



# Asthma Policy

**School Asthma Champions:** Ciera Moore and Mel Beetlestone

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**Model Policy:** NHS Hampshire Healthier Together Asthma Policy Template Version 1 (Nov 2023)

## **Background**

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 and Lung 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:

1. A named staff member who is the Asthma Champion who takes the lead in School for Asthma.
2. Asthma Policy
3. Asthma Register
4. Emergency Medication Kit
5. Request a copy of the Personalised Asthma Action Plan (PAAP) or Child Asthma Action Plan (CAAP) for each child with Asthma
6. Recording and Sharing Information
7. CYP Asthma Training for staff

### **Asthma Champion (Lead)**

This school has two Asthma Champions who are named above. It is the responsibility of the Asthma Champions to manage 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. The Asthma Champion will communicate to parents/carers regarding any deterioration in a child's condition whilst at school (or on a school activity). This may be delegated to other members of staff as appropriate.

### **Asthma Register**

We have an asthma register of children within school, which we update yearly or as per changes occurring. We do this by asking parents/carers if their child is diagnosed as asthmatic or suspected Asthma. 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 we:

- Gain consent to use the school's emergency Inhaler if the child does not have their own inhaler with them.
- Where appropriate, request for a reliever inhaler to be in school with an appropriate spacer.
- Request a copy of the Personal Asthma Action Plan (PAAP) for each child with Asthma.

### **Medication including Inhalers.**

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma and Lung UK).

*Types of asthma treatment:*

- A) Traditional: Some children may have a separate preventer and reliever inhaler, which is usually taken morning and evening, 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.
- B) Maintenance and Reliever Therapy (MART): Some children and young people in key stage 2, may have one inhaler that they use as a preventer and reliever medication. They would use their inhaler morning and evening and use it as a reliever for asthma symptoms in between regular doses during the day if needed. This will be on hand in the child's classroom.
- C) Anti-inflammatory Reliever Therapy (AIR): Some children with mild asthma may also only have a single inhaler which is used as needed and not regularly when they are having asthma symptoms. This will be on hand in the child's classroom.

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 end in hospitalisation or even death. Staff who have had asthma training and are confident to support children as they use their inhaler should do so whenever possible. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse/asthma specialist nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines (Source: Asthma and Lung UK)

### **Child Asthma Action Plans (CAAP)**

Asthma and Lung UK evidence shows that if someone with asthma uses a Child asthma action plan (CAAP) they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a child asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma and Lung UK)

### **Staff Training**

Staff will access training for Asthma at least every two years. This training will be delivered by suitable providers or accessed by the NHS England CYP Asthma e-learning which is suitable for school staff. The school commits to training as many staff as possible to ensure children with Asthma are supported in school.

E-learning can be accessed here: [Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](https://www.asthmaandlung.org.uk/e-learning)

### **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/vaping policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not encounter their triggers, wherever possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to. Plans will be put in place to ensure these triggers are avoided, where possible.

## **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 PE teachers at the school (i.e. those running after school clubs) will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma and Lung UK)

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so (Source: Asthma and Lung UK).

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE (Source: Asthma and Lung UK).

## **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 on their life 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 Child Asthma Action Plan, to improve their symptoms.

## **Emergency Inhaled Salbutamol Use**

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. As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will request consent from parents/carers for emergency inhaler use when the school is notified that a child has Asthma. Once consent is gained we will use the salbutamol emergency Inhaler during the onset of breathing difficulties in the absence of the child's own inhaler or if the child cannot use their own inhaler on that occasion (such as a breath actuated inhaler). This will always be used with a spacer. 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 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 written parental consent has been given

The school Asthma Champions and team 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. NB: There are only 200 doses in a salbutamol inhaler, so each dose will need to be recorded and the device disposed of when the maximum number of doses has been reached.
- Replacement inhalers are obtained when expiry dates approach

- Replacement spacers are available following use
- Replacement inhalers are obtained following use.
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

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

### **Day to day management**

As a school we require that children with asthma have a child asthma action plan (sometimes called a personal asthma action plan) which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out)
- Shortness of breath when exposed to a trigger
- Tight feeling chest

Where a child responds well to their own medication they can usually remain in school however parents/carers should be kept informed to monitor symptoms. Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication.

### **Asthma Attacks and Emergency Management**

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

The guidance states that 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 or up to 10 seconds)
- 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

#### References

Asthma and Lung UK [Asthma + Lung UK \(asthmaandlung.org.uk\)](http://asthmaandlung.org.uk)  
 Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools.  
 BTS/SIGN guidelines for CYP Asthma.

Adapted from Hull and North Yorkshire Healthier Together Asthma Policy (2023)

# Asthma School Emergency Plan



## 1 Am I Wheezing, Coughing or Short of Breath?

- Call for help.
- Sit up and keep me calm.
- If I do not have my inhaler with me then please ask someone to get the Asthma Emergency Medication Kit urgently.

If I am **BLUE, EXHAUSTED** or you are **VERY WORRIED** about me **Call 999**  
**and follow operators advice.**

## 2 Using an inhaler (I will need help with these steps).

- Shake my reliever inhaler before use, remove the cap and then place into my spacer
- Place the mouth piece of the spacer between my teeth and lips to make a seal. If I have a spacer with a mask, ensure there is a good seal around my mouth and nose.
- I need to spray **ONE** puff and then take **FIVE** slow steady breaths.
- I will repeat the above steps for each puff of the reliever inhaler, allowing about 30 seconds between each puff. Repeat this **UP TO TEN** times.
- If child is not better then arrange for **EMERGENCY HELP** – see below.

## 3 EMERGENCY HELP

- o I am not getting better
- o I look very unwell
- o I am exhausted
- o I am going blue
- o I have collapsed
- o I am finding it very hard to breathe

**CALL 999 AND FOLLOW OPERATOR ADVICE.**

## 4 I am feeling better

- o My initial symptoms have now resolved. Please let me rest for 10-20 minutes following using my inhaler. Check in with me through the day.
- o Please inform my parents/carers
- o Please inform the Asthma Champion that I have required my inhaler or the emergency kit to be used.
- o If the emergency inhaler/spacer is used, then please ensure steps are taken to replace urgently.

**Example of Emergency Inhaler Use in School Record**

Date	Child's Name	Time	Medicine	Dose	Parent informed	Spacer given to child as single use only	New Inhaler /Spacer Obtained	Signature	Print Name



## Consent for Emergency inhaler: Example Primary School Letter

Dear Parent/Guardian,

We are currently reviewing our asthma policy in partnership with the Hampshire and Isle of Wight Integrated Care Partnership. Please would you update the information regarding your child so we can ensure our school records are accurate. Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. To keep your child safe, please provide a reliever (Salbutamol) inhaler and spacer for your child to have in school. This is in addition to the inhaler and spacer that you keep for your child. If you do not wish for us to use the schools' inhaler in an emergency, then please indicate below. In an emergency, staff within school have training to assist your child to use the emergency inhaler.

Please note that everyone with asthma should use a spacer with their inhaler to deliver maximum benefit to the lungs (unless your child has a breath actuated inhaler). Children who use breath actuated inhalers can still use the emergency salbutamol inhaler and spacer within school if needed in an emergency. If your child does not have a spacer or has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible. At the annual asthma review, your child should receive a Personal Asthma Action Plan (sometimes called an asthma plan), please provide a copy of this plan to school so they can safely care for your child and understand their asthma management.

For more information on reasons for and how to use a spacer and about Personal Asthma Action Plans please see the Wessex Healthier Together Website <https://www.what0-18.nhs.uk> . If your child does not have a diagnosis of Asthma but has regular wheeze outside of viral illnesses, then please consult their GP as soon as possible to discuss if it could be Asthma.

Please complete the information below and return to school as soon as possible.

Yours sincerely,

I confirm that my child has been diagnosed with asthma

I confirm my child has been prescribed an inhaler

My child has a working, in-date inhaler and spacer clearly labelled with their name, which they will have with them at school every day

I have provided a copy of my child's Personal Asthma Action Plan

Please tick if you **DO NOT** wish the school to use the schools' inhaler in an emergency

Signed:

Date:

Name:

Relationship to Child:

Child's Name:

Class: