



The Coppice Primary School

Asthma Policy

Written by	Billy Hutt
Approved by Trustees	March 2024
Date for Review	March 2026

1: The Principles of our school Asthma Policy:

- Recognising that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensuring that children with asthma participate fully in all aspects of school life including PE
- Recognising that immediate access to reliever inhalers is vital
- Keeping records of children with asthma and the medication they take
- Ensuring the school environment is favourable to children with asthma
- Ensuring that other children understand asthma
- Ensuring that all staff, who come into contact with children with asthma, know what to do in the event of an asthma attack
- Working, where necessary, in partnership with all interested parties including all school staff, Parents and Carers, Trustees, Doctors, school Nurse and children to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, The Local Education Authority, the School Health service, Parents and Carers, the Board of Trustees and pupils.

2: Rationale for the Policy:

To encourage all children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of this policy.

All teachers, and at least one member of staff in each class is provided with asthma training on a regular basis. **Mrs. Woodyatt:** DSL, HLTA, first aider and person in charge of medical conditions, has a list of school staff trained in this area. This training is provided by the School Nursing Service and also covers severe allergic reactions, Epilepsy and Asthma.

3. Inclusion (regarding children with asthma)

Overwhelmingly, this policy focuses on ensuring that children with asthma are properly catered for so that they can have the same opportunities as children in school without asthma. The sections of this policy pertinent to inclusion have an asterisk next to them.

3. Those responsible for the policy:

Supporting children with asthma is everyone's responsibility. Specific responsibilities sit with:

The Board of Trustees will:

- Make sure that a policy for supporting pupils with medical conditions is developed and implemented
- Make sure enough staff have suitable training

The Headteacher will:

- Make sure all staff are aware of the policy for supporting pupils with medical conditions and understand their role in implementing it
- Make sure enough trained staff are available to implement the policy
- Make sure all appropriate staff are aware of a pupil's medical condition
- Make sure all pupils with asthma have individual health care plans

School staff will:

- Take into account the needs of pupils with medical conditions
- Know what to do and respond accordingly if a pupil needs medical help

Parents and Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in developing and reviewing their child's individual healthcare plan
- Provide the school with the necessary medicines and equipment
- Make sure that they or a nominated adult are contactable at all times

Pupils will:

- Be involved in discussions about their medical needs and their individual healthcare plan

Specialist local health teams may:

- Provide support for pupils with asthma where this is required, particularly in serious cases

This is covered on pages 12 to 17 of the DfE's statutory guidance on supporting pupils with medical conditions.

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

4. Medication:**The school will ensure that:**

- All medicines are stored safely within the classroom in a lidded container
- Medicines and devices such as asthma inhalers are always readily available to pupils, and are not locked away
- Reliever inhalers for children with asthma are kept in the classroom.
- Pupils know where their medicines are at all times. This is true both in school and, when away from the premises, such as on school trips.
- Immediate access to a reliever inhaler as this is vital. Children with asthma are encouraged to administer their own medication, when their parents and health specialists think they are able to start taking responsibility for their condition.

Find further detail regarding these arrangements on page 20 of the DfE's guidance (link above).

Parents/Carers will:

- Ensure that the school is provided with a labelled reliever (blue) inhaler. All inhalers must be labelled with the child's name by the Parent/Carer.

School staff will:

- Allow let children take their own medication when needed.

It is important to note that school staff are not required to administer asthma medicines to pupils (except in an emergency). However, many of the staff at this school are happy to do this and have been trained to do so. School staff, who agree to administer medicines, are insured when acting in agreement with this policy.

Storage of Inhalers at school:

- All inhalers are kept clearly labelled with a copy of the child's asthma care plan in a plastic container, in the classroom.
- All inhalers are sent home with children at the end of the school year. Inhalers are not kept in school over the summer holidays.
- It is the parent's responsibility that, on the first day of the academic year, new (and in-date) inhalers are sent into school.
- Parents are asked to collect out of date inhalers from the school office.
- If out of date inhalers are left in school at the end of the school year they will be taken to the local pharmacy for safe disposal.

5. Record Keeping:

- At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic using the school's medical form (**see Appendix 1**). All parents of children with asthma are required to complete a school asthma form and provide any other information that they may have received from a registered asthma nurse.
- From this information, the school creates its asthma register. Teachers know which children in their class have asthma and are also aware of which pupils have asthma in the wider school.

If any changes are made to a child's medication after the medical form has been filled in, it is the responsibility of the Parents or Carer to inform the school.

6. Emergency Inhaler:

Even though it isn't a statutory requirement, The Coppice does (and is allowed to) keep an emergency salbutamol inhaler on school premises to use in emergencies, though this isn't a requirement.

This is outlined in the Department of Health and Social Care's (DHSC's) non-statutory guidance on using emergency salbutamol inhalers in schools.

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Who can use an emergency inhaler?

An emergency inhaler can be supplied to a pupil, who is known to suffer from asthma, where it's needed in an emergency, according to the Human Medicines (Amendment) (No.2) Regulations 2014.

<https://www.legislation.gov.uk/uksi/2014/1878/regulation/27/made>

The DHSC's guidance (page 14 - link above) recommends that emergency inhalers should only be used by children who have been:

- Diagnosed with asthma and prescribed a reliever inhaler, or
- Prescribed a reliever inhaler, with or without a diagnosis of asthma **and** who have written parental consent for the use of the emergency inhaler.

Get parental consent for the use of an emergency inhaler:

A child under 16 should not be given any medicines without written parental consent (see page 20 of the DfE's guidance):

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

The Coppice keeps a record of parental consent on its asthma register so that staff can quickly check whether a child is or isn't able to use the inhaler during an emergency (**See Appendix 2**).

Consent is updated annually, to take account of any changes to a child's condition.

The use of an emergency inhaler should also be specified in a pupil's individual healthcare plan (see page 14 of the DHSC's guidance)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

*A fuller explanation of the procedure and protocol for the use of an emergency inhaler are contained in (**Appendix 3**).

7) P.E. / Sporting Activities:

Taking part in sports, games and activities is an essential part of school life for all pupils.

Pupils with asthma are encouraged to participate fully in all PE and will be supported if they need their inhaler during P.E. Staff will ensure that they have all children's inhalers and care plans with them for in-school sporting activities and any sporting activities off school premises.

8) Out of Hours Activities:

For all trips and other class visits off-site the Class Teacher or Teaching Assistant will ensure that they have all children's inhalers and asthma care plans with them at all times. Risk assessments are carried out on all trips taking into consideration the children with asthma care plans.

9) School Environment:

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a no smoking policy, as far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. If a child's asthma has been triggered, the child will be removed from the immediate setting, accompanied by an adult and medication administered accordingly, following the necessary procedures. This also applies if any asthma stems from factors in the local environment e.g. smoke from a bonfire of a local property coming into a classroom.

10) When a pupil is falling behind in lessons*

If a pupil is missing a lot of time at school, or is always tired because their asthma is disturbing their sleep at night, the Class Teacher will initially talk to the Parents/Carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Special Educational Needs and Disability Coordinator (SENDCO): Callum McGarry about the pupil's needs. It may then be necessary to have a child's asthma plan reviewed.

11) Asthma attacks:

It is vital that all staff at The Coppice know how to recognise the common 'day-to-day' signs of asthma, can recognise the signs of an asthma attack and can respond to an asthma attack appropriately in order to keep the child safe.

See pages 15 to 16 of the DHSC's guidance (link below) for the detailed symptoms of asthma and signs of an asthma attack:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

(i) Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

(ii) Signs of an Asthma Attack. These include:

- A persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Being unusually quiet.
- The child may complain of shortness of breath, the chest feeling tight (younger children may get a feeling of having a tummy ache).
- Difficulty in breathing (fast and deep respiration).
- Nasal flaring.
- Being unable to complete sentences.
- Appearing exhausted.
- A blue/white tinge around the lips.
- Going blue.

(iii) Emergency Procedure Responding to signs of a severe asthma attack:

Keep calm and reassure the child.

Encourage the child to sit up and slightly forward

Use the child's own inhaler (or the designated school spare inhaler, as required)

Remain with child while the inhaler and spacer are brought to the child.

Help the child to take 2 separate puffs of his/her reliever inhaler immediately or the emergency salbutamol inhaler via the spacer. Shake the inhaler between puffs

If there's no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until symptoms improve

Stay with the child until they feel better. The child can then return to school activities.

Call an ambulance if the child doesn't feel better or if you're worried at any time before reaching 10 puffs. If the ambulance doesn't arrive in 10 minutes give another 10 puffs, following the same pattern as step 3.

If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way.

Call the child's Parents or Carers after the ambulance has been called.

A member of staff should always accompany a child being taken to hospital by ambulance and stay with them until a parent arrives.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate quickly.

(iv) Call an ambulance immediately if a child:

Appears exhausted

Has a blue/white tinge around their lips

Is going blue

Has collapsed

12) Access, monitoring and review of the policy:

The Asthma Policy will be accessible to all staff and the community through school's website. Hard copies can be obtained through the school office. This policy will be reviewed on a two- yearly cycle. It will be monitored throughout this period by the school's leadership team, The Board of Trustees and the person responsible for medical conditions in school: Karen Woodyatt.

13) Data Protection Statement:

The procedures and practice created by this policy have been reviewed in the light of our GDPR Data Protection Policy.

All data will be handled in accordance with the school's GDPR Data Protection Policy.

Name of policy	Content	Reason for policy	Who does it relate to?	Where is it stored?
Asthma	Procedures, administration and responsibilities linked to Asthma	To ensure a consistent and effective approach to supporting children with asthma in school.	Adults linked to a child with asthma as well as affected children themselves	P-Drive (Full Trustees policies section)

As such, our assessment is that this policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	<input type="checkbox"/>	

Appendix 1

The Coppice Primary School

Shawhurst Lane, Wythall,
Worcestershire. B47 5JN

Headteacher:
Mr. W Hutt



Tel: 01564 826709
Fax: 01564 829597
Email: office@coppice.worcs.sch.uk

PARENT/CARER CONFIRMATION OF ASTHMA DIAGNOSIS INCLUDING USE OF EMERGENCY SALBUTAMOL INHALER CONSENT.

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, prescribed by the GP with a dispensing label on showing their name. This will be kept in school.

Child showing symptoms of asthma / having asthma attack:

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).....

Child's name: **Class:**.....

Parent's address and contact details:

.....
.....

Telephone:

E-mail:

Appendix 2:

The Coppice Primary School

Shawhurst Lane, Wythall,
Worcestershire. B47 5JN

Headteacher:
Mr. W Hutt



Tel: 01564 826709
Fax: 01564 829597
Email: office@coppice.worcs.sch.uk

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE:

Child's name:

Class:

Date:

Dear

This letter is to formally notify you that..... has had problems with his / her breathing today. This happened when.....

.....
A member of school staff helped your child to use the emergency asthma inhaler containing salbutamol because their inhaler was.....

They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

The Coppice Primary School

Appendix 3:

Protocol for Emergency Inhaler Use:

Our staff responsibilities for using and maintaining the emergency inhaler kit are based on Page 7 of the DHSC's guidance for more advice on what to include in your policy/protocol:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler
- a record of administration (i.e. when the inhaler has been used).

Salbutamol:

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 may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. **It is essential therefore, that schools ensure that the 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.**

Storage and care of the inhaler:

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- That 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.
- The inhaler and spacers are kept in a safe and suitably central location in the school, i.e. The BMA (Bathroom Management Area), which is known to all staff, and to which all staff have access at all times.
- The inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.
- The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.
- An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.
- To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.
- The inhaler itself however can usually be reused, provided it is cleaned after use.
- The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- If there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal:

- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. 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 online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/register-renew-waste-carrier-broker-dealer-england>

The emergency salbutamol inhaler should 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.

This information should be recorded in a child's individual healthcare plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Staff:

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

The term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

There are a reasonable number of designated members of staff to provide sufficient coverage.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary support.

It would be reasonable for ALL staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help to help collect and administer an emergency inhaler and spacer should this be needed.

It is vital that there is a quick check of the asthma register by a responsible member of staff as part of initiating the emergency response.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks.

The Designated Members of staff at The Coppice are: Karen Woodyatt and First Aid Trained staff.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials.

<https://www.asthmaandlung.org.uk/living-with/inhaler-videos>

In a number of areas, local asthma teams have provided training for school staff in supporting children with asthma, including use of the inhaler, and schools could contact their local NHS Hospital Trust for information on how children with asthma are supported, and improving links between the NHS and the school.

It is recommended that schools should also ensure that:

- a named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register. In the case of The Coppice Primary School, the named individual responsible is: Karen Woodyatt.
- at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer. In the case of The Coppice Primary School, these two people are: **Karen Woodyatt and Karen White.**

Liability and indemnity:

Supporting pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however, schools will need to agree any such indemnity cover directly with the relevant authority or department.

Appendix 4: Useful links:

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Ed 2014):

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety, 2008)

http://www.deni.gov.uk/index/support-and-development2/special_educational_needs_pg/special_educational_needssupporting_pupils_with_m_education_needs2.htm

Asthma UK Website:

<http://www.asthma.org.uk/>

Education for Health:

<http://www.educationforhealth.org>

School Asthma Cards:

<http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals>

NHS Choices, Asthma in Children:

<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

NICE Quality Standard:

<http://publications.nice.org.uk/quality-standard-for-asthma-qs25>

Children and Maternal Health Intelligence Network:

<http://www.chimat.org.uk/>

Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.df