
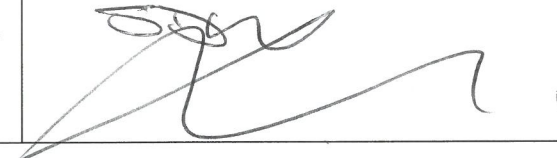


Supporting Pupils with Asthma



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| Policy Ratified on |  7-12-22 |
| Signed Chair of Governors | Angela M. Wighton |
| Signed Head Teacher |  |

Supporting Pupils with Asthma

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Introduction

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions. Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply. All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well. At Sidestrand Hall School we recognise that medical conditions may impact on social and emotional development as well as having educational implications. Sidestrand Hall School will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with a medical condition.

Statement of intent

Sidestrand Hall School:

- 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.

1. 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 enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.

1.3. 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 headteacher, 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 Headteacher has a responsibility to:

- 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 Medical Register; how to access the inhalers; who the designated members of staff are and how to achieve their help.
- Ensure all 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 reliever inhalers and maintain the school's Medical 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 which pupils will need support in recognising that they are unwell and need their inhaler
- Know which pupils will need support in taking their inhaler
- Know which pupils have consent to use the emergency Salbutamol inhalers and know where these are kept.
- Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).
- Complete the online course to keep knowledge up to date as part of their annual CPD **Understanding Asthma- TESEducare**

- 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 and the student's pastoral lead if a student 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 (a five minute waiting period is recommended 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 has a responsibility to:

- Be available to assist in the creation of the Asthma Policy.
- [If they hold an asthma qualification] Provide regular training for members of school staff in managing asthma.
- [If they do not hold an asthma qualification] 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 or who to ask if they need help.

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 salbutamol inhaler) 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.
- 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 agrees they are mature enough.

3.2. Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

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 Staff members may have to closely supervise and guide some pupils when self administering using their inhaler.

3.8. 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. Sidestrand Hall School keeps a supply of blue salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits'.

4.2. Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- A minimum of 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. Sidestrand Hall School buys our supply of salbutamol inhalers from a reputable online pharmacy.

4.4. The emergency inhaler (Salbutamol) 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 (Salbutamol) should form part of any pupil with asthma's Individual Healthcare Plan.

4.6. When not in use, emergency salbutamol inhalers are located in Reception, The Main House office and the Sixth Form office in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away. Members of staff who work in these areas have quick access to the inhalers.

4.7. Expired or used-up emergency salbutamol inhalers are returned to the local pharmacy to be recycled.

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

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

4.10. Appropriate support and training will be provided for relevant staff on the use of the emergency salbutamol inhaler and administering the emergency inhaler. A list of trained staff is kept with the inhalers.

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

4.12. Whenever the emergency salbutamol 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 (home school book or email), telephone call or by text message.

4.13. The Senior Teacher for supporting Medical Needs is responsible for overseeing the protocol for the use of the emergency salbutamol inhaler, monitoring its implementation, and maintaining the Asthma Register.

4.14. The Senior Teacher for supporting Medical Needs is 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 inhaler– do not leave the affected pupil unattended.
- If necessary, summon the assistance of a designated member of staff, to help administer an inhaler.
- Ensure the child takes two puffs of their reliever 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 or an emergency Salbutamol 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. There are long distance walk about phones located in Bay Office, ELM and the Sixth Form office which can be used at the site of the unwell student.

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 Sidestrand Hall School 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 (often a first aider) must accompany them.

8. Record keeping

8.1. At the beginning of each school year, or when a child joins Sidestrand Hall School 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 the Medical 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 Action Plan (Appendix 1).

8.4 These details will then be recorded on the pupils Individual Healthcare Plan and on Scholarpack.

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.

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 Monitoring and review

10.1 The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately.

10.2 The governing body will review this policy annually.

Further advice and resources

Asthma UK

Asthma UK has downloadable school guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma.

Summit House, 70 Wilson Street, London. EC2A 2DB

Phone 020 7786 4900

Helpline 08457 01 02 03

info@asthma.org.uk

www.asthma.org.uk

Relevant Policies

- Supporting Pupils with Medical Conditions Policy
- Special Educational Needs (SEN) Policy
- Administration of Medicines Policy
- Safeguarding Policy
- Admission Policy
- Educational Visits Policy

Appendix 1 – Asthma Action Plan Slip (separate copies available)



My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called _____
_____ and its colour is _____
 - I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.
 - Other asthma medicines I take every day:

 - My reliever inhaler is called _____
_____ and its colour is _____
- I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



URGENT! If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take **emergency action now (see section 3)**



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:



Call for help



Sit up – don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

Parental Consent Form

FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

Treatment for a child/young person diagnosed with asthma showing signs and symptoms of having an asthma attack.

| Possible signs and symptoms |
|---|
| Difficulty breathing, wheezing breath sounds originating from the lungs, difficulties speaking will need to take a breath in the middle of a sentence), pale and/or clammy skin, grey/blue lips and skin (cyanosis), use of muscles in the neck and chest to help the casualty breath, casualty becomes exhausted in a severe attack, may become unconscious and stop breathing in a prolonged attack |

| Treatment of asthma attack |
|--|
| Help the casualty to sit upright leaning on a table or chair, help the casualty use their own or schools Salbutamol (reliever) inhaler which can be repeated every few minutes if the attack does not ease, try to take the casualty's mind of the attack being calm and reassuring, if the attack is prolonged, severe or appears to be getting worse or the casualty becoming exhausted call 999/112 for emergency help, cold winter air can make an attack worse, keep the casualty upright – even if they become too weak to sit up on their own, only lay an asthma attack casualty down if they become unconscious, be prepared to carry out resuscitation |

I can confirm that my child has been diagnosed with asthma / has been prescribed a Salbutamol (reliever type/usually blue) in haler.

My child has usable (not empty), in date inhaler, clearly labelled with their name, which they bring to school every day

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.

Parent/Carer Signature Date:

Print Name:

Child's Name:

Child's D.O.B:

Parent/Carer address:

.....

Home number: Mobile number:

Appendix 3

Action in Medical Emergencies

A copy of this information will be displayed in the school reception and main house offices.

Action to be taken to request an ambulance,

- dial 999 and be ready with the information below
- speak slowly and clearly and be ready to repeat information if asked
- the school's telephone number – 01263 578144
- your name
- your location: (school address – Sidestrand Hall School, Cromer Road, Sidestrand, NR27 0NH)
- provide the exact location of the patient within the school
- provide the name of the child and a brief description of their symptoms
- inform ambulance control that the crew will be met and taken to the patient
- reception/main house office staff will open gates for entry
- reception/main house office staff will contact the parents/carers to inform them of the situation
- a member of staff will stay with the pupil until the parent/carer arrives
- if a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

Appendix 4

Letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely