

APPENDIX B



KINGSWOOD HOUSE SCHOOL

ASTHMA POLICY

This Policy relates to the whole school including the Early Years Foundation Stage, and is reviewed annually to ensure compliance with current regulations and law and must be read in conjunction with other relevant Kingswood House School policies.

Related Policies:

- Child Protection and Safeguarding Policy
- First Aid and Administration of Medications Policy

Policy Review date:

Policy statement

This policy aims to minimize the risk of any pupil suffering from asthma whilst at school or attending any school related activity and to ensure staff are properly prepared to recognise and manage an asthma attack should it arise. It has been written following advice from Asthma UK and the Department of Health and reflects the requirements of two key documents: Supporting Pupils at school with medical conditions (2014) and Guidance on the use of emergency salbutamol inhalers in schools (2015).

Kingswood House School recognises that asthma and recurrent wheezing are important conditions affecting an increasing number of school age children and welcomes children with asthma.

All staff who have contact with these children are given the opportunity to receive training from the School Matron. Updates for training are offered at regular intervals and on an ad-hoc basis. Any significant changes with a child's asthma symptoms and/or management will be communicated to all staff.

Introduction

Asthma is a common, serious but manageable condition that affects the 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), such as pollen, dust, smoke, exercise etc. resulting in the muscles around the walls of the airways tightening so that the airways become narrower and the lining of the airways become inflamed and start to swell. Sometimes sticky mucous or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma, such as cough, wheeze, chest tightness and breathlessness. These symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Kingswood House School recognizes that asthma is a widespread, serious, but controllable condition and welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavor to do this by ensuring we have:

- An asthma register
- Up-to-date asthma policy
- An asthma lead
- All pupils with immediate access to their reliever inhaler at all times
- All pupils have an up-to-date asthma action plan
- An emergency salbutamol inhaler
- Ensure all staff have regular asthma training
- Promote asthma awareness with pupils, parents and staff.

Asthma Register

Kingswood House School has an asthma register of the children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as an asthmatic or has been prescribed a reliever inhaler. 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:

- An up-to-date copy of their personal asthma action plan (Appendix A)
- Their reliever (salbutamol/terbutaline) inhaler in school
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost (Appendix B)

Asthma Lead

Kingswood House School has an Asthma Lead, School Matron, Emma Darbshire whose responsibility is to manage the asthma register, update the asthma policy, manage emergency salbutamol inhalers (Department of Health Guidance on the use of salbutamol inhalers in schools, March 2015) and ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times and therefore they should never be locked away. The reliever is a fast acting medication that opens up the airways and makes it easier to breathe (Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, 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. However, if a pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so that they can continue taking their inhaler as prescribed.

Children are encourage to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this by key stage 3. However, we will discuss this with each child's parent/carer. We recognize that all children may still need supervision in taking their inhaler.

For younger children, reliever inhalers are kept in the emergency medication drawer in the school office.

School staff are not required to administer asthma medications to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalization or even death. Therefore, all staff receive asthma training during medical inset so they are able to happily support children use their inhaler, which is essential for the child's well-being. If there are any concerns regarding the child's ability to use their inhaler they can be referred to the School Matron who can advise the parents/carers to arrange a review with their GP/nurse.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, Kingswood House recognises that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure their asthma is managed effectively within the school to prevent hospital admissions. These asthma action plans are readily available for all staff to access on the shared drive in the medical file.

Staff Training

Staff will receive regular asthma updates during medical inset as well as ad-hoc training as required before residential trips for example. The triggers, signs and symptoms and treatment of an asthma attack will be covered including how to use the reliever inhaler and spacers effectively. A list of the children on the asthma register will be displayed in the staff room and be accessible on the shared drive, in the medical

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file. In addition, on the shared drive, in the medical file, there are additional resources about asthma, for staff to access and read. Asthma attack flow charts are on the walls in the office, staff room and medical room.

Parents are responsible for:

- Informing the school their child has asthma
- Ensuring the school has a complete and up-to-date asthma plan for their child
- Informing the school about any medications their child require during school hours
- Inform the school of any medications that their child requires whilst taking part in school day trips, residential trips and out of school sporting activities.
- Inform the school of any changes to their child's condition.
- Inform the school if their child has been unwell which may affect symptoms
- Ensure that any medications and medical devices are clearly labelled with their name and date of birth.
- Ensure their child's medication are within expiry dates
- Ensure their child has regular asthma reviews with their GP/Practice nurse

School Environment

Kingswood House School does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no smoking and no vaping policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke

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

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the Kingswood House School will be aware of which pupils have asthma from the

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school's asthma register which will be circulated via email as well as stored on the shared drive in the medical folder which is accessible to all staff.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils 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. It is agreed that the pupils who are mature enough will carry their own inhaler with them and those that are too young will have their inhaler labelled and kept in a box which can be found in the emergency medications drawer in the office and will be taken with them when leaving the school site for training or matches. 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 and this is also true for children and young people with asthma. It is therefore important that Kingswood House School involves pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sports as during school hours PE.

When asthma is affecting a child's education

Kingswood House School is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if a member of staff has concerns about the progress of a child with asthma, such as impacting on their life by being unable to take part in activities, tired during the day, or falling behind in lessons they should be encouraged to discuss this with the School Matron and parents/carers. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognizes that pupils with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

Kingswood House School are aware of the guidance 'The use of emergency inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. The key points from this policy are below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have one emergency kit which is kept on the wall in the office so that it is easy to access. The kit contains:

- A salbutamol inhaler

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- Two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- A checklist of inhalers, identified by their batch number and expiry date
- List of children permitted to use the emergency inhaler
- Record of administration

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 and are not likely to cause serious harm. The child might feel a bit shaky or may tremble, or they may say they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used in children who have asthma or have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The school asthma lead will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has a sufficient number of doses available
- Replacement inhalers are obtained when expiry dates approach
- Replacement spacers are available following use
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out.

The inhaler can be reused, so long as it has not come into contact with any bodily fluids. Following use the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm, running water, and left to dry in air in a clean, safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

The names of these children will be clearly written in our emergency kit. The parents/carers will always be informed in writing if their child has used the emergency inhaler, so this information can be passed onto the GP.

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Common 'day to day' symptoms of asthma

As a school Kingswood House requires that children with asthma have a personal asthma action plan completed (Appendix A). These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma (Appendix B). Both these forms are also available on the school website. The forms need to be returned as soon as possible and will be kept with our asthma register.

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

- Dry cough
- Wheeze often when exercising
- Shortness of breath when exposed to trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest. As per Department of Health document; they do not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

Kingswood House School recognises that if all the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually as part of the medical inset. As part of this training they are taught how to recognise an asthma attack and how to manage one. In addition, guidance will be displayed in the staff room and is accessible on the shared drive in the medical file.

The Department of Health guidance on the use of emergency salbutamol inhalers (March 2015) states that the signs of an asthma attack are:

- Persistent cough
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- 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 a tummy ache)

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

- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed

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 emergency inhaler
- Remain with child while the inhaler and spacer are brought to them
- +Shake the inhaler and remove the cap
- +Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- +Immediately help the child to take 2 puffs of salbutamol via the spacer, one at a time (1 puff to 5 breaths)
- 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 a child is treated for an asthma attack in school it is important that we inform the parents/carers and advise that they should make an appointment with their GP.
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should see their doctor or asthma nurse.
- If the child does not feel any better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call the parents/carers.
- If the 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/carer arrives.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone home

Telephone mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

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What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

What are your child's triggers (things that make their asthma worse)?

☐ Pollen

☐ Stress

☐ Exercise

☐ Weather

☐ Cold/flu

☐ Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler (this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache')
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk

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CONSENT FORM:
USE OF EMERGENCY SALBUTAMOL INHALER
Kingswood House School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name
(print).....

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Child's name:

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Class:

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Parent's address and contact details:

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Telephone:

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E-mail: