



Southfields Primary School

Asthma Policy

(to be viewed in conjunction with our Medical Needs Policy)

Date agreed: September 2023

Review Date: September 2024

School Asthma Champion: Mrs Lisa Arnold

This policy, having been presented to, and agreed upon by the whole staff and Governors, will be distributed to:

- All teaching staff
- School governors

A copy of the policy will also be available in:

- The Staffroom
- The Head's office
- School web site

This will ensure that the policy is readily available to visiting teachers, support staff and parents.

Southfields Primary is totally committed to social justice and improving life chances for potentially vulnerable children. It is dedicated to sharing its work and findings beyond the school to improve outcomes for as many children as it can reach and has a particular specialism in Speech and Language development.

At Southfields we recognise that asthma is widespread and is a serious but controllable condition affecting many school children. These children should participate fully in all aspects of school life including sports, visits and other extra - curricular activities or clubs and have access to their reliever inhaler as and when they require it. The school has a large number of first aid trained and support staff who know what to do in the event of an attack.

1. Procedures

- 1.1 On admission to the school the parents/guardians of a child who suffers from asthma will complete a form regarding the child's medication. This will be updated annually to take account of changes to the child's condition. It is then the parent/guardian's responsibility to provide the medication which must be in date and clearly labelled. All class teachers will be given a list of children with medical conditions, held by the main office, at the beginning of a new school year and make any instructor or coach used by school aware of any asthmatics.
- 1.2 With parents/guardians signed permission KS2 children are allowed to carry and be responsible for their own reliever inhalers, in addition or alternatively they may bring an inhaler for which school will provide a box in each classroom for safe keeping. This box will be taken to all lessons thus providing easy access at all times. KS1 children will keep their inhalers in the classroom box at all times.
- 1.3 On off site visits, including residential, KS2 children are encouraged and reminded to carry their own reliever inhalers and KS1 children have them carried by an adult. However, on residential visits any other preventative inhalers (usually taken morning and evening) are stored by a first aid trained member of staff on the visit who will also oversee and record the use of. For residential visits school has a separate form for parental consent to administer medication.
- 1.4 The majority of children are able to administer their own inhalers, however, staff who are happy to can assist if required and will be covered by the school's insurance to do so. All inhaler medication overseen/assisted or administered by staff will be recorded online in the Medication Administered log, and for those children with severe asthma also in a log kept in each classroom box. The staff will also ensure they advise parents/guardians if more supplies are required or if it is out of date. Any irregularities or concerns over the use of inhalers, will be reported to the Deputy Headteacher who will contact parents/carers or the school nurse accordingly.
- 1.5 The classroom boxes contain guidelines for dealing with asthma
 - a. Signs of attack
 - b. What you should do
 - c. What to do in an emergency.
- 1.6 Our staff have annual, appropriate training and support, relevant to their level of responsibility. This will be presented by the school nurse, so that all are aware

of the guidelines and how to deal with an asthma attack. Online training is available for those staff who did not attend the in-person training and also for any staff new to the school during the school year.

Training covers:

- What is asthma, a basic understanding.
- Recognising poorly controlled asthma.
- Recognition of an acute asthma attack
- Management of an acute attack
- Environment impact on asthma: pets, air pollutions, internal air quality, influence of season.
- Socioeconomic aspects of asthma: able to demonstrate basic modifiable risk factors.

2. School Environment

The school has a non-smoking policy and will endeavour to ensure the environment is favourable to pupils with asthma. If any furry or feathered animals are on site or chemicals are used in science experiments the risk to these children will be considered.

WHAT TO DO IN THE CASE OF AN ASTHMA ATTACK

Signs and symptoms:

- Coughing (intermittent cough)
- Being short of breath
- Wheezy breathing (a 'whistle' may be heard on breathing out)

All of the above are common symptoms of asthma.

However, an asthma attack may also include:

- Persistent cough (when at rest)
- Wheezing sound from chest (when at rest)
- Difficulty in breathing (could be breathing fast with lot of effort)
- Nasal flaring
- Appearing exhausted
- Being unusually quiet
- Shortness of breath at rest, feeling tight in the chest, a younger child may express this feeling as a tummy ache
- Being unable to complete sentences
- A blue/white tinge around the lips
- Going blue

If a child:

- **Appears exhausted**
- **Has blue/white tinge around lips**
- **Is going blue**

**CALL AN AMBULANCE
IMMEDIATELY**

- **Has collapsed**

3. Responding to an asthma attack

- Keep calm, reassure the child and remain with them
- Encourage the child to sit up and lean slightly forward loosening any restrictive clothing
- Make sure patient takes two puffs of reliever inhaler
- If there is no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs or until symptoms improve, always remember to shake the inhaler before each use.
- If the child feels better they can return to normal activities but school will ensure parents/guardians are advised.
- If the child does not feel better or you are worried at any time, even before reaching 10 puffs call for an ambulance and advise parents/guardians.
- If ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- If the child's parents/guardians have not arrived when the ambulance arrives than 2 members of school staff will accompany the child to hospital and stay until parents/guardians arrive
- Immediately after, the attack should be recorded in detail and a letter outlining this should be given to parents/guardians for their GP.

