Author: Hawthorn Tree School
Date approved by Governors: September 2023
Date for review: September 2027

The Principles of our school Asthma Policy

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- **The school acts upon medical advice provided by the G.P./ Asthma Nurse and Parent**. The school ***WILL NOT*** consent to the administering of Asthma Relievers without clear agreed medical guidance concerning the child's severity and risk. **The school requires an Asthma Plan for the child to be provided by the G.P./ Asthma Nurse and Parent**. The individual Child's Plan ***MUST*** state the number of Reliever doses and the **technique of breathing** to be used. The plan ***MUST*** also state if the child is self-administering or if the child requires assistance and the ***exact nature*** of that assistance. The school ***WILL NOT*** consent to the administering of Asthma Relievers without this clear agreed medical guidance in writing and signed by the Parent, G.P./ Asthma Nurse and School.
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, Asthma uk, the local education authority, the school health service, parents and the governing body.

1. This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

2. Our school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are ALSO MADE AWARE OF THE POLICY.

Medication

Immediate access to reliever is vital. Children's reliever inhalers are kept in the medication box in the pupil's classroom (classrooms have clear label for the location of these medical boxes), and individual reliever inhalers are taken to all off site activities. When reliever inhalers are needed frequently, for example during a 'trigger' period, reliever inhalers will be available with the child.

Reliever inhalers being held centrally (school office), allows for immediately accessible wherever the child is working within the school at all times if the child's individual asthma a plan details this need for more frequent usage.

Parents are required to ensure that the school is provided with a labelled reliever inhaler. All inhalers must be labelled with the child's name by the parent. Parents are **RESPONSIBLE FOR ENSURING AN IN DATE** Reliever is always available in school.

All school staff will let children take their own medication when they need to (technique and dosage **MUST** be supplied by the Parent and Medical staff from the child's G.P. Asthma Plan for the school to have clear guidance) . This will be recorded on the child's individual medical log found in the package with their inhaler and written parental consent form.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. Written details from the child's G.P. / Asthma Nurse **MUST** be obtained prior to the school consenting to administer/ oversee Asthma medication. The school has agreed proformas for the G.P. Asthma Nurse & Parent to complete. Administration logs are signed whenever the child uses their reliever inhaler.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets (Risk Assessments are completed for one off or short term animal/ bird visits) and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the Parent/ Asthma school nurse or G.P. and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure:

1. Ensure that the reliever inhaler is taken immediately.

2. Stay calm and reassure the child.

3. Help the child to breathe by ensuring tight clothing is loosened.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.

The child's parents must be told about the attack.

Emergency procedure

Call the child's doctor urgently from the school office using the asthma register to find out the number of the GP if:

1. The reliever has no effect after five to ten minutes
2. The child is either distressed or unable to talk
3. The child is getting exhausted
4. You have any doubts at all about the child's condition

If the Doctor is unobtainable, call an ambulance if for any reason the child stops breathing, an ambulance should be called immediately.

A child should always be taken to hospital in an ambulance.

ROLES AND RESPONSIBILITIES

Asthma UK recommends the following roles in developing an asthma policy:

Employers/Governors

Employers have a responsibility to:

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
- Make sure the asthma policy is effectively monitored and regularly updated
- Report to parents, pupils, school staff and local health authorities about the successes and failures of the policy
- Provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help

Head teachers and principals

Head teachers and principals have a responsibility to:

- Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- Plan the school's asthma policy in line with devolved national guidance
- Liaise between interested parties – school staff, school nurses, parents, governors, the school health service and pupils
- Ensure the asthma policy is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the school asthma policy
- Regularly monitor the policy and how well it is working
- Delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy

School staff

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
- Allow pupils with asthma immediate access to their reliever inhaler and use it according to the medical guidance received by the school.
- Tell parents if their child has had an asthma attack and if they used their reliever medicines
- Ensure pupils have their asthma medicines 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, the school nurse and Special Educational Needs Coordinators (SENCO)/Learning Support & Special Educational Needs Department (LSSEND) if a child is falling behind with their work because of their asthma

PE/ Sport teachers

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 reliever inhaler with them during activity or exercise and are allowed to take it when they need to
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)
- Remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler a few minutes before warming up
- Ensure pupils with asthma always warm up and down thoroughly

School nurses (G.P. Asthma Nurses)

School nurses have a responsibility to:

- Help plan/update the school asthma policy
- If the school nurse has an asthma qualification it should be their responsibility to provide regular training for school staff in managing asthma
- Provide information about where schools can get training if they are not able to provide specialist training themselves

Individual doctor/nurse of a child or young person with asthma

Doctors and nurses have a responsibility to:

