VENN

WHITEHOUSE

# Asthma Policy

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|---|---|---|---|---|---|
| 1 | Summary | Asthma Policy | | | |
| 2 | Responsible person | Polly Dobson | | | |
| 3 | Accountable SLT member | Polly Dobson | | | |
| 4 | Applies to | ☒All staff<br>☐Support staff<br>☐Teaching staff | | | |
| 5 | Who has overseen development of this policy | Polly Dobson | | | |
| 6 | Who has been consulted and recommended policy for approval | | | | |
| 7 | Approved by and date | | | | |
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| 9 | Available on | Every | ☐Y<br>☒N | Trust website<br>Academy website<br>SharePoint | ☐Y ☐N<br>☒Y ☐N<br>☒Y ☐N |
| 10 | Related documents (if applicable) | | | | |
| 11 | Disseminated to | ☐Trustees/governors<br>☒All staff<br>☐Support staff<br>☐Teaching staff | | | |
| 12 | Date of implementation (when shared) | May 2026 | | | |
| 13 | Consulted with recognised trade unions | ☐Y ☐N | | | |

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## Policy statement

This policy has been written based on national asthma guidance from the British Thoracic Society and the National Institute for Health and Care Excellence, advice on asthma in schools from Asthma + Lung UK and the Department for Education, in addition to advice from healthcare and education professionals.

This school welcomes pupils with asthma and recurrent wheeze. We recognise that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. We encourage all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these children are encouraged to receive training at regular intervals and this school will ensure the opportunity is provided for attendance at training by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is strongly recommended for all schools.

## Asthma Friendly Schools Initiative

The Humber and North Yorkshire Asthma Friendly Schools Initiative is open to all schools in the Hull, The East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, York and North Yorkshire. The initiative enables a clear framework between schools, Public Health, and Primary/Secondary healthcare to ensure children and young people living with asthma have safe and effective management across settings. There are 7 standards required for a school to achieve to be awarded as Asthma Friendly status:

1) Identify an Asthma Champion for the school – Dianne Tranmer
2) Implement an Asthma policy
3) Maintain an Asthma Register
4) Purchase and maintain an Asthma emergency medication kit
5) Request a copy of a Personalised Asthma Action Plan for all pupils with a diagnosis or Asthma
6) Ensure good communication practices between home and school regarding asthma
7) 85% of school staff should receive Asthma education – either face to face or online, depending on local offer.

Please see Appendix 4 for more information on the Asthma Friendly Schools Initiative.

## Indemnity

School staff are not required to administer asthma medication to pupils. However, younger children and those experiencing acute symptoms may need help to deliver their inhaler. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

## What is Asthma?

Asthma is a common inflammatory condition that causes swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, and they temporarily narrow. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness.




A child's asthma may be classified as controlled or uncontrolled. Uncontrolled asthma could mean that a child has is at-risk of a life-threatening flare-up or an asthma attack. Signs of uncontrolled asthma are:

> Waking up at night because of asthma symptoms
> Getting asthma symptoms 3 or more times a week
> Using a reliever inhaler 3 or more times a week
> Having frequent asthma attacks or chest infections

The primary treatment for asthma is the use of an inhaled corticoid steroid inhaler that is taken on a daily basis. These preventer inhalers are used every day to prevent asthma symptoms happening. Reliever inhalers are used when needed to quickly relieve asthma symptoms for a short time. All staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

## Asthma Treatment/Medication

### Preventers

Preventer treatments (inhalers and/or oral medications) will be taken on residential school trips. Only reliever inhalers should be kept in school.

**Salbutamol Relievers**

Salbutamol is a reliever inhaler that is blue in colour, and is used to relieve asthma symptoms, such as wheeze, cough and breathlessness. Some children will have a different type of reliever inhaler, e.g. those following the MART approach (see below). Any child who does not use a salbutamol inhaler as their reliever will need an individual healthcare plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

**MART**



The




maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer and a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms.

MART inhalers contain a steroid, as well as reliever medication. Because of this it is important that no child uses another child's MART inhaler.




**At any age, any child who is able to identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it is necessary.**

**Good practice indicates that an emergency salbutamol (blue) inhaler is kept in school for staff to use if a child's own salbutamol inhaler runs out, is lost or their MART inhaler is not effective.**

**<u>Storage of Inhalers</u>**

**All children with asthma will have <u>IMMEDIATE</u> access to their reliever inhalers as soon as they need them.**

1. A child's reliever inhaler will be **<u>kept in the classroom</u>**
2. A child's reliever inhaler will always be taken with them when moving out of the classroom, e.g. for lessons, trips or activities.

For some children, it will be considered appropriate for them to carry their own reliever inhaler, however as a guideline:

**KEY STAGE 1**
Reliever inhalers and spacers will be kept by the teacher in the classroom in a designated place of which pupils will be made aware. If the child or class moves to another area within the school, or out of school on a trip/visit/residential, the reliever inhaler will be taken also.

**KEY STAGE 2**
Children aged 7 years and over, who are considered sufficiently mature, are encouraged to carry their own reliever inhaler with them; this is at the discretion of the parent/carer and teacher. Otherwise, the reliever inhaler must be stored as for Key Stage 1.

Year 6 pupils may be provided with a different inhaler device and asked to carry it to encourage independence in readiness for secondary education.

**Physical Education**
Taking part in sports is an essential part of school life and important for health and well-being; children with asthma are encouraged to participate fully. However, for some people with asthma, symptoms can be triggered by exercise so each child's reliever inhaler will be available at the site of the PE lesson/sports activity.

Certain types of exercise are more potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them, and will be encouraged to warm up prior to participating and cool down after.

**Reliever inhaler must be readily available to the pupils with asthma throughout the PE lesson/sports activity. It may be necessary that an individual member of staff is allocated the responsibility of facilitating access to inhalers during PE sessions, particularly if a pupil is unable to carry the inhaler on their person, for example they do not have pockets in their PE shorts.**

Children should not require their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice, and the school should ask the parent to seek written clarification from their doctor/nurse.

**School Trips/Visits/Residential Activity**
No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, carried either by the child themselves or by the supervising adult; this is at the discretion of the parent/carer and teacher as above. Group leaders will have appropriate contact numbers with them.

For residential visits, staff will be trained in the use of regular preventer treatments, as well as emergency management; it is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. The parent/carer must be responsible for ensuring an adequate supply of medication is provided.

**Emergency Procedures**

Each child should have a personalised asthma action plan that is shared with their school. These plans are an essential written guide in the event of worsening asthma or an asthma attack. Flow chart 1 included with this policy outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.

Some children may have a type of inhaler that can be used as both a preventer and a reliever. This is known as the MART approach (see below). Flow chart 2 outlines MART actions when using Symbicort.

Good practice suggests that copies of these flow charts are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma/uses the MART approach.

**How to administer a dose of inhaled medication through a spacer.**




One puff of blue reliever inhaler is administered via a spacer as follows:

1) Check the inhaler is in date and not empty
2) Shake the inhaler and remove the cap
3) Insert the inhaler into the spacer
4) Place the spacer mouthpiece between the teeth and lips **or** fit spacer mask over the mouth and nose, ensuring a good seal
   *(A mouthpiece is generally recommended for a child over the age of five).*

5) Press the inhaler canister down into the casing of the inhaler **once**, to release one puff of medication
6) The child or young person should breathe in and out 5 times or for 10 seconds before removing the spacer
   *If another puff is required, start again at step 2.*
7) Replace the cap

A video can be seen at:

BeatAsthma: How to use an aero chamber with a mouth piece

**MART approach**



the




Maintenance and reliever therapy (MART) involves use of a single inhaler that can act as both a preventer (maintenance) and as a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms, if they occur.

A supplemental flow chart for those using Symbicort for the MART approach is included in appendix 2. The maximum total daily dose of Symbicort (including daily preventer puffs) is normally no more than 8 puffs. Therefore, it is important to know how many puffs are being used as a reliever throughout the day (parent/carer must be informed).

If the MART inhaler has not worked or is unavailable, then the school emergency Salbutamol (blue) inhaler should be used.

There are currently two different brands of MART inhalers that are licenced for children and young people, Fobumix and Symbicort.

## Helping a child or young person to administer a dose of inhaled medication via a dry powder inhaler

One dose of  Symbicort or  Fobumix inhaler is administered as follows:

| | Symbicort: | Fobumix: |
|---|---|---|
| 1. | Check the inhaler is in date and not empty | Check the inhaler is in date and not empty |
| 2. | Unscrew and lift off the protective cover | Remove the cap |
| 3. | Hold the inhaler upright, twist the red grip, at the bottom, as far it will go in one direction and then turn it back in the other direction. You should hear a click. | Shake the inhaler and click down the red top and let it click back into its original position. |
| 4. | Breath out (not into the inhaler) | |
| 5. | Tilt the chin slightly and put lips around the mouthpiece | |
| 6. | Breathe in – Quick and Deep | |
| 7. | Remove the inhaler from the mouth and hold breath for 5-10 seconds, then breath out | |
| 8. | Repeat all steps if more inhalations required | |

A video can be seen at:

Beat Asthma - how to use a Turbohaler

(40) Beat Asthma - how to use an Easyhaler - YouTube

## Emergency Inhalers

In an emergency, if a pupil who is on the school asthma register, is experiencing asthma symptoms:

- has not got their own reliever inhaler/spacer with them or
- theirs is found to be empty, broken or out of date, or
- if they are not responding to their MART inhaler

then the school emergency salbutamol (blue) reliever inhaler/spacer should be used.

Emergency salbutamol (blue) inhalers and spacers will be kept in appropriate locations on the school site, so all staff can access one with ease, and will be used as per flow chart 1. A mouthpiece spacer is generally recommended for a child over the age of five as it more efficient at delivery the desired dose. It is the responsibility of All staff will know how and where to access the emergency inhalers and spacers.

If the school has not subscribed to having an emergency salbutamol (blue) inhaler and spacer, or there is no way of accessing it, then, in a situation where a child who is on the school asthma register and is having severe symptoms, it is acceptable to borrow a salbutamol inhaler and spacer from another child while waiting for emergency services. This should then be recorded in the child's records and both children's parents/carers informed.

**Cleaning the emergency inhaler and spacer**

Schools may use disposable spacers that once used can be thrown away in a normal rubbish bag/bin.
If a reuseable spacer is used then following use with an individual child, the spacer should be cleaned, by washing it thoroughly in hot soapy water and then leaving it to air dry thoroughly before putting it away.

When purchasing a reusable emergency spacer consideration should be made to the environmental impact. If it is within the school's policy that a reusable spacer cannot be re-used as an emergency spacer for infection prevention and control reasons, then it should be sent home with the individual child for their continued personal use. If this is the case than a new spacer must be purchased immediately to ensure an emergency spacer is available to utilise at all times.

The casing of the salbutamol (blue) inhaler can be cleaned by wiping it over with antibacterial solution/wipe.

**Replacing the emergency inhaler**

When replacing the emergency salbutamol (blue) inhaler, be aware that an inhaler can run out of medication before it is actually empty.

Salbutamol blue inhalers do not have dose counters. Each cannister of Salbutamol contains 200 puffs of medications. When the emergency inhaler is used in school the number of puffs should be recorded for each inhaler and replaced when 200 puffs have been used or by the expiry date, whichever comes first.

Out of date inhalers or empty inhalers, should be returned to the pharmacy for safe disposal.

**Inhalers and spacers can be purchased by the school for emergency use as recommended in *Guidance on the use of emergency salbutamol inhalers in schools (DoH September 2014).* See appendix 3 at end of this policy for a sample letter**.