DON'T - hug or lie them down this will restrict breathing.

LISTEN - to what they say i.e. 'I have had attacks before'. But don't encourage them to chat since they are struggling to breathe

RELIEVER medication is very safe, during an attack do not worry about overdosing.

4. Personalised asthma action plan (PAAP)

School have adapted each child's PAAP for relevance in school. These School Asthma Action Plans (SAAP) are kept in the central file alongside the asthma register and also in the class with the child's inhaler.

5. Recording salbutamol use and absences due to asthma

There is no reason for a child to miss out on education due to asthma. Poor asthma control should not be accepted as a reason for missing school or being late, and as such local policy around missing school and referral to educational welfare teams should not be delayed for this reason, however, it must also trigger referral to the school nursing team and the safeguarding lead at the school as per the school absence policy.

As a school recording SABA use and missed days is an important step in the identifying poorly controlled asthma.

We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out)

- Excessive shortness of breath on exercise or when exposed to a trigger.
- Tight chest

A child using a salbutamol inhaler more than three times per week including PE, would indicate poor asthma control, where this is noted the school's asthma lead and parents must be informed and directed to primary care for a review of their asthma. Optimising asthma therapy will prevent children from missing days to school due to asthma

For children who self-manage.

- If a pupil carries their own inhaler as part of their PAAP/ IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent.
- Parents should be informed if a pupil who self manages appears to be using their inhaler more than usual.
- Encourage pupils who self-manage to carry a copy of their school plan in their bag.

The school monitor attendance daily, including missed days for asthma. Children who are reporting poorly controlled asthma should be organising a follow up with their practice nurse for a review of their asthma.

6. Asthma Champion

School have an identified Asthma Champion in school – Lisa Arnold.

The role of the Asthma Champion includes:

- Review of the asthma policy
- Maintenance of the asthma register
- Management of emergency kits including consent processes
- Supporting CYP and their families to ensure their correct medication and spacer is in school with other key staff.
- Attended the asthma training, keep a register of staff who have completed their training.
- Ensuring the school is assessed against the eligibility criteria for the Asthma Friendly School mark on an annual basis.

7. Inhaler storage and disposal

All inhalers are supplied and stored, wherever possible, in their original containers. All medication needs to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency. Medicines are stored in accordance with instructions at room temperature.

Ensure students who do not carry and administer their own medication know where their inhalers are stored in their classrooms.

- Ensure all staff attending off site visits are aware of any students on the visit with asthma and have brought their medication. Staff are trained what to do in an emergency.
- All inhalers and spacers are sent home with students at the end of the school year. Medications are not stored in school over the summer holidays.
- Emergency medications are readily available to students who require them at all times during the school day whether they are on or off site.
- KS2 students who are self-managing are reminded to always carry their inhalers and spacers with them.
- All children should have their own inhaler available to them during PE.
- Parents are responsible for collecting out of date medication from school
- The Asthma Champion is responsible for checking the dates of medication and arranging for the disposal of those that have expired.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy.

8. Use of Emergency Salbutamol Inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil's prescribed inhaler is not available (for example if it is broken or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler– this is a discretionary power enabling schools to do this if they wish.

Southfields will hold emergency salbutamol inhalers and we will ensure that they are only used by children, for whom written parental consent has been obtained.

Please note: A child may be prescribed an alternative inhaler (such as terbutaline). The salbutamol emergency inhaler can still be used in an emergency; it will still help to relieve their asthma.

- The use of an emergency inhaler will be recorded and the parent/guardian informed.
- School hold 4 emergency inhaler kits, all clearly labelled. One is held in the KS1 Medical room and another in the KS2 Medical room, both in the locked medicine cabinets. A further 2 emergency kits are held in the KS2 Medical room for use on off-site activities/residentials.
- Each kit contains:
 - Asthma register (with parental consent)
 - 1 large volume spacer device
 - 1 salbutamol 100mcgs per puff inhaler
 - Information leaflet on how to administer
 - Asthma attack flow chart
 - Inhaler actuation chart
 - Letter template to send to the parent informing them that the emergency inhaler/spacer has been used.
 - Label for expiry date on outside of bag

- Record of administration template (i.e. when the inhaler has been used)
- Asthma Champion details
- The Emergency Kit Policy is attached at Appendix 4

Signed:

**Lisa Arnold (Asthma
Champion)**



4th September 2023

Laura Martin (Headteacher)



4th September 2023

Appendix 1

Asthma Inhaler form for school

<https://docs.google.com/forms/d/1riUjDV9-QEgoJMA4c6aOF2hpCS0x6v4iQRSabCVSYs0/edit>

Timestamp

Email address

Name of Child

Date of birth

Class

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.

Emergency inhaler: School holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Inhaler and spacer storage: Please select an option below

Expiry date of inhaler:

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

Does your child tell you when they need their inhaler?

Does your child need help when using their inhaler?

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

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

Date of last review by GP/Asthma team

Asthma policy: please read and agree to the Asthma Policy

Name of parent completing the form (in full)

Date of completing the form

Appendix 2

Template letter for parent – Use of school’s emergency salbutamol inhaler:

(Template letter to be used on school headed paper)

Name

Class

Date

Dear parent/carer

This is to inform you that _____ needed to use the school emergency salbutamol inhaler/spacer whilst at school today because

- His/her salbutamol inhaler was empty/did not work
- He/she did not have their own salbutamol inhaler in school
- He/she did not have a spacer in school
- Other (please specify): _____

Please ensure that a new salbutamol (blue) inhaler is sent into school as soon as possible.

The spacer will now be kept for your child to use at school. As this was the school’s emergency spacer, please can you make arrangements to replace this, as agreed, as soon as possible (your GP can prescribe this)

Yours sincerely,

Appendix 3

Template letter for salbutamol use and poorly controlled asthma

(Template letter to be used on school headed paper)

Childs name

Date

Dear

This letter is to formally notify you that.....has had problems with their breathing today and required their reliever (rescue) inhaler. number of puffs were given at

If your child has been using their rescue inhaler at home as well, we encourage you to contact your doctor's surgery for a clinical review.

It is recognised that a child using a salbutamol inhaler more than three times per week including PE, indicates poor control and we would encourage you to arrange an appointment with your GP or Practice nurse for a review.

Yours sincerely

Appendix 4

Asthma Emergency Kit Policy

How to obtain your Asthma Emergency Kit

Your Local Pharmacy can supply you with an emergency asthma Kit.

There is a cost to this supply which may vary between pharmacies.

In October 2014, new legislation was introduced to enable schools to legally hold spare emergency inhalers to use in the event of a potentially life-threatening asthma attack. Schools are therefore allowed to purchase a salbutamol inhaler without a prescription for use in emergencies.

https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf

To comply with the new legislation Pharmacists must obtain a request signed by the Headteacher on schools headed paper or by using the attached order form.

The letter should state:

- the name of the school for which the product is required.
- the purpose for which that product is required, and
- The total quantity required. (Pharmacists please note this will depend on the size and geography of each school).

Maintaining Your Emergency Kit

It is essential there is a clear procedure in place for maintaining this emergency kit. The following are suggested steps to take.

- Monthly visual check of kit to ascertain contents are present and correct – signature date and time of the check to be recorded in the kit bag.
- If anything is missing steps should be taken to replace missing contents immediately – this should be documented as well as action taken.
- Adequate (not excessive) Spares should be kept on school premises for this purpose.
- Inhaler Expiry dates should be recorded on the outside of the Kit bag and on the school register and replenished in advance of the expiry date.
- The Spacer Devices are single Patient use – they must not be used for more than one person due to the risk of cross infection. It is good practice to send the spacer device home with the child who used it.
- With any new inhaler shake well and Prime (spray) four times away from the face before use. Shake and Prime (Spray) Twice on a monthly basis to ensure it is in working order.
- Each salbutamol inhaler contains 200 actuations (puffs). It is important to record the actuations used to know when to replace the inhaler. Use the emergency Salbutamol Inhaler Actuation (puff) Record chart.
- All inhaler devices should be stored in a cool, dry place and out of direct sunlight in accordance with manufacturer's instructions.

What's in the kit:

The emergency asthma inhaler kit includes:

- Asthma register (with parental consent)
- 1 large volume spacer device
- 1 salbutamol 100mcgs per puff inhaler
- Information leaflet on how to administer
- Asthma attack flow chart
- Inhaler actuation chart
- Letter template to send to the parent informing them that the emergency inhaler/spacer has been used.
- Label for expiry date on outside of bag
- Record of administration template (i.e. when the inhaler has been used)
- Asthma Champion details

Appendix 5 School Asthma Action Plan



Southfields Primary School My School Asthma Action Plan

Name
Form

Empty box for drawing or notes.

My usual asthma medicines

I have a blue inhaler in school: **Name**

Required dose: **2 puffs if needed**

My inhaler is kept area

My asthma is getting worse if...

I show the following signs: **Signs**

My asthma can get triggered by...

Triggers

School have permission to use the emergency asthma inhaler if required

If I have an asthma attack, please:

1. Help me to sit up – don't let me lie down. Try to keep me calm.
2. Help me take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my 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 my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Appendix 6

Asthma Friendly school checklist

Standards	Details	Criteria Met		
		Yes	No	Actions
Standard 1: Policy Schools policy should be available to view, all staff should be aware of where it is kept.	Amended the Template policy to reflect internal procedures.	✓		-
	All staff and parents are aware of the policy. (please note evidence source)	✓ Policy is available on the school website and is signposted to parents when they complete asthma form		-
	Date for review, to be set as annual.	✓ Review date displayed on policy		-
	The school must identify an asthma champion who has responsibility for review of policy and annual audit for asthma friendly schools.	✓ Lisa Arnold, identified on policy		-
Standard 2: Asthma Register	Register should clearly state name and DOB of student.	✓		
	Consent to administer emergency medication should also be recorded.	✓		
	If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students.	✓		
	Consent for use of emergency inhaler recorded on register must be displayed in school office and staffroom with Emergency poster.	✓		
Standard 3:	Emergency Kits (minimum of 2 in any school) conveniently located at key points	✓		

Standards	Details	Criteria Met		
		Yes	No	Actions
Emergency Kits/Procedures	throughout the school. Contains Checklist and clear procedures on monitoring use and contents.	We currently have 4 Emergency kits in school, one each in KS1 and KS2 medical rooms, and also 2 kits in the off-site travel boxes		
	Staff aware of where these are and have easy access to them.	✓		
	Emergency Kit for off - site activities/evacuation of building.	✓ All asthma kits go out with classes for PE and emergency evacuations and Emergency kits and personal kits go out for off-site activities		
	Parents are informed promptly if emergency kit is required and advised to take child for review.	✓		
	Asthma Champion is easily identified by staff members	✓ Lisa Arnold is our Asthma Champion, but almost all staff are asthma trained		-
Standard 4: Personalised Asthma Action Plan (PAAP) in addition to a IHCP	Students have a PAAP and know where it is kept – usually school office.	✓ PAAPs are kept in file in HT office and are also kept with inhalers in classrooms		
	Recording use of student's medications Students who self-manage.	Records kept of medication usage and parents informed promptly of any incidents/usage outside of the PAAP. Use of inhalers is recorded by staff on intranet and for children with severe asthma recorded on intranet and annotated in record books kept with their asthma kit in class and parents are advised promptly of any extraneous use		