- Complete the school asthma cards provided by parents
- Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- Provide the school with ***specific and detailed*** information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents)

Parents/carers

Parents/carers have a responsibility to:

- Tell the school if their child has asthma

- Ensure the school has a completed and up-to-date school asthma card for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports
- Tell the school about any changes to their child's medicines. 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)
- Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with their child's name
- Ensure their child's reliever inhaler that they take to school with them is labelled with his/her name
- Ensure that their child's reliever inhaler and the spare is within its expiry date
- ***Ensure the child knows how to use the reliever.***
- Keep their child at home if he/she is not well enough to attend school
- Ensure their child catches up on school work missed if their child is unwell

Pupils

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their blue inhaler and ensure a member of staff is called (at Hawthorn Tree Primary School staff are always proximate to children).
- Tell their parents, teacher or PE teacher when they are not feeling well
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know ***how to take their own*** asthma medicines

FREQUENTLY ASKED QUESTIONS

Q - Where should the school keep reliever medicines?

A - Immediate access to reliever medicines is essential. Delay in taking a reliever inhaler, even for a few minutes, can lead to a severe attack and in very rare cases has proved fatal

As soon as a child is mature enough, allow them to keep their reliever inhaler with them at all times. The child's parents, doctor or nurse and teacher (**n.b. at Hawthorn Tree School, this decision is the prime responsibility of the G.P./ Asthma Nurse and Parent**) can decide when they are old enough to do this (**usually by the time they are seven**)

Keep younger children's inhalers in an accessible place in the classroom such as in the class first aid box. Make sure they are clearly marked with the pupil's name. At break time, in PE lessons and on school trips make sure the inhaler is still easily accessible to the pupil.

All parents of children and young people with asthma should be asked to provide a spare inhaler so that if their child forgets or loses their own, a spare is available

In primary school spare inhalers should be kept in the pupil's individual classroom.

Reliever inhalers must never be locked up or kept away from the pupil with asthma

Q - What happens if a child or young person takes too much reliever medicine?

A - **Relievers are a very safe and effective medicine and have very few side effects**. Some children and young people do get an increased heart rate and may feel shaky if they take a lot of reliever. However, ***they cannot overdose*** on reliever medicines and these side effects pass quickly

Q What happens if a child or young person without asthma experiments with another child's reliever inhaler?

A - It is not harmful for a child or young person without asthma to try another child or young person's reliever inhaler. If they take a lot of reliever inhaler, they may experience an increased heart rate or tremor and be a little shaky, but this will pass shortly and will not cause any long-term effects.

It is important, however, to talk firmly with the child or young person who has tried somebody else's medicine so that they learn to treat all medicines with respect

Q - Do inhalers have an expiry date?

A - Yes all relievers have an expiry date. **Parents should be responsible** for ensuring that their child's medicines are within the expiry date. Reliever inhalers and preventers usually last about two years

A named staff member should be responsible for checking the expiry dates of all spare reliever inhalers kept at school

Q - What happens if a child or young person forgets their reliever inhaler?

A - Parents should be asked to provide a spare reliever inhaler labelled with their child's name. Parents should be contacted to see if they are able to provide a spare inhaler and notified of the situation. If the child's need increases then a call to 999 must be made.

Q - Should a child or young person with asthma use another child or young person's inhaler if they are having asthma symptoms and their reliever is not to hand?

A - Reliever inhalers are prescribed for individuals only and they should not be used by anyone else. If pupils with asthma have immediate access to their reliever inhaler and have a spare as back up kept in an accessible place, this situation should not occur. Remember, in an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent

Q - Why is an asthma register at school important?

A - It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:

- Help staff to remind the right pupils to keep their reliever inhalers with them at all times
- Help inform staff and supply teachers about the individual needs of pupils with asthma
- Allow important contact details for pupils with asthma to be kept in one central location
- Assist the school and parents to keep asthma medicines kept at school, within the expiry date
- Help the school identify common asthma triggers they can reduce or control in the school environment
- Allow pupils with asthma to participate more fully in all aspects of school life
-

Q - How often should the school asthma register be updated?

A - An identified member of school staff should have responsibility for the school asthma register. Part of this responsibility should be to ensure that the expiry dates of all spare reliever inhalers at school are checked every six months. This member of staff should also ensure that all parents are asked every year if their child has asthma. This could be part of their registration form. This member of staff should ensure a follow up letter is sent to all parents of children and young people with asthma (see the draft letter to parents, above)

It is the responsibility of parents to provide the school with details of what medicines their child is taking during the school day. Asthma UK produces a school asthma card that all parents of children and young people with asthma can be **given to pass on to their child's doctor or nurse to complete**. Parents should then return these completed cards to the school

Q - What should happen if a child or young person with asthma is falling behind with work because of time off school?

