- Pupils with asthma are encouraged to participate fully in all sporting activities.
- Children must be reminded to take their reliever inhalers (blue) **with them** to all PE lessons including swimming at the local baths.
- Some children may need to take their reliever inhaler (blue) about 15 minutes **before** any activity or exercise.

## AFTER SCHOOL ACTIVITIES

- Children must be reminded to take their reliever inhaler with them to After School Activity Clubs.
- All teachers / support staff / coaches must be aware of children who have asthma in their groups.
- Teachers / support staff / coaches must be aware of what to do in the event of an asthma attack.

## SCHOOL ENVIRONMENT

The school does all it can to ensure that the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of

there asthma plans (form AM1) and the school will ensure that pupil's will not come into contact with their triggers where possible.

- A full **No Smoking Policy** is in operation.
- We do keep some animals in school so that children may learn about them and how to look after them, therefore teachers must take precautions to ensure the wellbeing of any pupils whose asthma could be triggered by these.
- As far as possible the school uses no chemicals in science or art which are potential triggers.
- Pupils would be encouraged to leave a room if particular fumes trigger their asthma.
- Aerosol deodorants and air fresheners are **not permitted** in school.

As part of our responsibility to ensure all children are kept safe within school grounds and on trips away, the risk assessment will establish which asthma triggers children could be exposed to and plans put in place to ensure these triggers are avoided where possible.

### PUPILS FALLING BEHIND IN LESSONS

- If a pupil is missing a lot of time in school, or is particularly tired because of disturbed sleep, the class teacher will:
  - Contact the child's parent to talk about avoiding the child falling behind.
  - Discuss this with the School Nurse.
  - Discuss the child's medical condition in pupil progress meetings.

### WHAT TO DO IN CASE OF ASTHMA ATTACK - *Recommended guidelines suitable for both children and adults*

- Stay calm and speak to the person calmly.
- Call for assistance.
- Ensure the person takes the reliever inhaler – usually blue – **immediately**.
- Encourage slow breathing.
- Ensure the person sits down, slightly forward – but does **not** lie down.
- Loosen any tight clothing.
- Shake reliever inhaler to mix.
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Encourage the person to take 1 x puff of reliever inhaler with **5 x slow breaths** (in a spacer if appropriate) or **1 x puff and 20 seconds** (with mask on).
- Continue process until symptoms improve.
- Listen to the person – they will know if they need more
- Children can take up to 10 puffs.
- **If symptoms do not improve in 10 – 15 minutes – or you are in doubt – call 999.**
- Encourage the person to repeat the above treatment until help arrives.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

**However we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:**

- cannot speak/short sentences
- symptoms getting worse quickly

- appears exhausted
- has a blue/ white tinge around lips
- has collapsed

**NB:** *Laminated copies of the above checklist are available in each classroom, and in the **First Aid Treatment Room** – if required; further copies can be made from **Appendix A** at the end of this policy*

# WHAT TO DO IN CASE OF ASTHMA ATTACK

*Recommended guidelines suitable for both children and adults*

- Stay calm and speak to the person calmly
- Call for assistance
- Ensure the person takes the reliever inhaler – usually blue – ***immediately***
- Encourage slow breathing
- Ensure the person sits down – but does ***not*** lie down
- Loosen any tight clothing
- Shake reliever inhaler to mix
- Encourage the person to take 1 x puff of reliever inhaler with 5 x slow breaths (in a spacer if appropriate) or 1 x puff and 20 seconds (with mask on)
- Continue process until symptoms improve
- Listen to the person – they will know if they need more
- Children can take up to 10 puffs
- If symptoms do not improve in 10 – 15 minutes – or you are in doubt – call 999
- Encourage the person to repeat the above treatment until help arrives

## APPENDIX B

Dear Parents / Carers,

**School Asthma Card**

The School is aware you have previously informed us of your child's asthma. As part of accepted good practice and with advice from the Department for Education, Asthma UK and the school's Governing Body, our School has recently established a new school **Asthma Management Policy** for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a **School Asthma Card** for their child and an **AM1 Form** request to administer medication.

Please take the enclosed card to your child's doctor / asthma nurse to fill in and return it to school as soon as possible.

The completed **School Asthma Card** will detail useful information about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the **School Asthma Card** is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they should take and when.

I look forward to receiving you child's completed **School Asthma Card**.

Thank you for your help.

Yours sincerely,

Miss T Smith  
Head Teacher

APPENDIX C

# 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 – work

Telephone – mobile

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 should be clearly labelled with your child's name and kept in agreement with the school's policy.

### Reliever treatment when needed

For wheeze, cough, shortness of breath or sudden tightness in the chest, give 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"/>

### Expiry dates of medicines checked

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

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

Parent/ carer's signature  Date

Does your child tell you when he/ she needs medicine?

Yes  No

Does your child need help taking his/ her asthma medicine?

Yes  No

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

Does your child need to take any medicines before exercise or play?  Yes  No

If yes, please describe below

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

Does your child need to take any other asthma medicines while in the school's care?  Yes  No

If yes, please describe below

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

### Dates card checked by doctor or nurse

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

### What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

**Asthma UK Adviceline** Ask an asthma nurse specialist  
0800 121 62 55 [asthma.org.uk/adviceline](http://asthma.org.uk/adviceline)  
9am–5pm, Monday–Friday

Asthma UK Summit House, 70 Wilson Street, London EC2A 2DB  
T 020 7786 4900 F 020 7256 6075

[asthma.org.uk](http://asthma.org.uk)

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**APPENDIX D**

Dear Parent / Carer,

**REMINDER – UPDATED / REPLACEMENT RELIEVER INHALER REQUIRED FOR YOUR CHILD**

In line with our school Asthma Management Policy we have recently checked the expiry dates on all reliever inhalers currently stored in school.

It has come to our attention that the reliever inhaler for your child: \_\_\_\_\_  
is now:

out of date

about to expire on: \_\_\_\_\_

Please be reminded that it is **your responsibility** to ensure an up-to-date reliever inhaler is in school for your child at all times.

**If the current inhaler is out-of-date or not in school we will send your child home until a replacement is provided.**

Please make sure the inhaler is brought into school immediately. Thank you.

Yours sincerely,

Miss P Davidson  
Parent Support Advisor

**APPENDIX E**

Dear Parent / Carer,

**ASTHMA SIGN-OFF RECORD REQUIRED**

We understand that your child no longer requires asthma relief medication.

In line with our school Asthma Management Policy we require a formal 'sign-off' from you - to complete our records prior to removing your child from our Asthma Register.

Please come into school ***as soon as possible***.

Staff in the school office will support you to complete the 'sign-off' section of the original **AM1 Form** you filled in when we began to administer your child's asthma relief medication.

Yours sincerely,

Miss P Davidson  
Parent Support Advisor

APPENDIX E

Consent Form

Use of Emergency Salbutamol Inhaler

**Child showing symptoms of having an asthma attack**

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

**Signed Date** \_\_\_\_\_

Name (print) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Child's name \_\_\_\_\_

Class \_\_\_\_\_