**Record keeping**

When a child with a reliever inhaler joins this school, the parent/carer will be asked to complete a form giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually, or more frequently if required, using the information supplied by parents/carers. Any child who has a reliever inhaler should be included on the asthma register, even if they do not have a formal diagnosis.

Use of a reliever inhaler will be documented in the child's records and parents/carers informed.

**Asthma education for pupils**

It is encouraged that pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric respiratory specialist nurse team.

**Reporting concerns**

If a member of staff has concerns about the progress of a child with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

**Responsibilities**

**Parent/Carer have a responsibility to:**

- Tell the school that their child has asthma/has a reliever inhaler.
- Ensure the school has complete and up to date information regarding their child's condition. Including a Personalised Asthma Action Plan (PAAP), if the child/young person has one.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any changes to their child's medication.
- Advise the school of anything that might have an impact on symptoms.
- Provide the school with an inhaler (and spacer where appropriate) that has been prescribed for and labelled with that child's name as well as a personalised asthma action plan.

**All school staff (teaching and non-teaching) 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.
- Inform parent/carer if a child has had an asthma attack.
- Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to nighttime symptoms.
- Liaise with parent/carer, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma.

**Further Information can be obtained from:**

**Asthma + Lung UK**
www.asthma.org.uk
Home - Beat Asthma

**Humber and North Yorkshire Healthier Together**
https://www.hnyhealthiertogether.nhs.uk/

**Paediatric Respiratory Specialist Nurse Team**
Daryl Perkins or Helen Anfield
First Floor, Alderson House
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

Office Tel: 01482 675544

| Email: | Mobile: |
|---|---|
| Daryl.Perkins1@nhs.net | 07964686783 |
| Helen.Anfield@nhs.net | 07776136955 |

**For an asthma education update please contact the Paediatric Respiratory Specialist Nurse Team as above.**

# APPENDIX 1 – Flow Chart 1: If a Child has Signs of Asthma Attack and uses a salbutamol (blue) inhaler







**Signs of an Asthma Attack:**

- Wheezing
- Shortness of breath/difficulty breathing
- Coughing
- Chest tightness (young children may express this as tummy ache)

**Stay with me and call for help.**

Think Anaphylaxis!

- Do I have an allergy action plan?

and/or

- Do I have an adrenaline autoinjector pen?
- If yes, follow Allergy Action Plan
- Be prepared to give adrenaline
- Call an Ambulance

- Keep Calm and offer reassurance
- Sit me up and slightly forward
- **Give Two puffs of the blue inhaler (One puff at a time) via a spacer**
- If no inhaler available call 999 immediately

Wait a few minutes, did this help?

1. Shake my blue reliever inhaler, remove the cap and the place inhaler in my spacer
2. Help me to place the spacer mouthpiece between my teeth and lips to make a seal.
3. Give **One** puff at a time, I need to take 5 breaths in and out of the spacer for each puff.
4. Repeat all these steps for each puff

**Yes**

- ✓ I can return to normal activities
- ✓ Relief from my blue inhaler should last 4 hours
- ✓ Please check on me again
- ✓ Let my parents or carers know that I needed to use my reliever inhaler today.

**No**

- x I am too breathless to talk or walk
- x I am coughing and wheezing a lot more
- x I am breathing hard and fast
- x I go very quiet

Give me up to **Ten puffs** of my blue inhaler (1 at a time) via a spacer

If at any point you are worried, or I am getting worse call **999**

Continue to give me **One** puff of my blue inhaler every 30-60 seconds until the ambulance arrives.

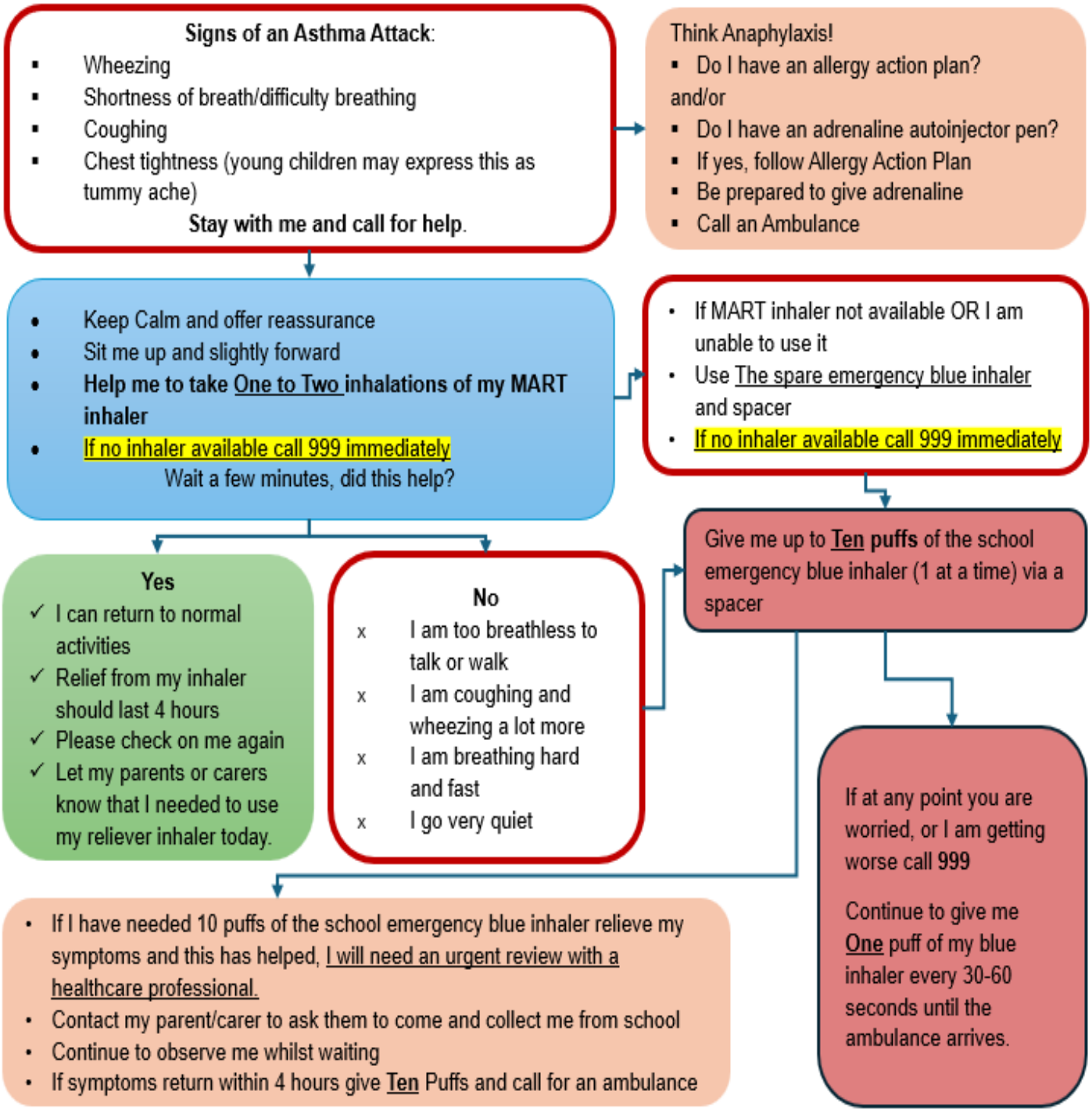
- If I have needed 10 puffs and this has helped, I will need an urgent review with a healthcare professional.
- Contact my parent/carer to ask them to come and collect me from school
- Continue to observe me whilst waiting
- If symptoms return within 4 hours give **Ten** Puffs and call for an ambulance

# APPENDIX 2 – Flow Chart 2: MART Reliever approach



OR




Signs of an Asthma Attack:
Wheezing
Shortness of breath/difficulty breathing
Coughing
Chest tightness (young children may express this as tummy ache)
Stay with me and call for help.
Think Anaphylaxis!
Do I have an allergy action plan?
and/or
Do I have an adrenaline autoinjector pen?
If yes, follow Allergy Action Plan
Be prepared to give adrenaline
Call an Ambulance
Keep Calm and offer reassurance
Sit me up and slightly forward
Help me to take One to Two inhalations of my MART inhaler
If no inhaler available call 999 immediately
Wait a few minutes, did this help?
If MART inhaler not available OR I am unable to use it
Use The spare emergency blue inhaler and spacer
If no inhaler available call 999 immediately
Yes
I can return to normal activities
Relief from my inhaler should last 4 hours
Please check on me again
Let my parents or carers know that I needed to use my reliever inhaler today.
No
I am too breathless to talk or walk
I am coughing and wheezing a lot more
I am breathing hard and fast
I go very quiet
Give me up to Ten puffs of the school emergency blue inhaler (1 at a time) via a spacer
If at any point you are worried, or I am getting worse call 999
Continue to give me One puff of my blue inhaler every 30-60 seconds until the ambulance arrives.
If I have needed 10 puffs of the school emergency blue inhaler relieve my symptoms and this has helped, I will need an urgent review with a healthcare professional.
Contact my parent/carer to ask them to come and collect me from school
Continue to observe me whilst waiting
If symptoms return within 4 hours give Ten Puffs and call for an ambulance

Head Teacher
Good Boys Academy
Good Girls Road
Hull

Community Pharmacist
Good Boys Road
Hull

Dear Pharmacist

Please can I place an order for the following items to be used as emergency treatment in the management of asthma as per School Asthma Policy January 2018 and in line with *Guidance on the use of emergency salbutamol inhalers in schools (DoH September 2014).*

Spacers with both a mouthpiece and mask, stipulating child or adult mask (or both) and the number required.

Salbutamol Metered Dose Inhaler 100mcgs - number required.

Yours Sincerely

Head Teacher
Good Boys Academy

# APPENDIX 4 – Asthma Friendly School



## Asthma Friendly Schools Standards

| | |
|---|---|
| Asthma Champion | Asthma Champion Identified and school staff made aware of role. |
| Asthma Policy | Asthma Policy in place, staff aware and have reviewed.<br>Asthma Policy available for parents to review.<br>Asthma inhalers are kept with the child or in an accessible place in school (with spacers). When kept in school the Asthma Champion checks expiry dates at least every 6 months and reminds parents to provide another inhaler prior to expiry. |
| Asthma Register | An Asthma register is in place and accessible to staff.<br>Parents/Carers are routinely contacted before starting school to ask about Asthma.<br>Parents/carers are reminded to inform school of any diagnosis of Asthma.<br>Posters or other forms of communication help inform staff of which children have Asthma. |
| Emergency Asthma Kit | School has an Emergency Medication Kit(s) consisting of an inhaler and a spacer.<br>The Kit is kept in an accessible space within school.<br>Provision should be made for emergencies when on school trips/residentials/attending sports events. |
| Personalised Asthma Action Plan | A copy of a child's Personalised Asthma Action Plan (PAAP) is requested from each child with Asthma.<br>Each school should have a School Wide Asthma Emergency Plan that can be used in the absence of a PAAP. |
| Record and sharing of information | Staff should keep a register in school of all students who have Asthma. Staff should inform the Asthma Champion when a child has used their inhaler within school (wherever possible).<br>Staff/Asthma Champion should ensure that contact is made with parents/carers when an inhaler is used in school (whenever possible).<br>Staff should encourage those self-managing asthma in school to inform them when they have used their inhaler.<br>PE staff/Asthma Champion should take note of any children who wheeze or regularly require their inhaler pre or post exercise and should ensure parents are informed to seek clinical review. |
| School Asthma Training | Each staff member in school will complete two yearly Asthma training. NHS England have created free online e-learning suitable for all school staff. Some areas will be able to access training from the local asthma team/ school nurse. At least 85% of school staff should have received asthma training. All members of PE staff should complete training. |