A - Many children and young people do miss school because of their asthma or are tired in class because they have had a disturbed night's sleep. This could be because:

The child or young person has severe asthma symptoms or

The asthma is not well controlled because the child or young person:

- has not been prescribed the right medicine for their needs
- is not using the correct inhaler technique
- is not taking their medicines as prescribed
- is not avoiding, or able to avoid, their asthma triggers

If a teacher is worried about a pupil they should first talk to the parents, then the school nurse or Special

Educational Needs Coordinator (SENCO). **Our school in these circumstances will if required, contact the G.P..**

Q - What are the most common things that trigger asthma symptoms in the school environment and what can be done to minimise their impact?

A - Asthma triggers commonly found in schools include furry or feathery animals, chemicals or fumes, mould, chalk dust, pollen, grass and cigarette smoke.

Taking the following steps in the school environment can go some way to preventing asthma attacks in pupils:

- Adopt a complete non-smoking policy on the school premises and for school activities and ensure it is upheld and maintained
- Ensure all staff and adults leading school activities taking place off site, such as sport training, school visits, outings and field trips adhere to a complete non-smoking policy
- Do not keep furry or feathery pets in classrooms or in the school

- As far as possible avoid fumes that trigger pupils' asthma in science and craft lessons. Use fume cupboards in science lessons if possible. If fumes are known to trigger a child or young person's asthma, allow them to leave the room until the fumes are no longer in the classroom
- Wet dust chalk boards
- Ensure rooms are regularly wet dusted and cleaned to reduce dust and house-dust mites
- Ensure classrooms are well aired
- Remove any damp and mould in the school quickly
- Avoid condensation as this will help reduce house-dust mites and mould spores
- Close windows during thunderstorms as they can release large quantities of pollen into the air and trigger asthma attacks
- Avoid keeping pollinating plants in the classroom or playground areas
- Ensure sporting fields are mown out of school hours. This is best done on a Friday afternoon (providing there is no sport on Saturday morning
- Ensure piles of autumn leaves (that may contain mould spores) are kept in areas away from pupils and are regularly removed from the school grounds
- Be aware that some chemicals in cleaning products may trigger asthma symptoms for some pupils. Check the list of triggers on the school asthma cards and stop using those identified

Q - Is asthma included in the national curriculum or school syllabus?

A - Asthma UK believes all pupils should be taught about asthma. Asthma can be included in several areas of the National Curriculum in England and Wales. These include:

Science: Key Stages 1 and 2 – Life processes and living things In Key Stage 1, asthma, its causes and treatments, can be included in both the sections on personal health and the role of drugs as medicines. In Key Stage 2 this can be extended to cover the effect that asthma has on the function of the lungs. It can also include the identification of 'triggers', both within the school and the wider environment

Design and Technology: Key Stages 1 and 2 – Knowledge and Understanding In both Key Stages, the area of products and applications can include a study of how different asthma inhalers work. The section on health and safety covers the control of risks within the environment

Geography: Key Stages 1 and 2 In both Key Stages, thematic studies can include learning about asthma and its relationship to environment quality. In Key Stage 1, local studies of the area around the school could focus on air quality. In Key Stage 2,

the study can cover the need to manage and sustain the environment in order to avoid pollution and other asthma triggers

History: Key Stages 1 and 2 Studies of local history can incorporate sections that focus on the change in the local environment caused by changes in industry and transport

PE: Key Stages 1 and 2 Children and young people should be encouraged to understand and adopt lifestyle choices that contribute to good health and well-being. PE teachers should be aware that pupils with asthma require access to all areas of the PE National Curriculum

Q - How should the school get agreement and support for the school asthma policy?

A - Involve all relevant groups in developing the policy including:

- Pupils with and without asthma
- All school staff
- The school health service and other local health professionals
- The local health authority

- Parents and their representative bodies
- The local education authority
- To ensure ongoing support for the policy, regular monitoring and updates of school asthma policies are essential. It is also important to make sure the policy is achievable and realistic for each individual school.

Q - Do school staff need training?

A - It is important that all school staff who come into contact with pupils with asthma are trained and that the training is updated regularly. School staff cannot be expected to be responsible for a particular condition without training (**or detailed, comprehensive and up to date medical advice**).

If the school nurse has an asthma qualification it should be their responsibility to provide training for school staff in managing asthma (Our school uses the advice of Boston Hospital Children's Nursing Team).

If the school nurse does not have an asthma qualification it is their responsibility to provide information about where schools can get training, through their local health authority or local healthcare contacts