



*In God's love we believe and achieve*



# St. Michael's

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## Catholic Primary School

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**Asthma Policy**

**HBC Policy adopted by St Michael's**

## Asthma Policy

### 1.0 Background

- 1.1 Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. Children should have their own asthma reliever at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their asthma reliever on them, and if not, it should be easily accessible to them.
- 1.2 Pupils at school with medical conditions, including asthma, should be properly supported so that they have full access to education, including school trips and physical education.
- 1.3 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions, which includes asthma.
- 1.4 This School Asthma policy is a stand-alone policy, however it complements the ['Supporting Pupils at School with Medical Conditions Policy'](#)

### 2.0 Scope

2.1 This Policy is designed to ensure that:

- The school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school.

Pupils at school with asthma, will be properly supported to ensure they:-

- Have full access to education, including school trips and physical education.
- Can play a full and active role in school life, remain healthy and achieve their academic potential;

Staff who come into contact with pupils with asthma are provided with training on asthma awareness.

Supply teachers and new staff are also made aware of the policy.

### **3.0 Roles and Responsibilities**

#### **3.1 Governing Bodies**

3.1.1 It is the responsibility of Governing Bodies to ensure that arrangements are in place to support pupils with asthma. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. In order to do so they should ensure that:-

- Adequate resources are made available for the implementation of the Policy;
- There are suitable arrangements at school to work in partnership and to generally adopt acceptable practices in accordance with the Policy;
- They take into account that asthma can affect quality of life and may be life-threatening;
- The focus is on the needs of each individual child and how their asthma impacts on their school life;
- In making their arrangements they give parents and pupils confidence in the school's ability to provide effective support for managing asthma in school;
- The school demonstrates an understanding of how asthma impacts on a child's ability to learn, as well as increase their confidence and promote self-care;
- That staff are properly trained to provide the support that pupils need; and
- That written records are kept of all asthma relievers administered to pupils.

## 3.2 Head teachers

3.2.1 Head teachers are responsible for implementing this policy and developing with health care professionals, when appropriate, Self-Management Plans to ensure that relevant staff have sufficient resources, including training, to support pupils with asthma. Self-Management Plans will not be prepared for every child or young person with asthma but may be appropriate in some cases.

3.2.2 Furthermore Head teachers will need to ensure that there is effective coordination and communication with relevant partners, professionals, parents and the pupils.

3.2.2 Through the 'named person' for supporting pupils at school with medical conditions Head teachers should ensure that:

- The school has an asthma policy, which is made available to staff and parents/carers;
- Ensure that the Head teacher signs the agreement for the school to administer the asthma reliever (see appendix 'B');
- All staff should receive 'Asthma Awareness' training to support children with asthma. This training includes induction arrangements for new staff.
- Liaise between interested parties - school staff, school nurses, parents/carers, governors, the school health service and pupils;
- All relevant staff are made aware of the child's asthma including any requirement for the child to participate in outside the classroom activities where appropriate;
- Supply teachers are briefed;
- Risk assessments have been carried out for school visits, holidays, and other school activities outside of the normal timetable;
- Procedures are in place to cover any transitional arrangements between schools for any medical issues relating to the child's asthma;
- For children starting at the school, necessary arrangements are in place in time for the start of the relevant school term so that they start at the same time as their peers;

- Self-Management Plans are monitored including identifying pupils who are able to take their own asthma relievers on agreement with parents/carers;
- Procedures are in place for the management of accepting, storing and administering asthma reliever ;
- Arrangements are made for the management of salbutamol inhalers and spacers if purchased by the school for use in an emergency;
- Communicate to all staff what to do in an emergency and what constitutes an emergency in accordance with Asthma Management Chart (see appendix 'J');
- Complete and maintain the Asthma Register (see appendix 'I'); and
- Ensure that staff are training in Asthma Awareness

### 3.2.3 Administration of Asthma Reliever

Children with asthma are likely to need to take their asthma reliever during the school day at some point during their time in a school or setting. Head teachers are also responsible for the management of accepting, storing and administering any asthma reliever, which can be completed by ensuring that,

- a) Consent is obtained to administer asthma reliever from parents (see appendix 'A') *Please note that lack of a completed parental consent form should not preclude the administration of an asthma reliever if prescribed for a child/young person;*
- b) As agreed with parents, any administration of asthma relievers must be recorded (see appendix 'D');
- c) Asthma relievers should always be stored appropriately, but must be easily accessible to the child in case of an emergency;
- d) As part of the signed agreement with parents, taking action to ensure that asthma reliever is administered;
- e) Ensuring that all parents and all staff are aware of the policy and procedures for dealing with medical needs;

- f) Ensuring that the appropriate systems for information sharing are followed;
- g) Schools should only accept asthma relievers from parents that are in date, labelled and have been prescribed by a doctor or asthma nurse prescriber;
- h) Asthma relievers should always be provided in the original container as dispensed by a pharmacist. It must include the prescriber's instructions for administration, child's name and dosage; and
- i) Asthma relievers should be easily accessible in an emergency.

