

Asthma Policy



Westgate C.P.
School

Inspire • Create • Learn

Version	Date	Author	Comments
1	May 2025	R Kidd	Adapted from Leeds West CCG School Asthma Policy (2017)

Date Approved:	May 2025
Approved By:	CoG
Statutory Policy:	Yes
Review Cycle:	Annual

Asthma Policy

Named School Asthma Champion: Louise Sparks and Debbie Ward

Named Headteacher: Rhonda Kidd

School Asthma Healthcare Professional Contact: Lakshman Rahman

Raman.Lakshman@wsh.nhs.uk Lakshman is a Consultant at West Suffolk Hospital

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 + Lung UK).

As an accredited Suffolk Asthma Friendly School (currently Silver Award), 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:

- Named staff members, who are the Asthma Champions and takes the lead in School for Asthma. At Westgate, the Asthma Champions are Louise Sparks and Debbie Ward.
- An Asthma Policy
- An Asthma Register
- Emergency Medication Kits. At Westgate, we have 4 kits – 1 per phase (EYFS, KS1 and KS2) and 1 held in the school office.
- Requested a copy of the Personalised Asthma Action Plan (PAAP) for each child with Asthma
- Recorded and shared relevant information
- Enabled Asthma Training for staff <https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together>

Asthma Champion (Lead)

This school has 2 Asthma Champions (or Asthma Leads) 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) and ensure measures are in place so that children have immediate access to their inhalers. The Asthma Champions 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 the school, which we update yearly. 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 then:

- Request a copy of their Personal Asthma Action Plan (PAAP).
- Complete a school asthma care plan
- Obtain signed consent to use the schools Emergency Universal Inhaler (in the event the child's inhaler fails to work or is not usable for any reason)

Medication including Inhalers.

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

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 +Lung UK).

We encourage self- administration but recognise that children may still need supervision in taking their inhaler.

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 medicine policy on the Asthma and Lung UK website for further details about administering medicines: <https://www.asthmaandlung.org.uk/living-with/inhaler-videos> (Source: Asthma+Lung UK).

Refer also the Westgate Managing Medical Conditions and First Aid Policy

Personal Asthma Action Plans (PAAP)

Asthma UK evidence shows that if someone with asthma uses a Personal Asthma Action Plan, 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 personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma+Lung UK)

Staff Training

Staff will access training for CYP Asthma at least every two years. This training will be accessed by the NHS England CYP Asthma e-learning suitable for school staff -

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together>

The school commits to training as many staff as possible to ensure children with Asthma are supported in school. This training is usually completed as part of a PD Day agenda.

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, when children are off school site (residential, trips etc), class teachers complete a risk assessment that includes provision for children with asthma. 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 coaches/teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma+Lung UK.)

Pupils with asthma are encouraged to participate fully in all activities. PE coaches/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+Lung UK). Purple bags containing the inhalers are taken to class indoor and outdoor PE lessons.

If a child is unable to do PE or attend school due to asthma, this is logged with the office via our CPOMS system.

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+Lung UK). The PE coaches will take an emergency inhaler kit with them to afterschool clubs that take place outside. They will also have a radio so that they can contact a member of school staff/First Aider if needed.

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 PAAP, 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.

Emergency Inhaler 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 are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription and have 4 available (EYFS, KS1, KS2 and School Office). 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:

- the 4 universal inhalers and disposable spacers are present and in working order, and the inhaler has sufficient number of doses available (actuation record available). This will be done on a termly basis
- 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 or returned to parent/carers

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.

Day to day management

As a school, we request that children with asthma have a PAAP or a School Asthma Care 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 on an individual basis. We will also send home our own asthma plan and consent form for every child with asthma each school year and use this information if we have not been supplied with a personal asthma action plan from the doctor/nurse.

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.

Children that have required their asthma medication in school will have this recorded (accident form) and a copy given to parent/carer.

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
- Inability to talk or complete sentences. Some children will go very quiet
- indications of a tight chest – the child may try to tell you that their chest 'feels tight' and 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

It goes on to explain 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)
- 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 +Lung UK www.asthmaandlung.org.uk
- Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools.
- BTS/SIGN guidelines for CYP Asthma.