

# ST BEDE'S CATHOLIC INFANT SCHOOL

## ASTHMA POLICY

**Agree by staff: Summer 2018**

**Agree by Governors: Summer 2018**

**Review Date: Summer 2019**

**Signed by Chair of Governors: Margaret Rowlands Date: 20.6.18**

This Policy has been adopted and adapted from HBC guidance

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## **Section 1: Background and roles and responsibilities**

### **1.0 Background**

- 1.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own asthma reliever at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their asthma reliever on them, and if not, it should be easily accessible to them.
- 1.2 Pupils at school with medical conditions, including asthma, should be properly supported so that they have full access to education, including school trips and physical education.
- 1.3 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions, which includes asthma.
- 1.4 St Bede's Catholic Infant School Asthma policy is a stand-alone policy, however it complements the [‘Supporting Pupils at School with Medical Conditions Policy’](#)

### **2.0 Scope**

2.1 This Policy is designed to ensure that:

- The school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school.
- Pupils at St Bede's Catholic Infant School with asthma, will be properly supported to ensure they:-
  - have full access to education, including school trips and physical education.
  - can play a full and active role in school life, remain healthy and achieve their academic potential;
- Staff who come into contact with pupils with asthma are provided with training on asthma awareness from the school nurse. Training is updated once a year.
- Supply teachers and new staff are also made aware of the policy.

### **3.0 Roles and Responsibilities**

#### **3.1 Governing Bodies**

3.1.1 It is the responsibility of Governing Bodies to ensure that arrangements are in place to support pupils with asthma. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so they should ensure that:-

- Adequate resources are made available for the implementation of the Policy;
- There are suitable arrangements at school to work in partnership and to generally adopt acceptable practices in accordance with the Policy;
- They take into account that asthma can affect quality of life and may be life-threatening;
- The focus is on the needs of each individual child and how their asthma impacts on their school life;
- In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for managing asthma in school;
- The school demonstrates an understanding of how asthma impacts on a child's ability to learn, as well as increase their confidence and promote self-care;
- That staff are properly trained to provide the support that pupils need; and
- That written records are kept of all asthma relievers administered to pupils.

#### **3.2 Head teachers**

3.2.1 Head teachers are responsible for implementing this policy and developing with health care professionals, when appropriate, Self-Management Plans to ensure that relevant staff have sufficient resources, including training, to support pupils with asthma. Self-Management Plans will not be prepared for every child or young person with asthma but may be appropriate in some cases.

3.2.2 Furthermore Head teachers will need to ensure that there is effective coordination and communication with relevant partners, professionals, parents and the pupils.

3.2.3 Through the ‘named person’ for supporting pupils at school with medical conditions  
Head teachers should ensure that:

- The school has an asthma policy, which is made available to staff and parents/carers;
- Ensure that the Head teacher signs the agreement for the school to administer the asthma reliever (see appendix ‘B’);
- All staff should receive ‘Asthma Awareness’ training to support children with asthma. This training includes induction arrangements for new staff and must be refreshed every 12 months;
- Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils;
- All relevant staff are made aware of the child’s asthma including any requirement for the child to participate in outside the classroom activities where appropriate;
- Supply teachers are briefed;
- Risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- Procedures are in place to cover any transitional arrangements between schools for any medical issues relating to the child’s asthma;
- For children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;
- Self-Management Plans are monitored including identifying pupils who are able to take their own asthma relievers on agreement with parents/carers;
- Procedures are in place for the management of accepting, storing and administering asthma reliever ;
- Arrangements are made for the management of salbutamol inhalers and spacers if purchased by the school for use in an emergency;
- Communicate to all staff what to do in an emergency and what constitutes an emergency in accordance with Asthma Management Chart (see appendix ‘J’);
- Complete and maintain the Asthma Register (see appendix ‘I’); and
- Ensure that staff are trained annually in Asthma Awareness. Asthma Awareness Training is provided through the School Nursing Service but must be booked.

### 3.2.4 Administration of Asthma Reliever

Children with asthma are likely need to take their asthma reliever during the school day at some point during their time in a school or setting. Head teachers are also responsible for the management of accepting, storing and administering any asthma reliever, which can be completed by ensuring that,

- a) Consent is obtained to administer asthma reliever from parents (see appendix 'A')  
*Please note that lack of a completed parental consent form should not preclude the administration of an asthma reliever if prescribed for a child/young person;*
- b) As agreed with parents, any administration of asthma relievers must be recorded (see appendix 'D');
- c) Asthma relievers should always be stored appropriately, but must be easily accessible to the child in case of an emergency;
- d) As part of the signed agreement with parents, taking action to ensure that asthma reliever is administered;
- e) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;
- f) Ensuring that the appropriate systems for information sharing are followed;
- g) Schools should only accept asthma relievers from parents that are in date, labelled and have been prescribed by a doctor or asthma nurse prescriber;
- h) Asthma relievers should always be provided in the original container as dispensed by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage; and
- i) Asthma relievers should be easily accessible in an emergency.

### 3.3 School staff

3.3.1 School staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions. Every member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.3.2 School staff may be asked to provide support to pupils with asthma, including the administering of asthma relievers, although they cannot be required to do so. Although administering medicines including asthma relievers is not part of teachers' professional duties, they should take into account the needs of pupils with asthma and the duty of care they have towards the pupils that they teach.

### 3.3.3 All school staff have a responsibility to:

- Understand the school asthma policy;
- Know which pupils they come into contact with have asthma;
- Know what to do in an asthma attack (see appendix 'J');
- Allow pupils with asthma immediate access to their asthma reliever
- Inform parents/carers if their child is using their asthma reliever more than they usually would;
- Ensure pupils have their asthma reliever with them when they go on a school trip or out of the classroom;
- Ensure pupils who have been unwell catch up on missed school work;
- Be aware that a pupil may be tired because of night-time symptoms;
- Keep an eye out for pupils with asthma experiencing bullying;
- Liaise with parents/carers, the school nurse and special educational needs; and
- Contact Coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

## 3.4 PE

### 3.4.1 In PE teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled;
- Ensure pupils have their asthma reliever with them during activity or exercise and are allowed to take it when needed;
- If a pupil has asthma symptoms while exercising, allow them to stop, take their asthma reliever;
- Remind pupils with asthma whose symptoms are triggered by exercise to use their asthma reliever 10 minutes pre-exercise; and
- Ensure pupils with asthma always warm up and down thoroughly.

### **3.5 School nurses**

3.5.1 Every school has access to school nursing services. School nurses can help to:

- Support staff implementing a child's Self-Management Plan; and
- When requested provide specialist asthma awareness training to schools. This must be repeated every 12 months.

### **3.6 Pupils**

3.6.1 Pupils have a responsibility to:

- Treat all pupils equally;
- Let any pupil having an asthma attack take their asthma reliever (usually blue) and ensure a member of staff is called;
- Tell their parents/carers or teacher when they are not feeling well;
- Treat asthma relievers with respect;
- Know how to gain access to their asthma reliever in an emergency; and
- Know how to take their own asthma reliever.

3.6.2 Asthma relievers for pupils with asthma need to be readily available. Pupils who are mature enough can look after their own asthma relievers (see 5.0 below). They should always be available during physical education classes and outdoor learning.

### **3.7 Parents/carers**

3.7.1 Parents/carers have a responsibility to:

- Tell the school if their child has asthma;
- Inform the school about the asthma reliever their child may require during school hours;
- Inform the school of any asthma reliever the child may require while taking part in school including any trips and other out-of-school activities such as school team sports;
- Tell the school about any changes to their child's asthma treatment including what they take and how much;
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);



- Ensure their child's asthma reliever/packaging (and spacer where relevant) is labelled with their name. Asthma relievers should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage and storage. Spacers should be labelled with the child's name, rather than a pharmacy label;
- Provide the school with a spare asthma reliever and spacer labelled with their child's name;
- Ensure that their child's asthma reliever and the spare is within its expiry date;
- Ensure their child catches up on any school work they have missed; and
- Ensure their child has regular asthma reviews with their doctor or asthma nurse.

## **Section 2: Asthma Management**

### **4.0 Storing Asthma Relievers**

- 4.1 Children should know where their own asthma relievers are stored and be able to access them. At St Bede's Catholic Infant School all asthma inhalers are stored in a blue box with the child's name clearly visible. They are stored in an easily accessible place, such as the internal window sill.
- 4.2 Staff should store and assist if necessary administration of asthma relievers that have been prescribed for an individual child or a salbutamol inhaler that has been purchased by the school for use in an emergency.
- 4.3 The inhaler and spacers for salbutamol inhalers are kept in a safe and suitable location in the school, which is known to all staff, and to which all staff have access at all times. The inhaler and spacer should not be locked away. At St Bede's Catholic Infant School all asthma inhalers are stored in a blue box with the child's name clearly visible. They are stored in an easily accessible place, such as the internal window sill.

### **5.0 Self-Management**

- 5.1 After agreement with parents it is good practice to support and encourage children, who are able and competent to do so, to take responsibility to manage their own asthma reliever from a relatively early age and schools should encourage this.
- 5.2 The age at which children are ready to take care of, and be responsible for, their own asthma reliever, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. This should be documented in the Self-Management Plan after discussion health care professionals and parents where appropriate.

- 5.3 A pupil can self-administer their asthma reliever if there is written parental consent and this is agreed with the doctor or asthma nurse and head teacher. Younger children or those not mature enough to self-administer asthma reliever will be supported by the school with the administration of their asthma reliever.

## **6.0 Record keeping**

- 6.1 At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. The school uses this information to complete an 'Asthma Register' (see appendix 'I').
- 6.2 The school shall have a request from the parent for the school to administer asthma relievers to their child (see appendix 'A'). The administration of asthma reliever should only be conducted in accordance with parental agreement and as set out in the Self-Management Plan where appropriate.
- 6.3 Where pupils are considered competent to administer their own inhaler, parental permission must be sought (see appendix 'C').
- 6.4 Where pupils self-administer or where a member of staff administers, a record should be made following each administration of asthma relief on Child Asthma Administration Record (see the Appendix 'D').
- 6.5 Receipt of asthma relievers must be logged and an entry made when returned to parents (see Appendix 'D')

## **7.0 Disposal of Asthma Relievers**

- 7.1 Staff should not dispose of asthma relievers that have been prescribed for a pupil. Parents are responsible for ensuring that date-expired or unused asthma relievers are returned to a pharmacy for safe disposal. They should also collect asthma relievers held at the end of each term. If parents do not collect all asthma relievers, they should be taken to a local pharmacy for safe disposal. A written record should be kept and parents informed.
- 7.2 If the school needs to dispose of a salbutamol inhaler that it has purchased for emergency use, then this should be taken by the school to the pharmacy for safe disposal.

## **8.0 Exercise and activity – PE and games**

- 8.1 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 aware of which pupils have asthma from the school's asthma register.

- 8.2 Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their asthma reliever 10 minutes pre-exercise, and to thoroughly warm up and down before and after the lesson. It is agreed with staff that each pupil's asthma reliever will be labelled and kept in a box at the site of the lesson, if required. If a pupil needs to use their asthma reliever during a lesson they will be encouraged to do so.
- 8.3 Classroom teachers follow the same principles as described above for games and activities involving physical activity. Pupils with asthma are encouraged to participate fully in all PE lessons. When pupils self-administer they should be encouraged to tell a member of staff and then the administration can be recorded.

## **9.0 Day trips, school visits and after school clubs**

- 9.1 There has been a large emphasis in recent years on increasing the number of children and young people involved in day trips and school visits. The health benefits of exercise are well documented and 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 day trips, school visits and after school clubs.
- 9.2 Classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. Each educational visit will require a risk assessment to cover the risks associated with a child going on the trip, which will require sufficient notice and planning to ensure any risks can be mitigated. No individual child or young person's details are to be put onto Evolve. The Asthma Management Chart (see appendix 'J') should be taken on school trips and also the Self-Management Plan for individual children where one is in place.
- 9.3 There should be sufficient members of staff accompanying children or young people with asthma for day trips, school visits or after school clubs; should have completed the asthma awareness training within the last 12 months.

## **10.0 School environment**

- 10.1 St Bede's Catholic Infant School does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. For any concerns regarding pupils with asthma the Asthma Management Chart should be followed unless the child has a separate Self-Management Plan.