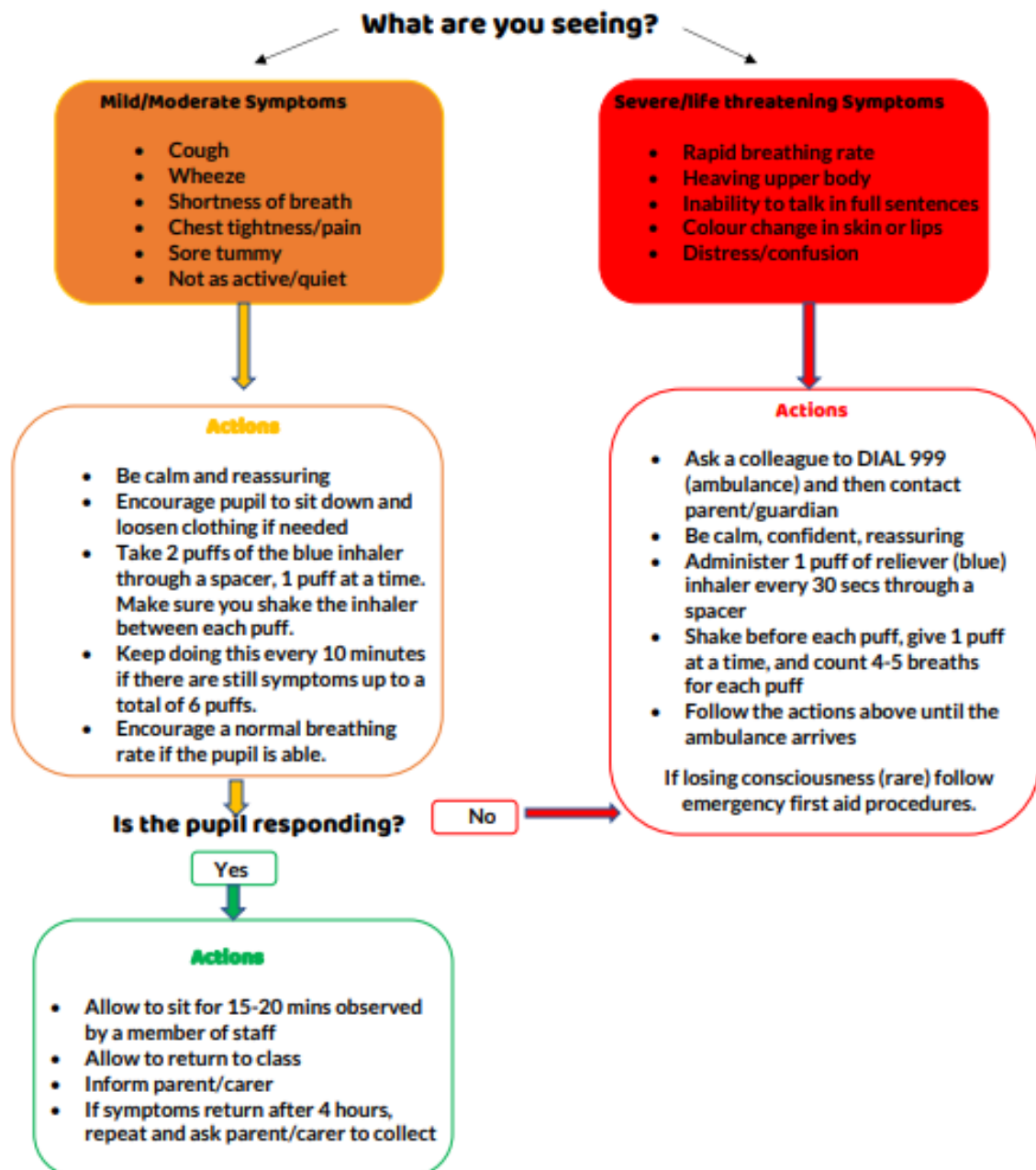
Standards	Details	Criteria Met		
		Yes	No	Actions
Storage of Inhalers/spacers	Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be 1 record.	✓ One online record supplemented by record books for severe asthma		
	Students should be encouraged to self-manage their condition where appropriate.	✓ EYFS and KS1 children have TAs supporting them KS2 children are encouraged to self-manage		
	Asthma medication and spacer is clearly labelled and stored in a cool location	✓ Inhalers and spacers are kept in individual wallets with their PAAPs, and together these are all kept in a box/bag in the class storeroom away from heating		
	Expiry dates are checked regularly by staff and replaced when required	✓ Expiry dates are on the asthma register on also on the PAAPs, which are checked regularly by staff and will be diarised on new MIS system		
	Inhaler is administered via a spacer	✓ Not all children have spacers due to personal preference		
	Spacers are single person use	✓ Children each have their own spacers in their own kits and are not shared with other children		

Standards	Details	Criteria Met		
		Yes	No	Actions
Standard 5: Whole School Training	Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.	✓ Asthma training takes place annually for all classroom based staff and any other support staff who wish to. Online training is offered for those staff who miss the in-person training. Currently 97% of all classroom staff are asthma trained, and 88% of whole school staff are trained		
Standard 6: Monitoring absences for missed school days	The school should have a system in place to record missed school days related to asthma.	✓ All absence is recorded with a reason and trends are monitored		
	The school should have a have an awareness of CYP who show poor asthma controlled.	✓ All absence is recorded with a reason and trends are monitored		
	The school should be able to communicate with parents/carers a CYP has poor asthma control and request an asthma review.	✓ School communicate via DoJo, and school/parent relationships are open and honest and parents take on board school advice		

Appendix 7 Asthma Attack flow chart



How Do I Manage a Pupil Having an Asthma Attack?



Appendix 8 Inhaler Actuation Chart



Emergency Salbutamol Inhaler Actuation (puff) Record

Inhaler batch number

(Batch number found on package)

Expiry date

(Expiry date found on package)

Each salbutamol inhaler contains 200 actuations (puffs). It is important to record the actuations used in order to know when to replace the inhaler.

Please strike through every actuation used on the grid below including the 10 actuations used at the beginning of each half term to prime the spacer device

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200

Appendix 9

Administration of Emergency Salbutamol inhaler in school Pupil Record Form

This form should be used to record the use of the emergency inhaler - completed by school staff

Date	Time	Name of pupil	DOB	How many puffs	Any reaction	Signature	Print name