

Asthma Policy

Clarity Independent School

Bridge Barn Farm
Woodhill Road
Sandon
CM2 7SG

Clarity Independent School is committed to safeguarding...

"Our school is committed to our whole-school approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes and policies...We promote an environment where children and young people feel empowered to raise concerns and report incidents and we work hard in partnership with pupils, parents and care-givers to keep children safe."

Clarity Safeguarding Policy September 2023

Written by Debbie Hanson

This is version [2]
Written: 3rd June 2019
Updated Date: July 2023
Updated by Name: Debbie Hanson

School Asthma Policy

Our school vision....

"Refreshed learning that changes lives."

Our Mission is to deliver this vision through...

- Providing *motivating, fun, tailor-made* education, at a level, pace and content specifically matched to meet the children's needs.
- *Addressing* learning difficulties, not merely accept them as being static and final, rather to provide therapies and interventions, to heal, where possible, to develop improvements in the children's skills, to exceed expected progress and to lessen the impact that learning difficulties can have on the rest of their lives.
- Providing a *fresh start* in learning, where it has previously not been possible.
- Providing for the children's needs, to enable them to enjoy learning, love being here, and be excited to come to school each day.

Legislation

The school recognises that asthma is a long-term disability which can present children with additional barriers to learning than non-asthmatic children; therefore, in accordance with the Disability Discrimination Act 2010 and SEN Code Of Practice 2015, it is covered under the School's Accessibility Policy and part of our Accessibility Plan.

Aims of our Asthma Policy

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children and all staff understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, 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, staff and pupils.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by all stakeholders and pupils.

Making the School Asthma Friendly

The school ensures that all children understand asthma.

Asthma education is included across the key stages in science.

Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

Training

All teachers are provided with asthma training annually and a list of school staff trained in this area is held by Debbie Hanson, Head Teacher. This training is provided by Educare (TES Online) and qualifies them to administer asthma first aid in addition to basic first aid to pupils. Cover teachers are also made aware of the policy and procedures, and employed staff are trained on it as part of their induction.

In addition, three 'Appointed Person' first aid trained staff are qualified to deliver emergency first aid at work as first aiders for staff and pupils. This is delivered face to face by Pro Trainings and also covers severe allergic reactions and Epilepsy. The School Nursing Team also conduct training for staff to ensure everyone knows what to do in the event of an asthma attack.

Medication

- Immediate access to a reliever inhaler is vital.
- In mainstream schools, children are usually encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication. However, due to the nature of special needs that some of the children experience at Clarity, our risk assessment necessitates that asthma medication is held securely away from general children's access.
- Therefore, each child's inhaler is kept in their own named wallet containing their individual medication and asthma card in the locked cupboard in the first aid room.
- This wallet will be brought with the child to any offsite activity / trip, in the trip bag, which also contains a general first aid kit, the child's individual risk assessment, their IHCP and emergency contacts.



- Children should always tell their class teacher or first aider when they feel a need to use their inhaler, which will be brought to the classroom for them urgently unless they feel able to go to the office to retrieve it themselves.
- Records are kept each time an inhaler is used.
- All inhalers must be labelled with the child's first name and surname by the parent.
- School staff are not required to administer medication to children except in an emergency; however, many of our staff are happy to do this.
- School staff who agree to do this are insured by the school's insurance policy when acting in accordance with this policy.
- All school staff will let children administer their own medication when needed.

Emergency Inhalers and Spacers

The School does **not** hold a general emergency inhaler or spacer but we ask that parents supply an extra inhaler for their child to be kept at school, in addition to the one they bring back and forth each day in their school bag for use in case of emergencies. Both are to be clearly named with their first and surname, and the emergency spare inhaler is to be locked in the first aid cupboard in the first aid room. Specific staff have been trained to administer the emergency inhaler and there are pictorial and written instructions in the first aid room, all classrooms and staff room.

Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. Please see Appendix 2 attached. Parents will be informed by letter if their child has used the emergency inhaler (Appendix 3).

Emergency Asthma inhalers (and spacers where necessary) for each child are regularly checked for expiry dates by:

Site Manager

The Site Manager will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use (individual child's spacer needs to be replaced each year, or spare school-spacer needs replacing after one use);
- The plastic inhaler housing (which holds the canister) is clean, dry 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 has 200 puffs, so when it gets to 150 puffs having been used, we will replace it.

The spacer is also individual to the child. 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.

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, on the Admissions Form.