### **3.3 School staff**

- 3.3.1 School staff should receive sufficient and suitable training before they take on responsibility to support children with medical conditions. Every member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- 3.3.2 School staff may be asked to provide support to pupils with asthma, including the administering of asthma relievers, although they cannot be required to do so. Although administering medicines including asthma relievers is not part of teachers' professional duties, they should take into account the needs of pupils with asthma and the duty of care they have towards the pupils that they teach.
- 3.3.3 All school staff have a responsibility to:
  - Understand the school asthma policy;
  - Know which pupils they come into contact with have asthma;
  - Know what to do in an asthma attack (see appendix 'J');
  - Allow pupils with asthma immediate access to their asthma reliever
  - Inform parents/carers if their child is using their asthma reliever more than they usually would;

- Ensure pupils have their asthma reliever with them when they go on a school trip or out of the classroom;
- Be aware that a pupil may be tired because of night-time symptoms;
- Liaise with parents/carers, the school nurse and special educational needs Coordinator if a child is falling behind with their work because of their asthma.

### **3.4 PE teachers**

#### **3.4.1 PE teachers have a responsibility to:**

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled; Pupils taking part in activities should be given the opportunity to rest as required.
- Ensure that the class inhaler box is brought to each PE lesson and the daily mile.
- Ensure pupils have their asthma reliever with them during activity or exercise and are allowed to take it when needed;
- If a pupil has asthma symptoms while exercising, allow them to stop, take their asthma reliever;
- Remind pupils with asthma whose symptoms are triggered by exercise to use their asthma reliever 10 minutes pre-exercise; and
- Ensure pupils always warm up and down thoroughly.

### **3.5 School nurses**

#### **3.5.1 Every school has access to school nursing services. School nurses can help to:**

- Support staff implementing a child's Self-Management Plan; and
- When requested provide specialist asthma awareness training to schools.

### **3.6 Pupils**

#### **3.6.1 Pupils have a responsibility to:**

- Treat all pupils equally;
- Let any pupil having an asthma attack take their asthma reliever (usually blue) and ensure a member of staff is present;
- Tell their parents/carers, teacher or PE teacher when they are not feeling well;
- Treat asthma relievers with respect;
- Know how to gain access to their asthma reliever in an emergency; and
- Know how to take their own asthma reliever or ask for help if required.

3.6.2 Asthma relievers for pupils with asthma need to be readily available. Pupils who are mature enough can look after their own asthma relievers (see 5.0 below). They should always be available during physical education classes and outdoor learning.

### **3.7 Parents/carers**

3.7.1 Parents/carers have a responsibility to:

- Tell the school if their child has asthma;
- Inform the school about the asthma reliever their child may require during school hours;
- Inform the school of any asthma reliever the child may require while taking part in school including any trips and other out-of-school activities such as school team sports;
- Tell the school about any changes to their child's asthma treatment including what they take and how much;
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);
- Ensure their child's asthma reliever/packaging (and spacer where relevant) is labelled with their name. Asthma relievers should always be provided in the original container as dispensed by a pharmacist or in a container as dispensed and labelled again by a pharmacist. It must include



the prescriber's instructions for administration, child's name and dosage and storage. Spacers should be labelled with the child's name;

- Ensure that their child's asthma reliever and the spare is within its expiry date;
- Ensure their child catches up on any school work they have missed; and
- Ensure their child has regular asthma reviews with their doctor or asthma nurse.

## Section 2: Asthma Management

### 4.0 Storing Asthma Relievers

4.1 Staff should store and assist if necessary administration of asthma relievers that have been prescribed for an individual child or a salbutamol inhaler that has been purchased by the school for use in an emergency.

4.2 The inhaler and spacers for salbutamol inhalers must be kept in a safe and suitably central location in the school, such as the school office, classroom or staffroom, which is known to all staff, and to which all staff have access at all times. The inhaler and spacer should not be locked away.

### 5.0 Self-Management

A pupil can self-administer their asthma reliever if there is written parental consent and this is agreed with their doctor or asthma nurse and head teacher.

This Asthma Policy is a Halton Borough Council Policy adopted by St Michael's Catholic Primary School.

This Policy will be reviewed by the Governing body every 2 years or when any changes to policy are recommended.

