Asthma Policy

Category	Non-Statutory
Reviewed by	Headteacher and SENCO
Approved by and when	LGB 14.01.2026
Frequency of review	Every 2 years
Next Review	December 2028

Woodlands Park School Asthma Policy

1. 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 (Source: Asthma UK) As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy
- an asthma lead & champion
- all pupils with immediate access to their rescue inhaler at all times
- all pupils have an up-to-date asthma action plan
- display emergency management plans around the school
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness pupils, parents and staff

2. Asthma Register

We have an asthma register of children within the school, which we update annually. When parents/carers inform us that their child is asthmatic 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 personal asthma action plan
- their rescue device (salbutamol inhaler and spacer / Symbicort turbohaler) 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from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.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 & Champion

This school has an asthma lead who is named at the bottom of this document. It is the role of the Asthma Lead to facilitate the resources required to implement and maintain the school's Asthma Friendly Status. These resources include the provision of time for staff to complete required training and implement the Asthma Friendly Schools programme.

This school has an Asthma Champion who is named at the bottom of this document. The Asthma Champion has attended specific Asthma Champion training provided by the Frimley Health Respiratory Nursing Team and will continue to attend yearly training updates. It is the responsibility of the asthma champion to implement the Asthma Friendly School programme. Including management of the asthma register, update the asthma policy, manage the emergency salbutamol

inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

4. Medication and Inhalers

All children with asthma should have immediate access to their rescue devise, salbutamol (usually blue) or their Symbicort Turbohaler (white and red) 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. (Source: Asthma UK).

Some children may have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler. This inhaler is taken morning and night as a preventer inhaler and used as needed to relieve symptoms rather than the blue salbutamol inhaler.

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 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 the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK)

Children are encouraged to carry their rescue inhaler as soon as they are responsible enough to do so. We would expect this to be by the end Key Stage 2, in preparation for secondary school. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

The school rescue inhalers are kept in two places, the school office and the staff room, both on hooks by the entry door.

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. Failure to receive their medication could result in hospitalisation or even death. Staff who have had asthma training and are happy to support children 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 refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. (Source: Asthma UK)

5. Asthma Action Plans

Asthma & Lung UK evidence shows that if someone with asthma has a personalised asthma action plan they are four times less likely to be admitted to hospital due to their asthma. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK). Those who have a Maintenance and Reliever Therapy (MART) Symbicort Turbohaler should have a MART Asthma Action Plan.

6. Staff Training

Staff will need regular asthma updates. This training can be provided by the school nursing team (yearly) or Educare Understanding Asthma module (yearly) or accessed online via Education for Health Supporting Children's Health and Young People with Asthma (educationforhealth.org). (every 2 years) We aim to ensure a minimum of 85% of staff complete this.

7. 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 policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure, where possible, that pupils will not come into contact with their triggers. We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise
- Laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

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 these triggers are avoided, where possible.

8. 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 staff teaching PE at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK) Pupils with asthma are encouraged to participate fully in all activities. It is agreed with staff that children will have their inhaler labelled and kept in the class medical bag at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

9. 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 a child's 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, 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 Personalised Asthma Action 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.

10. 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 2 emergency kits, which are kept in the school office and the staff room, both on hooks by the entry door so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler
- Two aerochamber' with flow vu spacers
- Instructions on using the inhaler and spacer
- Instruction 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

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Adverse effects of inhaled salbutamol are well known, tend to be mild and temporary 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. Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their device being empty, not being available or broken.

On a monthly basis, the school's asthma lead and team will ensure that:

- The inhaler and spacers are present and in working order
- The inhaler has sufficient number of doses available.
- Replacement inhalers are obtained when expiry dates approach

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. Any puffs should be documented so that it can be monitored when the inhaler is running out. All pressure metered dosed inhalers have 200 puffs per device (Unless your device states otherwise), so when it gets to 150 puffs having been used, we will order a replacement.

Following use, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturer instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Or if able to do so use the child's personal spacer to administer the school's emergency inhaler. Spent inhalers will be returned to the pharmacy to be recycled. The emergency salbutamol inhaler will only be used by children who:

- have been diagnosed with asthma and prescribed a rescue inhaler
- OR have been prescribed a rescue inhaler
- AND for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). 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.

References:

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Appendix 1

NHS
Frimley Health
NHS Foundation Trust

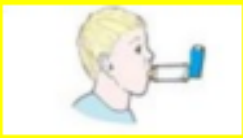
EMERGENCY ASTHMA PLAN FOR SCHOOLS

Asthma Attack

For children diagnosed with Asthma/Wheeze

SIGNS OF :

- **Wheezing**
- **Coughing**
- **Shortness of Breath**



Treatment

GIVE UP TO 10 PUFFS OF RESCUE INHALER (BLUE)

OR

UP TO 6 INHALATIONS OF MART (WHITE AND RED) TURBOHALER AT A SINGLE TIME

Number of puffs needed of **BLUE** inhaler :

2- 6 PUFFS

OR

Number of inhalations needed of your **MART** device:

Take 1 inhalation of your **MART** device, wait a few minutes and repeat if necessary, up to a total of 6 inhalations.

Tell a member of staff

If better no further action required

Number of puffs needed of **BLUE** inhaler:

6- 10 PUFFS

OR

You can take up to 6 inhalations of your **MART** device.

Tell a member of staff

Parents to be called and child to be collected and seen by medical professional the same day.

If little or no improvement after 10 puffs of BLUE inhaler:

Dial 999

Continue to give **BLUE** inhaler 10 PUFFS every 15 minutes until medical help arrives or symptoms improve.

OR

If you have taken 6 inhalations of your **MART** device and your symptoms have not improved or used your maximum daily inhalations, seek urgent help.

*****If their own RESCUE inhaler is NOT AVAILABLE, please use the school's emergency inhaler kit *****

Asthma Lead.....Rebecca Horton.....

Asthma Champion …Gemma White…….

Frimley Health

NHS Foundation Trust

Wexham Park Hospital

Wexham Street

Slough

SL2 4HL

Paediatric Respiratory Nursing Team

Nina, Lauren, Rosie & Kathryn

T: 0300 615 0194 / 3129

Our service is available Monday - Friday

Please note, we are not open during bank holidays or weekends.