All parents of children with asthma are required to complete a School Asthma Card (Asthma UK, Appendix 4) and return it to the school. From this information the school keeps its asthma register, which is displayed in the staff room and first aid room. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

The School's Asthma Register

This medication can only be administered to children on The School's Asthma Register. If a parent believes their child has asthma or has been recently diagnosed, and is not on the School's Asthma register, it is essential they contact the school office urgently to ensure we have the most up to date records and can administer the correct first aid for their child accordingly.

Preparation

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their medication wallet along with their medication and on their Individual Health Care Plan.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler. A member of SLT staff countersigns the medical administration form during inhaler usage (*during*, rather than *before*, to prevent any delays).

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler 'Asthma Wallet' should accompany them in the trip bag and be made available to them at all times.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma.

The school keep furry and feathery pets to a minimum and to certain limited areas and has a non-smoking policy across the entire site, inside and out.

When children take part in activities with animals, teachers will be aware of any child who has a fur or feather allergy and will assess risk and act appropriately.

As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Where these are necessary to access areas of the curriculum, they are in well ventilated areas. If particular fumes trigger their asthma, children are encouraged to stand at more distance, or if necessary, to go and sit in the breakout area or watch through the window from the playground with full fresh air.

When a Child is Falling Behind in Lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and is falling behind in class, the class teacher will initially talk to the parents. If appropriate, the teacher will then talk to the school nursing team and special educational needs coordinator (SENDCO) about the situation so that additional support can be put into place.

Asthma Triggers

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 the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

Common 'Day to Day' Symptoms of Asthma

The child's IHCP informs us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's 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.

Asthma Attacks

The school recognises that if all of 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 who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms, staff room and first aid room.

Signs of an Asthma Attack:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, 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 tummy ache).

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

***Appears exhausted**

***Has a blue/white tinge around lips**

***Is going blue**

***Has collapsed**

During an Asthma Attack:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler (or their emergency inhaler in the case of any problems).
- Remain with the 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, the child must take two puffs of salbutamol if they can independently. Alternatively, help the child to take two 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.
- Notify SLT to authorise the procedure and administration of inhaler.

If the child does not feel better or the staff member is worried at ANY TIME before they have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.

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

A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

After the Asthma Attack

In the case of a mild asthma attack, the child can return to school activities when they feel better.

Parents/care-givers must be informed when their child has had an asthma attack in school, or have needed to use their asthma medication, and advised that they should make an appointment with the GP. (See below 'Further Actions').

If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted, even if the child is treated and remains at school.

Further actions:

- Notify the Office staff to enter 1. the incident and 2. use of asthma medication on the child's medical record on Arbor.
- Notify the Office staff to record the number of inhaler puffs used on the Health and Safety Record sheet in the H+S folder.
- Office staff to complete 'Appendix 3: Emergency Salbutamol Inhaler Record of Use Form to notify Parents via the child's taxi driver.

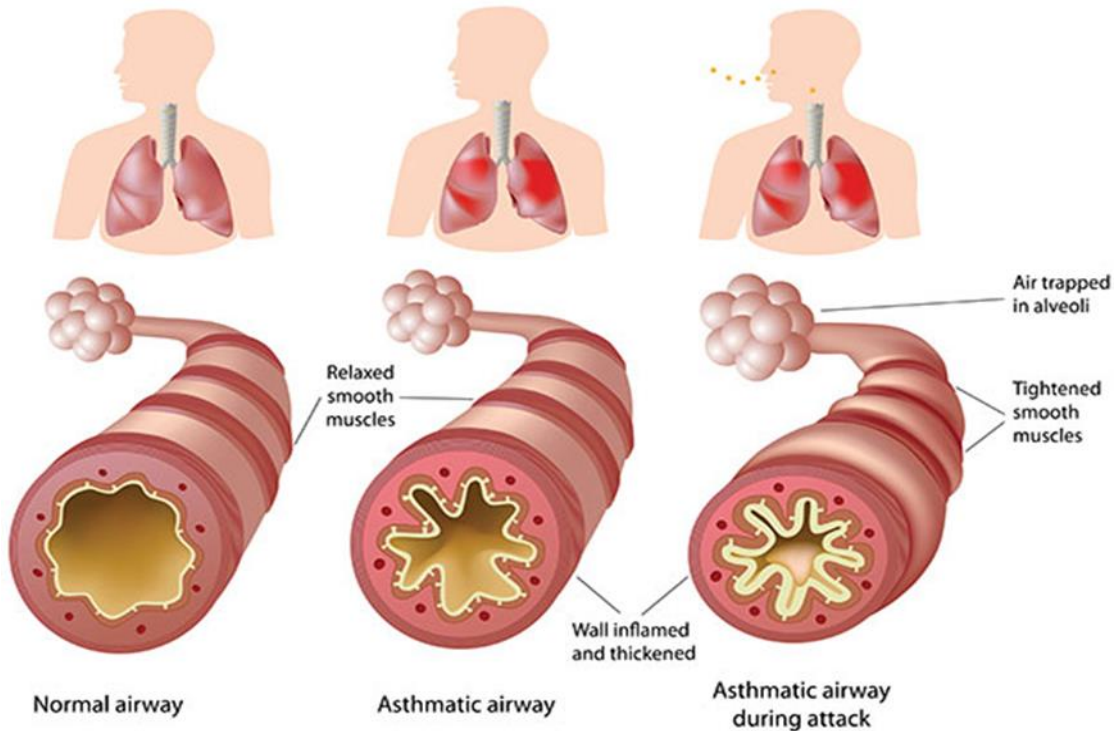
This policy will be updated annually in accordance with relevant guidance and regulations.

Overall responsibility for Asthma care in **Clarity Independent School** rests with the Head Teacher, Debbie Hanson.

Appendix 1: Asthma

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

Asthma and Your Airways



Appendix 2: Child's Emergency Back-up Inhaler Consent Form (Stored at School)

The child's back-up emergency Salbutamol inhaler is for children showing symptoms of asthma/having asthma attack only.

1. I can confirm that my child has been *diagnosed with asthma/*has been prescribed this inhaler (delete as appropriate).
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school in addition to their day-to-day emergency inhaler.
3. In the event of my child displaying symptoms of asthma, and if their daily inhaler is not available or is unusable, *I do/ *do not consent for my child to receive salbutamol from my child's emergency back-up inhaler held by the school for such emergencies.

*please mark as appropriate

Signed: Date:

Name: (print)

Child's Name:

Class:

Parent's address and contact details:

.....

.....

.....

Telephone:

E-Mail:

Please return to the school office as soon as possible, admin@clarity.essex.sch.uk.

Appendix 3: Emergency Salbutamol Inhaler Record of Use Form (Notify Parents)

Child's name:

Class:

Date:

Dear parent / care-giver,

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

This happened when

*They did not have their daily emergency asthma inhaler with them, so a member of staff helped them to use their emergency asthma inhaler containing salbutamol.

They were given Puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*Delete as appropriate

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

Copy to: parents (child's taxi driver) / Arbor medical area / Child's e-folder / Update H+S record of use of inhaler checklist

Appendix 4: School Asthma Card

The following is issued to parents when their child is diagnosed with asthma, and again updated annually by parents each September. The information is used to update their IHCP and school's asthma register.

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth DD MM YY

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.

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

Does your child tell you when they need medicine?
Yes No

Does your child need help taking their 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

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

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 DD MM YY

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date DD MM YY

ASTHMA QUESTIONS?

Ask our respiratory nurse specialists
Call 0300 222 5800
WhatsApp 07378 606 728
(Monday-Friday, 9am-5pm)
AsthmaAndLung.org.uk

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


Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.



Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man. Last reviewed and updated 2020; next review 2023

Appendix 5: Asthma Register

Child's name	Has diagnosed Asthma (see Arbor for further details)	Has IHCP (See IHCP folder for further details)

Version [] Date: [] Display: Staff room / First Aid room / Keep updated on Arbor children's folders / google drive

Appendix 6: Pupil Asthma Health and Wellbeing Risk Assessment

Pupil Name:

Class:

Date Risk Assessment:

Teaching staff to notify:

Main Reason this Risk Assessment is Required: ASTHMA

Guidance notes: Please see 'WBA – Wellbeing assessment' guidance notes for wellbeing areas to consider and relevant strategies

Risk Multiplier Key:

Severity	Multiplier					
Extreme / Catastrophic	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5
Multiplier		1	2	3	4	5
Likelihood		Remote	Unlikely	Possible	Probable	Certain

	Key	
Severe	20 - 25	Unacceptable level of risk exposure which requires immediate corrective action to be taken
Major	12 - 16	Unacceptable level of risk exposure which requires constant active monitoring, and measures to be put in place to reduce exposure
Moderate	5 - 10	Acceptable level of risk exposure subject to regular active monitoring measures
Minor	3 - 4	Acceptable level of risk exposure subject to regular passive monitoring measures
Insignificant	1 - 2	Acceptable level of risk subject to periodic passive monitoring measures

Risk: Asthma	Who might be impacted and how?	How? What triggers it?	Impact?	Severity x likelihood = risk rating	What is already being done?	Further control measures to be taken if risk increases?	Action: Who? And when? Who is responsible for each step?
First aid protocol required? Yes / No (If yes -> IHCP)				IHCP required? Yes / No			
Physical health, asthma attack	Pupils with asthma	Colds and infection Dust and house dust mite Pollen, spores and moulds Feathers Furry animals Exercise, laughing Stress Cold air, change in the weather Chemicals, glue, paint, aerosols Food allergies Fumes and cigarette smoke (Source: Asthma UK)	Common symptoms of asthma attack: Persistent cough (when at rest) A wheezing sound coming from the chest (when at rest) Difficulty breathing (the child could be breathing fast and with effort, 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'	5 x 3 = 15	Asthma Policy in place Staff trained on asthma policy and procedures First aid training which includes asthma response, given to all teaching staff and relevant support staff Asthma action plan in place Asthma wallets: Necessary medication and asthma cards provided to school – inhaler available in first aid room for children as needed	Insert specific risks for individual pupil here:	Asthma response immediately actioned by any member of teaching staff who is qualified to respond, or any asthma response qualified support staff member. Please see Asthma response instructions displayed round the school.

			(younger children may express this as tummy ache).		<p>All staff notified of children with asthma – Asthma register</p> <p>Child IHCP</p> <p>Correct ventilation, asthmatic children not placed near windows (allergens / damp etc.)</p> <p>Care taken when cold outside re outside play and exercise, pupils with asthma permitted to stay indoors. When outside, to wear suitable coat to keep warm.</p> <p>School, kept clean and dust free</p> <p>Extra care taken / monitoring, when child has a cold</p> <p>Reduce exposure to furry animals / food allergens in school</p> <p>Cleaning – cleaning products have COSHH risk assessment undertaken prior to use. Rooms well-ventilated during cleaning to prevent exposure.</p>		
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					School site is non-smoking		
Emotional wellbeing / Social implications / relationship and support network	Child may be impacted by feeling 'different' or may not be able to complete certain activities in the same way as peers	Concessions made for asthmatic pupils Asthma attack Presence of asthma triggers	Feeling sad, left out, lonely	3 x 3 = 9	Staff care to differentiate activities carefully to promote inclusion Staff promote careful collaboration with pupils to encourage inclusivity Staff-led discussions with children to answer questions and calm any fears	Specific individual needs met according to child's needs	Keyworkers and class teacher Children The asthmatic child to work with staff and pupils
Mental health difficulties	Not usually co-occurring with asthma. Consider separately case by case.			N/A			

To be reviewed as needed with DH or following doctor's review / change in medication or treatment plan, preferably termly if no further reviews needed in between.

Signed:

Date:

Parent Signed:

Date:

Name: Debbie Hanson

Staff Member Copies to: [] Child's e-folder desktop, [] Child's E-folder G Drive, [] PINK Clipboard Main Office. If Asthma, cc to [] Asthma Wallet and [] Back-up Asthma Wallet.

Appendix 7: What to do if a child is having an Asthma Attack

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms, staff room and first aid room.

Call ambulance without delay if the child:

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

Otherwise, if the child shows the following signs, it is likely they are having an asthma attack which can be managed in school:

Signs of an Asthma Attack:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, 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 tummy ache).

Response to an Asthma Attack:

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler (or their emergency inhaler in the case of any problems).
- Remain with the 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, the child must take two puffs of salbutamol if they can independently. Alternatively, help the child to take two 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.

If the child does not feel better or the staff member is worried at ANY TIME before they have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.

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

A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

After the Asthma Attack

In the case of a mild asthma attack, the child can return to school activities when they feel better.

Parents/care-givers must be informed when their child has had an asthma attack in school, or have needed to use their asthma medication, and advised that they should make an appointment with the GP. (See below 'Further Actions').

If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.

In the event of an ambulance being called, the pupil's parents or carers should always be contacted, even if the child is treated and remains at school.

Further actions:

- Notify the Office staff to enter 1. the incident and 2. use of asthma medication on the child's medical record on Arbor.
- Notify the Office staff to record the number of inhaler puffs used on the Health and Safety Record sheet in the H+S folder.
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