



# Asthma Policy

Last updated: June 2020

## **Contents:**

### Statement of intent

1. Background
2. Key roles and responsibilities
3. Asthma medicines
4. Emergency inhaler
5. Symptoms of an asthma attack
6. What to do when a child has an asthma attack
7. Important points to remember
8. Record keeping
9. Exercise and physical activity
10. Out-of-hours sport
11. The school environment
12. Pupils falling behind
13. Monitoring and review

### **Appendices**

Appendix 1 – Letter to Parents

Appendix 2 – Asthma Policy Information Slip

## Statement of intent

### Glenmere:

Recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma.

Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities.

Recognises that pupils with asthma need immediate access to reliever inhalers at all times.

Keeps a record of all pupils with asthma and their medicinal requirements.

Ensures that the school environment is conducive to the education of pupils with asthma.

Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.

Understands that pupils with asthma may experience bullying and has procedures in place to prevent this occurring.

Works in partnership with interested parties, such as the governing body, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma.

---

Signed by:

\_\_\_\_\_ Headteacher

Date: \_\_\_\_\_

\_\_\_\_\_ Chair of governors

Date: \_\_\_\_\_

Review date: \_\_\_\_\_

## **Background**

- 1.1. This policy has been created with regard to the following DfE guidance:

‘Supporting pupils at school with medical conditions’  
December 2015.

‘Guidance on the use of emergency salbutamol inhalers in schools’

March 2015.

- 1.2. This policy has also been created in consultation with parents/carers, the governing body, school nurses and pupils, and with regard to additional guidance from Asthma UK and healthcare professionals.
- 1.3. This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.
- 1.4. This policy also encourages and assists pupils with asthma in achieving their full potential in all aspects of school life.

## **2. Key roles and responsibilities**

- 2.1. The governing body has a responsibility to:

Ensure the health and safety of staff and pupils on the school premises and when taking part in school activities.

Ensure that the Asthma Policy, as written, does not discriminate on any grounds, including, but not limited to: age, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.

Handle complaints regarding this policy as outlined in the school’s Complaints Policy.

Ensure the Asthma Policy is effectively monitored and updated.

Report any successes and failures of this policy to the Head Teacher, members of school staff, local health authorities, parents and pupils.

Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

2.2. The Head Teacher has a responsibility to:

Create and implement the Asthma Policy with the help of school staff, school nurses, LA guidance and the governing body.

Ensure this policy is effectively implemented and communicated to all members of the school community.

Ensure all aspects of this policy are effectively carried out.

Arrange for all members of staff to receive training on:  
how to recognise the symptoms of an asthma attack;  
how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the Asthma Register; how to access the emergency inhalers; who the designated members of staff are and how to achieve their help.

Ensure all supply teachers and new members of staff are made aware of the Asthma Policy and provided with appropriate training.

Monitor the effectiveness of the Asthma Policy.

Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's Asthma Register to a designated member of staff.

Report to the governing body and LA as necessary.

2.3. Members of school staff have a responsibility to:

Read and understand the Asthma Policy.

Know which pupils they come into contact with have asthma.

Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).

Allow pupils with asthma immediate access to their reliever inhaler.

Inform parents/carers if their child has had an asthma attack.

Inform parents/carers if their child is using their reliever inhaler more than usual.

Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.

Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.

Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.

Be aware that pupils with asthma may experience bullying.

Make contact with parents/carers, the school nurse and special educational needs coordinators (SENCOs) if a child is falling behind with their school work because of their asthma.

2.4. Members of staff leading PE lessons have a responsibility to:

Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.

Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.

Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.

Allow pupils to stop during activities if they experience symptoms of asthma.

Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a five minute waiting period before allowing the pupil to return).

Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.

Ensure pupils with asthma always perform sufficient warm ups and warm downs.

2.5. The school nurse (linked to the school and not on site) has a responsibility to:

Assist in the creation of the Asthma Policy.

Provide regular training for members of school

Provide information about where the school can procure specialist asthma training.

2.6. Pupils with asthma have a responsibility to:

Tell their teacher or parent/carer if they are feeling unwell.

Treat asthma medicines with respect.

Know how to gain access to their medication in an emergency.

Know how to take their asthma medicine.

2.7. All other pupils have a responsibility to:

Treat other pupils, with or without asthma, equally.

Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called immediately.

2.8. Parents/carers have a responsibility to:

Inform the school if their child has asthma.

Ensure the school has a complete and up-to-date asthma card for their child.

Inform the school of the medication their child requires during school hours.

Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.

Inform the school of any changes to their child's medicinal requirements.

Inform the school of any changes to their child's asthmatic condition. For example, if their child is currently experiencing sleep problems due to their condition.

Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.

Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.

Ensure their child catches up on any school work they have missed due to problems with asthma.

Ensure their child has regular asthma reviews with their doctors or asthma nurse (every six to twelve months).

Ensure their child has a written Personal Asthma Action Plan to help them manage the child's condition.

### **3. Asthma medicines**

- 3.1. Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer and the school nurse agree they are mature enough.
- 3.2. Reliever inhalers kept in the school's charge are held in the pupil's classroom in the school medical room.
- 3.3. Parents/carers must label their child's inhaler.
- 3.4. Parents/carers must ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, is lost or forgotten.

- 3.5. Members of school staff are not required to administer medicines to pupils (except in emergencies).
- 3.6. Staff members will let pupils take their own medicines when they need to.
- 3.7. This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them in if they consistently forget.

## 4. Emergency inhaler

4.1. Glenmere is able to keep a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. If extra inhalers are available, these are kept in 'emergency asthma kits'.

4.2. Emergency asthma kits contain the following:

A salbutamol metered dose inhaler  
Two plastic, compatible spacers

Instructions on using the inhaler and spacer

Instructions on cleaning and storing the inhaler  
Instructions for replacing inhalers and spacers

The manufacturer's information

A checklist, identifying inhalers by their batch number and expiry date

A list of pupils with parental consent and/or individual healthcare plans

permitting them to use the emergency inhaler

A record of administration showing when the inhaler has been used

4.3. Glenmere does not buy a supply of salbutamol inhalers however, would follow the Supporting Pupils with Medical Conditions Policy if extra inhalers were needed to be purchased.

4.4. The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

4.5. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

4.6. When not in use, emergency inhalers are stored in the school medical room in the temperate conditions specified in

the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

4.7. Expired or used-up emergency inhalers are returned to the parent of the child to be recycled.

4.8. Spacers must not be reused and may be given to the pupil for future home-use.

4.9. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

4.10. In line with the school's Supporting Pupils with Medical Conditions Policy, appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.

4.11. Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration.

4.12. Whenever the emergency inhaler is used, the incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the pupil's parents will be informed in writing.

4.13. The Head Teacher (or SENCO if Head Teacher is not available) is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining the Asthma Register.

4.14. Name of volunteer and name of volunteer are responsible for:

Checking that inhalers and spacers are present and in working order, with a

sufficient number of doses, on a monthly basis.

Ensuring replacement inhalers are obtained when expiry dates are approaching. Ensuring replacement spacers are available following use.

Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

## **5. Symptoms of an asthma attack**

5.1. Members of school staff will look for the following symptoms of asthma attacks in pupils:

Persistent coughing (when at rest)

Shortness of breath (breathing fast and with effort)

Wheezing

Nasal flaring

Complaints of tightness in the chest

Being unusually quiet

Difficulty speaking in full sentences

5.2. Younger pupils may express feeling tight in the chest as a 'tummy ache'.

## **6. What to do when a child has an asthma attack**

6.1. In the event of an asthma attack, staff will follow the procedure outlined below:

Keep calm and encourage pupils to do the same.

Encourage the child to sit up and slightly forwards

– **do not hug them or lie them down.**

If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.

If necessary, summon the assistance of a designated member of staff, to help administer an emergency inhaler.

Ensure the child takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.

Ensure tight clothing is loosened.  
Reassure the child.

6.2. If there is no immediate improvement:

Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a **maximum of 10 puffs**.

6.3. If there is no improvement before you have reached 10 puffs:

Call 999 for an ambulance.

If an ambulance does not arrive in 10 minutes, administer another 10

puffs of the reliever inhaler as outlined in 6.2.

6.4. Call 999 immediately if:

The child is too breathless or exhausted to talk. The child is going blue.

The child's lips have a blue/white tinge. The child has collapsed.

You are in any doubt.

## **7. Important points to remember**

7.1. Never leave a pupil having an asthma attack unattended.

7.2. If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler.

7.3. In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.

7.4. Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.

- 7.5. Send another pupil to get a teacher/adult if an ambulance needs to be called.
- 7.6. Contact the pupil's parents/carers immediately after calling an ambulance.
- 7.7. A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- 7.8. Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations Glenmere understands that it may be the best course of action.
- 7.9. If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

## **8. Record keeping**

- 8.1. At the beginning of each school year, or when a child joins Glenmere, parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.
- 8.2. The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.
- 8.3. Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Policy Information Slip ([Appendix 2](#)).

## **9. Exercise and physical activity**

- 9.1. Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.
- 9.2. Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.

- 9.3. Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.
- 9.4. During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.
- 9.5. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

## **10. Out-of-hours sport**

- 10.1. Glenmere believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise.
- 10.2. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.
- 10.3. Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

## **11. The school environment**

- 11.1. Glenmere does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.
- 11.2. As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.
- 11.3. If chemicals that are known to be asthmatic triggers are to

be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

## **12. Pupils falling behind**

- 12.1. If a pupil is falling behind in lessons because of their asthma, the class teacher will talk to the parents/carers to discuss how to prevent the child falling further behind and possible ways for the child to catch-up.
- 12.2. If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs and possible interventions.
- 12.3. The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

### **3. Monitoring and review**

13.1. The effectiveness of this policy will be monitored continually by the Head Teacher. Any necessary amendments may be made immediately.

13.2. The governing body will review this policy annually.

## Appendix 1 – Letter to Parents

Date:.....

Dear Parent,

Your child has had problems with his/her asthma/breathing today. This has required the use of their relief medication/the school emergency inhaler\*.

You are strongly advised to have your child seen by your doctor, especially if your child is not known to be asthmatic, as soon as possible.

Yours sincerely,

**Headteacher**

\*Delete as appropriate.

c.c. School Nurse.

## Appendix 2 – Asthma Policy Information Slip

**Name of school** keeps a record of pupils with asthma in order to ensure the best possible care for your child. In order for us to maintain effective records on our asthmatic children, please enter information as requested below:

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Class: \_\_\_\_\_

Doctor: \_\_\_\_\_

Type of inhaler: \_\_\_\_\_

Dosage required: \_\_\_\_\_  
(how many puffs)

I would also ask that you give us your permission to administer emergency treatment as indicated below by signing the section at the bottom of the letter.

At **name of school** we keep a **Ventolin Inhaler (Salbutamol) and a spacer device** which is available in emergency situations. We are able to provide these to children who have forgotten their inhaler or are undergoing a severe attack, where the spacer may be more effective in administration.

I hereby allow **name of school** to administer emergency treatment as indicated above:

Signature of parent/guardian: .....

Date: .....