

**Part of the Slough and East Berkshire CofE Multi Academy
Trust**

Lynch Hill School Primary Academy

Asthma Policy

We Aim High, Work Hard, Care Deeply



Member of Staff Responsible	Mrs L Tomlinson and Mrs J Maule
Position	Head Teacher and Assistant Headteacher
Dated	October 2024
Date of next review	October 2026

Mission Statement:

At Lynch Hill School we believe in an ethos that values the whole child. We strive to enable all children to achieve their full potential academically, socially and emotionally.

Aims

The aims of this policy are:

- To ensure that we provide all our children with the best quality of care we can; that they are safe, healthy, happy and therefore able to learn to the best of their ability.
- To ensure the safe and legal use of medication in the school environment;
- To ensure that pupils, staff and parents understand how our school will support pupils with medical conditions;
- To ensure that pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

Introduction

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Lynch Hill Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers pupils. Supply teachers and new staff are also made aware of the policy.

Legislation

Local authorities, schools and governing bodies are all responsible for the health and safety of pupils in their care. 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 Department for Education's statutory guidance: Supporting pupils at school with medical conditions.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

This also meets the requirements of:

- The Disability Discrimination Act 1995 (DDA),
- The Special Educational Needs and Disability Act 2001 (SENDA) and
- The Special Educational Needs and Disability Act 2005 and Equality Act (2010).
- These acts make it unlawful for service providers, including schools, to discriminate against disabled people.

Other relevant legislation includes:

- The Education Act 1996,
- The Care Standards Act 2000,
- The Health and Safety at Work Act etc. 1974,
- The Management of Health and Safety at Work Regulations 1999
- The Medicines Act 1968.

Key Members of Staff

Asthma Leads	Lindsey Tomlinson – Headteacher Jenny Maule – Assistant Headteacher
Asthma Champion	Sandra Bannister – Medical Room Administrator

Medicines

As from October 2014 the Human Medicines (Amendment) (NO.2) Regulations 2014 allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

To conform with the above, Lynch Hill Primary School will be operating an 'Opt Out' policy for permission to use the emergency inhaler when required. Parents wishing to opt out, must contact the school in writing, and ensure that their child has suitable medication to cover all eventualities.

We have an asthma register of children within the school, which we update yearly. 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 personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler and a spacer 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.

Preventers, (brown inhalers) are not permitted under any circumstances unless we are advised by the Asthma Nurses that there has been a change in the recognised way that Asthma is treated in schools.

All children are encouraged and trained in using their inhalers themselves. However, where there are problems, staff are able to help administer where needed. Although school staff are under no legal requirement to administer any medication in school, staff at Lynch Hill are happy to assist if a child needs help. The inhaler and spacer are kept in the classroom medical cabinets in a clear plastic bag for the sole use of asthma and anaphylaxis medication. Each time the inhaler is used, it is expected that the adult assisting with its administration will note the number of pumps used in the child's homework diary. All children who are on the Asthma register know where to find their

particular inhaler and have experience of using their inhaler at home. When a parent completes an asthma alert form, the medical room administrator will ensure that the child has practised using their inhaler. If a child has used their inhaler, we request that the parent sign the homework diary as acknowledgement. This will ensure that the parent has a record of usage in school.

Class teachers are responsible for ensuring that inhalers are taken wherever the class goes e.g. the hall for P.E. and out on school trips to enable children to have immediate access should they require an inhaler.

If there is excessive use of an inhaler, the class teacher will inform the Medical room administrator. The medical room administrator will, in turn, advise the child's parents accordingly. If any member of staff thinks that an inhaler is being used too often, or is any doubt about the usage of an inhaler, they will ensure that the medical room administrator is notified and she will contact the parent to advise them (it could be that the preventer medication is not working as it should be).

All medical cabinets are checked termly. Letters or texts reminding parents that an inhaler is about to expire are sent out approximately 4 weeks prior to the inhaler going out of date. Out of date inhalers are returned home with a subsequent request for a new one if one hasn't been sent in by this time. Ultimately it is the parents' responsibility to ensure that all reliever inhalers are in date and are on school premises.

All inhalers in class have the child's name clearly adhered to them (the actual inhaler and the box), so there is no chance of it being used by the wrong child. A register is kept of all children with inhalers. An annual audit is taken each September and letters are sent out to all parents of children who are on the Asthma Register to remind them of current inhalers held in school. These letters advise whether action is required or not.

Staff Training

All staff are requested to undertake two-yearly asthma updates. This training can be accessed online via Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). We aim to ensure a minimum of 85% of staff complete this. It is a requirement that all First Aiders attend such training.

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 schools (March, 2015). We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have two emergency kits, one of which is located in the medical room, the other in the staffroom. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;

- Instruction on cleaning and storing the inhaler;
- Manufacturer's information;
- A record of administration

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 reliever inhaler, and for whom parental consent has been given, at Lynch Hill we have a opt/out consent form. Any usage of the emergency kit should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 150 puffs having been used we will replace it.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are made aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers and TAs will remind pupils whose asthma is triggered by exercise, to thoroughly warm up and down before and after the lesson. As stated before, the class teacher will ensure that the child's medicine bag is brought to the hall or outside depending on where the activity is taking place. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Asthma Attacks

The school recognises that if all of the above is in place, 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 receive an emergency asthma plan which are displayed in every classroom.

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
- Is going blue
- Has a blue/white tinge around lips
- Has collapsed

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
 - Shake the inhaler and remove the cap
 - Place the mouthpiece between the lips with a good seal, 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 you 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 you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- 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

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 if asthma is impacting the life of a pupil, 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, the school nurse (with consent) and 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 Action Plan, to improve their symptoms. However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Offsite Visits

Children with Asthma going off school premises for any reason must be in a group led by a member of staff. The only exception to this rule is if the child's own parent is helping (which is not usual protocol).

The school has an Emergency Asthma Inhaler Kit. It is located in the medical room. This is checked and recorded quarterly. Audits are undertaken by the medical room administrator and support given where required.

Further information can be found at:

Asthma UK
18 Mansell Street London
E1 8AA Phone
020 7786 4900
Fax 020 7256 6075
info@asthma.org.uk
www.asthma.org.uk