



ASTHMA CARE POLICY

Statutory or non-statutory	Non Statutory
Reviewed by	Headteacher
Policy review date	December 2022
Date of next review	December 2025

An Asthma Friendly School

We are an asthma friendly school. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly.

We welcome parents/carers and pupils' views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all pupils with asthma. This policy was drawn up in consultation with parents/carers, pupils, School Nurses, Local Authority, School Governors and health colleagues.

We ensure all staff are aware of their duty of care to pupils. We have a whole school approach to regular training so staff are confident in carrying out their duty of care. We have two asthma leads: Mrs Metcalfe and Miss Hart.

Asthma Leads ensure procedures are followed and a whole school approach to training is delivered.

This policy reflects the requirements of key legislation (Appendix 1) and in particular two key documents:

- Supporting Pupils at school with Medical Conditions (2014)
- Guidance on the use of emergency salbutamol inhalers in schools (2015)

This policy sets out how we as a school support pupils with asthma. We work closely with pupils, parents/carers and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parents/carers informed if their child has had medication during the school day.

Parents/carers are required to ensure the school is aware of their child's needs. Parents/carers should assist in the completion of their child's school asthma plan and also provide the school with two named inhalers and spacers in the original packaging detailing the prescription.

It is the responsibility of parents/carers to ensure all medication is in date and that the school is kept informed of any changes to your child's medication/care needs throughout their time at school.

School staff are not obliged to administer medication. However, at this school some staff are happy to do this. School staff are insured to administer medication under the school's insurance policy

Pupils with asthma are fully integrated into school life and are able to participate fully in all activities including physical education (PE). Pupils require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this.

Record Keeping

It is a parent/carer's responsibility to inform school on admission of their child's medical condition and needs. It is also important that the school is informed by parents/carers of any changes. The school will keep an accurate record of each occasion a pupil is given or supervised taking their inhaler; this is recorded on Medical Tracker. Details of the supervising staff member, pupil, dose, date and time are recorded. Parents/carers receive notification via Medical Tracker each time the asthma pump is used.

Parents/carers will be informed if a pupil uses their inhaler more than 3 times a week in excess of their usual requirements e.g. if a pupil normally uses their inhaler pre or post exercise this would be recorded; if they also require their inhaler in addition to this 3 times or more, a letter is sent to their parents/carers informing them of this (Appendix 2). If a pupil refuses to have their inhaler, this is also recorded and parents/carers are informed as soon as possible (Appendix 3).

This school keeps an asthma register (Appendix 4) so we can identify and safeguard pupils with asthma; this is held in the medical room.

Pupils with asthma will have a school asthma plan (example Appendix 5). This is written jointly between health, education, parents/carers and pupil.

In the event that a pupil's inhaler and spare inhaler are unavailable/ not working, we will use the school's emergency inhaler, if the parents/carers have consented (see Appendix 6 for consent letter), and inform the parents/carers as soon as possible. Consent to use emergency inhalers should be recorded on the asthma register.

Parents'/carers' responsibilities

- Inform the school if their child has asthma
- Ensure the school has a complete and up-to-date asthma plan for their child.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- If their child is off school they catch up on any school work they have missed.
- Ensure their child has regular reviews (usually every 3 months) with their doctor or specialist healthcare professional.

- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.
- Ensure new and in date medicines come into school on the first day of the new academic year.

Teachers' Responsibilities

- Read and understand the school's asthma care policy.
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which pupils have asthma and be familiar with the content of their individual health plan
- Allow all pupils to have immediate access to their emergency medicines.
- Maintain effective communication with parents/carers including informing them if their child has been unwell at school.
- Ensure pupils who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that asthma can affect a pupil's learning and provide extra help when needed
- Be aware of children with asthma who may need extra social support.
- Liaise with parents/carers, the pupil's healthcare professionals, and special educational needs co-ordinator and welfare officers if a child is falling behind with their work because of their condition.
- Use opportunities such as Personal Social Health Education (PSHE) to raise pupil awareness about asthma (see Healthy London Partnership website for example lesson plans and videos).
- Understand asthma and the impact it can have on pupils (pupils should not be forced to take part in activity if they feel unwell). If school identify a pattern or are concerned about an individual pupil they will inform parents/carers and advise that medical advice should be sought.
- Ensure pupils with asthma are not excluded from activities they wish to take part in.
- Ensure pupils have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.

School Asthma Leads' responsibilities

Asthma Lead 1 and Asthma Lead 2 are delegated responsibility by the Headteacher to ensure:

- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.
- Expiry dates are checked monthly and impending expiry date are communicated to parent/carer.
- Replacement inhalers are obtained before the expiry date.

- Empty/out of date inhalers are disposed of.
- Register is up-to date and accessible to all staff.
- Training is up-to-date.
- Audit process biannually.
- Individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child.
- Emergency kits are checked regularly and contents replenished immediately after use.
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use.
- Asthma Lead/s are confident to support in an emergency situation.

All staff responsibilities

- Attend asthma training yearly.
- Know what the procedures are and which pupils have asthma; be familiar with their care plan.
- Communicate parental concerns and updates to the Asthma Leads.
- Staff must inform the Asthma Lead if a school emergency inhaler has been used.
- Staff must record inhaler usage.
- Staff must also record the usage in the main asthma register located in the school office stating that it is the schools Emergency Inhaler that has been used.
- All pupils with asthma must have easy access to their reliever inhaler and spacer.

Safe Storage

General

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the pupil's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- All inhalers and spacers are sent home with pupils at the end of the school year. Medicines are not stored in school over the summer holidays.

Emergency medicine

- Emergency medicines are readily available to pupils who require them at all times during the school day whether they are on or off site.
- Pupils should know where their inhalers are stored.
- All staff attending off site visits should be aware of any pupils on the visit with asthma. They should be trained about what to do in an emergency.

- If a pupil misuses medicines, either their own or another pupil's, their parents/carers will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

Safe Disposal

- Parents/carers are responsible for collecting out of date medicines from school.
- A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year.
- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes

PE/Activities

We will ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to pupils with asthma. This includes out of school visits; we ensure these visits/ trips are accessible to all pupils.

PE teachers will be sensitive to pupils who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents/carers should be made aware so medical help may be sought.

Children and young people with asthma will have equal access to extended school activities, school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that pupils with asthma may experience; this enables us to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst pupils and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.

Staff are trained to recognize potential triggers for pupil's asthma when exercising and are aware of ways to minimize exposure to these triggers.

Physical Education (PE) teachers should make sure pupils have their inhalers with them during PE and take them when needed: before, during or after PE.

Risk assessments will be carried out for any out of school visit - asthma is always included in this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

In an emergency situation, school staff are required, under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterate the steps to take during an emergency.

School environment

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack – that is, we may not keep warm blooded pets, for example rabbits or guinea pigs. Smoking is explicitly prohibited on the school site.

We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and will be vigilant to any pupil who may be at risk from these activities.

We will not exclude pupils who are known to have specific chemical triggers but will endeavour to seek an alternative. Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

Pupils who miss time off school due to their asthma

As a school we monitor pupil absence. If a pupil is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parents/carers to work out how we can support them.

The school may need to speak with the School Nurse or other health professional to ensure the pupil's asthma control is optimal.

Asthma attacks

Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters in the staff room and office as a reminder.

If a child has an asthma attack in school, a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. Emergency services and parents/carers will be informed.

A member of staff will accompany the pupil to hospital until their parent/carer arrives. (No pupil will ever be sent to get their inhaler in this situation, the inhaler must be brought to the pupil).

Appendix 1: Legislation

The Children and Families Act 2014

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with diabetes. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: Supporting pupils at school with medical conditions

The Education Act 2002

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and take a view to the safeguarding of children at the school.

Section 3 of the Children Act 1989

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing. With relation to a child with asthma, this will mean knowing what to do in the event of an emergency.

Legal duties on local authorities

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with asthma. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

Section 10 of the Children Act 2004

This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with asthma properly.

Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board.

They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

Section of 17 of the Children's Act

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with asthma so poorly that the child is put in danger, the local authority must step in.

Legal duties on the NHS

Section 3 of the NHS Act 2006

This gives Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. What this means is that CCGs should provide the healthcare the people in its area

need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible.

In relation to children with asthma, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of asthma at school will obviously affect the health of a child. If a school is unable to get the support it needs to help manage a child's asthma successfully then both the local authority and the local CCG have a responsibility to the child's health and welfare.

Equality Act (2010)

The equality act says that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability. The Equality Act 2010 defines a disability as a 'physical or mental impairment' that has 'a substantial and long- term adverse effect' on an individual's ability to carry out 'normal day-to-day activities'. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with diabetes is covered by the definition, in many cases diabetes is covered by the definition in the Act.

Education and early years providers have a duty to make reasonable adjustment for people with disabilities and failure to make reasonable adjustments is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England, including maintained (non-fee paying) and fee-paying schools.

Appendix 2: Asthma register

Name	Class	Date of birth	Consent to use emergency inhaler	Asthma Care plan received

Appendix 3

Letter on Medical Tracker to inform parent/carer of increased inhaler user (3X more than stated on asthma plan)

Dear

<insert child's name> has required their reliever inhaler on the following occasions this week:

Monday (date) –state am or pm

Tuesday (date) –state am or pm

Wednesday (date) –state am or pm

Thursday (date) – state am or pm

Friday (date) – state am or pm

We have been advised to inform you of this in line with our asthma policy as you may wish to take your child to see their GP or practice nurse for a review.

Appendix 4 – Refusal to use pump letter

In the event of a child refusing to use their inhaler, a telephone call to parents/carers would be made and the following letter, on Medical Tracker, sent home:

Dear

In line with our Asthma Policy, we have been advised to inform you that
has declined to use their inhaler today.

Please discuss this with your child, and let us know immediately if any changes need to be made to your child's asthma care plan.

Appendix 5 – Asthma Care Plan letter to parents/carers

Dear Parent/Carer of

We have been instructed by our school nurse that all children who have an asthma pump in school should have an asthma care plan issued to them by their GP.

The care plan will be the same as, or similar to, that attached for your information.

In order for us to be able to have your child's asthma pump in school we would ask that you consult with your child's GP, or asthma nurse, as a matter of some urgency, and get a care plan completed to return to us as soon as possible. This could also be scanned and sent by email to the office if this is more convenient for you.

I apologise for any inconvenience caused, however, instructions from the NHS are that these care plans are essential to safeguard your child's health in school.

Yours sincerely

Mrs N Sansom
Headteacher

Appendix 6 – Permission to use Emergency Salbutamol Inhaler

Date

Dear Parents/Carers

Emergency Salbutamol Inhaler

We are pleased to inform you that schools are now permitted to hold an emergency Salbutamol inhaler and we now hold an inhaler and spacer on site in case of an emergency.

We would like to notify you that if you have previously informed us that your child has asthma and has been prescribed a blue inhaler, we are able to use the school's Emergency inhaler in the unlikely event your child's regular inhaler fails to work or is missing.

This is a precautionary measure. You still need to provide your child with their own inhaler and spacer to be kept in school. Please ensure your child's inhaler is in-date and that it has their name and date of birth on it. It is your responsibility to ensure that you supply a new inhaler when the current one expires.

Please tick one box only:

I DO give permission for Branfil to use their own Salbutamol Inhaler:

I DO NOT give permission for Branfil to use their own Salbutamol Inhaler:

Pupil Name: Class:

Signed: Date:

Print name: Relationship to child:.....

Please complete and send this letter back as soon as possible to the school office.

Yours sincerely

Mrs N Sansom
Headteacher