Reviewed by Mike Volynchok Chair of Governors on 29/01/2023. Signed copy available from school office.

## Section 2: Appendices

### Appendix A

#### Parental agreement for school to administer asthma relievers

Please complete and sign this form.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Daily care requirements (e.g. before sport/lunchtime)

Describe what constitutes an emergency for the child, and action taken if this occurs

#### Medicine

**Note: Asthma Relievers must be the original container as dispensed by the pharmacy**

Name/type of Asthma Reliever  
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by

Dosage and method

When to be given

Any other instructions

Timing

Special precautions:

Are there any side effects that the school/setting needs to know about?

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| [name of member of staff] |
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| Can they self-administer inhaler?                      |  |
| Procedures to take in an emergency<br>(See Appendix J) |  |

**Contact Details**

|   |                          |
|---|--------------------------|
| Name  |                          |
| Daytime telephone no.   |                          |
| Mobile telephone no.  |                          |
| Relationship to child   |                          |
| Address   |                          |
| Who is the person to be contacted in an emergency (state if different for offsite activities) |                          |
| Emergency telephone contact no.   |                          |
| Name and phone no. Of GP  |                          |
| I understand that I must deliver the asthma reliever personally to                            | [agreed member of staff] |

I accept that this is a service that the school/setting is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering asthma relievers in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of asthma reliever or if asthma reliever is stopped.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

## Head teacher Agreement to Administer Asthma Reliever

Name of school/setting

It is agreed that [name of child] will receive [quantity and name of medicine] when required/ as prescribed.

[Name of child] will be given/supervised whilst he/she takes their asthma reliever by [name of member of staff].

This arrangement will continue until [either end date of course of medicine or until instructed by parents].

Date \_\_\_\_\_

Signed \_\_\_\_\_

*(The Head teacher/Head of setting/named member of staff)*

**Request for child to carry his/her asthma reliever**

**THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN**

**If staff have any concerns discuss request with healthcare professionals**

|  |     |
|--|-----|
| Name of school   |     |
| Name of child  |     |
| Date Asthma Reliever provided by parent  | / / |
| Group/class/form   |     |
| Name of Asthma Reliever and dose   |     |
| Procedures to be taken in an emergency (Follow Asthma Management Chart (Appendix J)) |     |

**Contact Information**

|                          |  |
|--------------------------|--|
| Name                     |  |
| Daytime telephone number |  |
| Relationship to child    |  |

I would like my son/daughter to keep his/her asthma reliever on him/her for use as necessary.

Date \_\_\_\_\_

Signed \_\_\_\_\_

**Record of Asthma Reliever Administered to an Individual Child**

|   |     |
|---|-----|
| Name of school                          |     |
| Name of child                           |     |
| Date asthma reliever provided by parent | / / |
| Group/class/form                        |     |
| Location of storage                     |     |
| Quantity received                       |     |
| Name and strength of asthma reliever    |     |
| Expiry date                             | / / |
| Quantity returned                       |     |
| Dose and frequency of asthma reliever   |     |

Staff signature \_\_\_\_\_

Signature of parent \_\_\_\_\_

|              |     |     |     |
|--------------|-----|-----|-----|
| Date         | / / | / / | / / |
| Time given   |     |     |     |
| Dose given   |     |     |     |
| Action Taken |     |     |     |

Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Action Taken

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Name of member of staff

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Staff initials

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Date

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Time given

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Dose given

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Action Taken

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Name of member of staff

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Staff initials

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**CHILD ASTHMA (SELF) ADMINISTRATION RECORD**

Name of pupil..... Dob of Pupil...../...../.....

School Name:..... Class..... Term.....

Reliever..... Spacer name ..... Date of Expiry.....

Consent to use emergency inhaler YES/ NO (delete as appropriate)

**NOTE: Consent for self- administration must be obtained in accordance with the above policy**

| Date of inhaler/reliever use | Time of inhaler/reliever use | Number of puffs taken | Comments |
|------------------------------|------------------------------|-----------------------|----------|
|                              |                              |                       |          |
|                              |                              |                       |          |
|                              |                              |                       |          |
|                              |                              |                       |          |
|                              |                              |                       |          |
|                              |                              |                       |          |
|                              |                              |                       |          |



**CONSENT FORM:**

**USE OF EMERGENCY SALBUTAMOL INHALER**

[Insert school name]

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an asthma reliever [delete as appropriate].
2. My child has a working, in-date asthma reliever, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their asthma reliever 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: .....

## SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

*[Delete as appropriate]*

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

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the 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,



## ASTHMA MANAGEMENT IN SCHOOL

If a child or young person has:

- Increased cough
- Increased wheeze
- Increased breathlessness
- Or they are needing to take their reliever (blue) inhaler more than four hourly

Action to take

1. Give 2 puffs of reliever (blue inhaler)
2. Wait 5 minutes. If no improvement Repeat
3. Wait for a further 5 minutes.
4. If no improvement contact parent/carer and move to **AMBER**

If a child or young person has symptoms in the green section but has had no improvement with treatment recommended.

Action to take:

1. Give an additional 5 puffs of reliever (blue) inhaler via spacer device (Volumatic®)
2. **Go to a GP/WALK IN CENTRE**
3. If no improvement move to **RED**

**Emergency**

**CALL 999**

When the following symptoms are present:

- Difficulty speaking
- Breathing faster than usual, using their tummy muscles or tracheal tug (dipping in at the neck)
- Tired, pale or blue around the lips

**ACTION**

- Give 1 puff of reliever (blue) inhaler every 30 seconds (up to 10 puffs) using the spacer device (Volumatic®)
- If ambulance has not arrived by this point continue to give 1 puff every 30 seconds until help arrives.



## Salbutamol inhalers in schools

From 1st October 2014, legislation on prescription medicines changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools that choose to keep emergency inhalers and spacers should establish a protocol for their use, which should include infection control and cleaning to avoid cross infection. Schools should consider including a cross-reference to this protocol in their policy on supporting pupils with medical conditions.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication and where this is recorded in the child's individual healthcare plan. The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken, empty or out-of-date).

Templates for parental consent forms and notification to parents of emergency salbutamol use, can be found at Annex A and B, respectively, of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015.<sup>11</sup>

Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine.

A written order signed and dated by the principal or head teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. Ideally appropriately headed paper should be used however this is not a legislative requirement.

In line with legislation requirements the order must state;

- (i) the name of the school for which the medicinal product is required,
- (ii) the purpose for which that product is required, and
- (iii) the total quantity required.

The number of inhalers that can be obtained by individual schools is not specified in legislation. As part of the consultation process it was acknowledged that the number held for emergency use would be dependent on a variety of factors including; the school size and the number of sites it is comprised of, the number of children known to have asthma, and past experiences of children who had not been able to access their inhaler. It was however agreed, generally that only a small number of inhalers were likely to be needed annually.

To avoid possible risk of cross-infection, the spacer device 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. However, 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.

Schools can be advised to contact a local community pharmacy for advice on inhaler technique and selection of the most appropriate spacer device.

## Appendix L

### SIGNED ORDER FOR SCHOOLS TO USE TO ORDER EMERGENCY SALBUTAMOL INHALERS

[School Headed Paper Should Ideally be used]

[School Address]

[Contact Details]

*I wish to order the following in line with The Human Medicines (Amendment No. 2) Regulations 2014):*

*[INSERT NAME OF SCHOOL]*

#### *PURPOSE OF THE SIGNED ORDER*

*The purpose of this signed order is to enable the school to hold stocks of salbutamol inhalers which can be supplied in an emergency by persons trained to administer them to pupils who are known to require such asthma reliever and who attend this school.*

*An emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever asthma reliever .*

*Please supply:*

*Salbutamol Inhaler CFC Free 100mcg MDI = [INSERT NUMBER]*

*\*[Insert details of type and number of spacers required]*

*SIGNATURE \_\_\_\_\_*

*PRINT NAME \_\_\_\_\_*

*\*\*DESIGNATION \_\_\_\_\_*

*DATE \_\_\_\_\_*

*\* The spacer must be compatible with the brand of salbutamol inhaler supplied. Schools should discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school.*

*\*\*The order must be signed by the principal or head teacher at the school concerned*

Date: **EXAMPLE – please adjust accordingly**

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school.

The adrenaline auto-injectors will be used in line with the manufacturer’s instructions, for the emergency treatment of anaphylaxis in accordance with Human Medicines (Amendment) Regulations 2017. This allows schools to purchase ‘spare’ back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at <https://www.gov.uk/government/consultation/allowing-schools-to-hold-spare-adrenaline-auto-injects>).

Please supply the following devices:

| Brand Name: |  | Dose          | Quantity required |
|-------------|--|---------------|-------------------|
| Emerade     |  | 150 microgram | 1                 |
| Epipen      |  | 0.3milligram  | 1                 |

Signed:

Date:

Headteacher

## **Further Sources of Asthma Medical Information**

For further information regarding this policy contact:-

Lynn Pennington-Ramsden 0151 511 8563

Colin Hill 0151 511 7967

Debbie Houghton 0151 511 8231

For further information regarding asthma awareness training sessions for schools please contact:-

Margaret Gorst 0151 495 5254  
(School Health Nurse)