## **11.0 Making the school asthma-friendly**

- 11.1 St Bede's Catholic Infant School ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and in science, design and technology, geography, history and PE.

## **12.0 When a pupil is falling behind in lessons**

- 12.1 If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- 12.2 St Bede's Catholic Infant School recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

## **13.0 Asthma attacks**

- 13.1 All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- 13.2 In the event of an asthma attack the school follows the Asthma Management Chart attached in Appendix I. This procedure is visibly displayed in the staffroom and every classroom, plus the hall, ICT suite and school office.

## **14.0 Keeping Salbutamol Inhalers (Asthma Attack) for use in Emergencies**

- 14.1 From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep salbutamol inhalers for use in emergencies.
- 14.2 The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given (Appendix F), who have either been diagnosed with asthma and prescribed an inhaler/reliever, or who don't have a diagnosis of asthma but have been prescribed an asthma inhaler/reliever. The emergency inhaler can be used if the pupil's prescribed asthma reliever is not available (for example, because it is broken, or empty).
- 14.3 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.
- 14.4 The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed an asthma reliever and for whom written parental consent has been given.
- 14.5 Keeping an inhaler for emergency use will have many benefits. For identifying an asthma attack and emergency procedures it could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. However, this is a discretionary power enabling schools to do this if they wish.

14.6 In order to use schools should:-

- a) Have a register of children in the school that have been diagnosed with asthma or prescribed an inhaler/ reliever, a copy of which should kept with the emergency inhaler (see appendix 'I')
- b) Have written parental consent for use of the emergency inhaler (see appendix 'G')
- c) Ensure that the emergency inhaler is only used by children with asthma or prescribed a reliever inhaler with written parental consent for its use
- d) Ensure that appropriate support and training for staff is provided in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- e) Maintain records of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler and follow Asthma Management Pathway in appendix I
- f) Have at least two volunteers responsible for ensuring the protocol is followed. In St Bede's Infant School this is Miss J Boardman and Mrs C Towell.

14.7 Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma relievers to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. A draft letter for schools to use has been prepared (see appendix 'J'). Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit. The supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- a) The name of the school for which the product is required;
- b) The purpose for which that product is required, and
- c) The total quantity required.

14.8 Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler. Schools should be aware that pharmacies cannot provide inhalers and spacers free of charge and will charge for them.

14.9 With regard to care of the inhaler, the two named volunteers (Miss J Boardman and Mrs C Towell) amongst school staff should have responsibility for ensuring that:

- a) On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- b) That replacement inhalers are obtained when expiry dates approach;

- c) During an incident, if using the school's emergency spacer, then this must only be used for that child and can be given to that child for further use. It must not be used again for another child; and
- d) The plastic inhaler housing (which holds the canister) has been washed, air dried and returned to storage following use, or that replacements are available if necessary.

## **15.0 Emergency Procedures**

- 15.1 The Self-Management Plan should clearly define what constitutes an emergency for that particular child and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.
- 15.2 As part of general risk management processes all schools should also have arrangements in place for dealing with emergency situations. Schools should therefore take care not to solely focus on emergencies identified in the Self-Management Plan and appreciate that other emergency situations may occur.
- 15.3 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable, this includes out of class activities. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Other children should know what to do in the event of an emergency, such as, telling a member of staff.
- 15.4 Where the Head teacher/member of staff considers that hospital treatment is required in accordance with the Asthma Management Chart (see appendix 'I') the school should contact the emergency services for advice and follow it. Parents must be contacted and informed of the situation.
- 15.5 If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

## **16.0 Insurance**

- 16.1 Schools buys into Halton Borough Council's insurance scheme:

Where a member of staff acting in the course of employment supports pupils with asthma at schools, they will be indemnified by the Council's liability insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met.

- ✓ They have received full appropriate training to carry out any medical interventions for that pupil
- ✓ They have received refresher training at the required intervals

- ✓ They have used the relevant protective equipment for that purpose
- ✓ There is written parental instruction and consent
- ✓ It is made clear to non-trained staff that they should not administer asthma reliever

## **17.0 Complaints**

- 17.1 Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted.