

Saint James Church of England Primary School Asthma Policy



Christian Values:

The specific Christian Values of **Love**, **Respect** and **Courage** underpin, and are intrinsic to, the ethos and belief of Saint James Church of England Primary School.

Our Vision:

At Saint James we accept challenges, take risks and work to make to make positive change in ourselves and our community. Focusing on building resilience and compassionate relationships allows everyone to flourish. Using our Christian values to guide us, we develop skills to navigate rough seas and transform our world. **'Be strong and courageous and do it'** - *1 Chronicles 28:20*

Background

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma and Lung UK).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all children with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

1. A named Asthma Champion (lead).
2. Asthma Policy
3. Asthma Register
4. Emergency Medication Kit
5. Request a copy of the Personalised Asthma Action Plan (PAAP) for each child with Asthma
6. Recording and Sharing Information
7. Asthma Training for staff

Asthma Champion (Lead)

This school has an Asthma Champion (or Asthma Lead) Vicky Williams (Administrative Assistant of Saint James Church of England Primary School). It is the responsibility of the Asthma Champion to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools) and to ensure measures are in place so that children have immediate access to their inhalers. The Asthma Champion will communicate to parents/carers regarding any deterioration in a child's condition whilst at school (or on a school activity). This may be delegated to other members of staff as appropriate.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or suspected Asthma. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- Where appropriate, their own reliever inhaler in school with an appropriate spacer.
- Parental consent to use the school's emergency Inhaler if the child does not have their own inhaler with them.
- A copy of the Personal Asthma Action Plan (PAAP) / other direction from the child's doctor.

Medication including Inhalers.

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

Types of asthma treatment:

- A) Traditional: Some children may have a separate preventer and reliever inhaler. The preventer inhaler is usually taken morning and evening, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. The reliever inhaler (usually blue) should be kept at school.
- B) Maintenance and Reliever Therapy (MART): Some children in key stage 2, may have a single inhaler that they use as a preventer and reliever medication (usually Symbicort). They would use their inhaler morning and evening and use it as a reliever for asthma symptoms in between regular doses during the day if needed.
- C) Anti-inflammatory Reliever Therapy (AIR): Some children with mild asthma may also only have a single inhaler (usually Symbicort) which is used as needed when they are having asthma symptoms and not regularly.

Inhalers are usually kept in the class medical bag which 'follows' the children throughout the school day, and will be taken on trips away from school. There may be some cases where it is appropriate for an older child to carry their reliever inhaler, if this is deemed necessary and the child is responsible enough to do so. This would be agreed in discussion with the child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to children, however many children have poor inhaler technique or are unable to take the inhaler by themselves. Therefore staff who have had asthma training and/or are confident to support children as they use their inhaler should do so whenever possible. If we have any concerns over a child's ability to use their inhaler we will advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines.

Personal Asthma Action Plans (PAAP)

Asthma and Lung UK evidence shows that if someone with asthma uses a personal asthma action plan (PAAP) they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is advisable that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

Staff Training

Staff will access training for Asthma at least every two years. This training will be delivered by suitable providers or accessed by the NHS England CYP Asthma e-learning which is suitable for school staff. The school commits to training as many staff as possible to ensure children with Asthma are supported in school.

School Environment

Saint James Church of England Primary School does all that it can to ensure the school environment is favourable to children with asthma. The school has a definitive no-smoking/vaping policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will aim to ensure that pupil's will not encounter their triggers, where possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on offsite school activities, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to. Plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports and physical activity is an essential part of school life for all children. Staff will know which children in their class have asthma from the school's asthma register. Children with asthma are encouraged to participate fully in all activities. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. By agreement with parents there may be older children who are mature enough to carry their inhaler with them, while those that are too young will have their inhaler available in the class medical bag which is taken to P.E lessons. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well-documented; this is also true for children and young people with asthma. It is therefore important that the school involve children with asthma as much as possible.

When asthma is affecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on their life as a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons, we will discuss this with parents/carers, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to check inhaler technique, medication or to update their Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Children with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Inhaled Salbutamol Use

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' which gives guidance on the use of emergency salbutamol inhalers in schools. As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will request consent from parents/carers for emergency inhaler use when the school is notified that a child has Asthma. Once consent is gained we will use the salbutamol emergency Inhaler during the onset of breathing difficulties in the absence of the child's own inhaler or if the child cannot use their own inhaler on that occasion (such as a breath actuated inhaler). This will always be used with a spacer. We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school Asthma Champion and team will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available. NB: There are only 200 doses in a salbutamol inhaler, so each dose will need to be recorded and the device disposed of when the maximum number of doses has been reached.
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- Replacement inhalers are obtained following use.
- Inhalers that have been used and need to be disposed of should be taken to the community pharmacy for correct disposal.

The parents/carers will always be informed via Medical Tracker if their child has used the emergency inhaler, so that this information can also be passed onto the GP

Day to day management

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also ask parents/carers to complete our own consent form for every child with asthma each school year

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out)
- Shortness of breath when exposed to a trigger
- Tight feeling chest

Where a child responds well to their own medication they can usually remain in school, however parents/carers should be kept informed to monitor symptoms. Three or more symptoms that require reliever medication within a week can be a sign of deterioration of a child's asthma and therefore every effort will be made to communicate with parents regarding any symptoms that require medication.

Asthma Attacks and Emergency Management

The department of health Guidance on the use of emergency salbutamol inhalers in schools states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- *Appears exhausted
- *is going blue
- *Has a blue/white tinge around lips
- *has collapsed

The guidance goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Support the child to place the mouthpiece between their lips with a good seal, or to place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths or up to 10 seconds)
- **If there is no improvement, repeat these steps up to a maximum of 10 puffs**
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

- If you have had to treat a child for an asthma attack in school, it is important to inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

References

Asthma and Lung UK [Asthma + Lung UK \(asthmaandlung.org.uk\)](http://asthmaandlung.org.uk)

Department for Health (2014) Guidance on the Use of Emergency Inhalers in Schools.

BTS/SIGN guidelines for CYP Asthma.

Agreed by Governors: May 2026

Date of Next Review: May 2028