

Asthma Policy



Policy Document Status			
Date of Policy Creation	January 2025	Chair of Governors	Gill Stubbs
Adoption of policy by Governing Board	12 February 2025	Executive Headteacher	Jenny Gascoigne
Inception of new Policy	13 February 2025	Governor/Staff Member Responsibility	Sara Griffiths
Date of policy review	September 25	Day Care Manager	Shelley Thursfield

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Introduction

Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school activities. If not, effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

Parents have a duty to inform the school/nursery that their child has asthma and complete an Individual Health Care Plan (appendix A). Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded.

Triggers that can provoke asthma.

- ✓ Viral infections of the upper respiratory tract e.g., colds
- ✓ Exercise
- ✓ Cold air
- ✓ Furry animals
- ✓ Fumes from science experiments
- ✓ Tobacco smoke and atmospheric pollution
- ✓ Grass pollen
- ✓ Extremes of emotion

Inhalers

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at School.

Relievers should be available immediately and can be used before exercise if this is in the child's Individual Health Care Plan. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non-asthmatic.

Emergency Salbutamol Inhaler

Since 1 October 2014 schools have been allowed to keep a salbutamol inhaler for use in emergencies when a child with asthma cannot access their own inhaler.

The inhaler can be used if the children's prescribed inhaler is not available (for example, because it is broken, or empty).

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

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The emergency salbutamol inhaler should only be used by children, for whom written parental consent (*appendix 1*) has been given, and who have either been diagnosed with asthma or who have been prescribed an inhaler as reliever medication.

A record of the administration of the emergency inhaler must be recorded and a letter sent to the parents (*appendix 2*).

For further information on using emergency inhalers, please refer to [Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools) published by the department of health.

Procedure for dealing with an asthma attack.

1. Child becomes breathless, wheezy or develops a continuous cough.
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage.
5. Wait ten minutes, if symptoms disappear the child can continue as normal.
6. If symptoms persist, then try giving:
 - a further dosage of reliever
 - or, if prior permission has been given, 6 puffs of reliever through a spacer.
 - **whilst** calling parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at school call parent/GP/ambulance as appropriate given the seriousness of the situation, or if permission has been given by the parent to administer the emergency inhaler.

Severe asthma

Severe asthma is characterised by:

- normal relieving medication failing to work.
- the child becoming too breathless to talk.
- rapid breathing (e.g., > 30 breaths per minute)

Continue giving inhaler or give 6-10 puffs of reliever through a spacer **whilst** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.

Asthma Policy Statement

We are an inclusive community that aims to support and welcome children with asthma. Children with medication needs will receive appropriate care and support. We will ensure that the learning environment, which includes physical, social, sporting, and educational activities, is inclusive and favourable to children with asthma. Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst children and to help create a positive social environment.

The federation's asthma policy is drawn up in consultation with a wide range of local key stakeholders including health. The school ensures all staff understand their duty of care

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to children in the event of an emergency and staff feel confident in knowing what to do in an emergency. All staff receive annual asthma awareness training.

We have clear guidance on the administration of medicines, storage of medication and record keeping. The asthma policy is regularly reviewed evaluated and updated.

The school ensures all classroom teachers, Teaching assistants, Early Years Practitioners and sporting coaches understand that children with asthma should not be forced to take part in an activity if they feel unwell. The school ensures classroom teachers, Teaching assistants, Early Years Practitioners and school sport coaches are aware of the potential triggers for children's asthma when exercising and tips to minimise these triggers. The school ensures all children have the appropriate medicines with them during physical activity and that children take them when needed.

Risk assessments are carried out for any off-site visits and asthma is considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency.

Individual Health Care Plan (IHCP)

Parents are asked to complete an IHCP (*appendix 3*) to:

- ✓ inform the appropriate staff about the individual needs of a child with a medical condition in their care.
- ✓ identify common or important individual triggers that bring on symptoms and can cause emergencies.
- ✓ ensure the appropriate services have a timely and accurate summary of a children's current asthma management and healthcare in the event of an emergency.
- ✓ IHCP's are kept in a secure central location in the school office.

The parent will also be asked to complete a **Telford and Wrekin Parental agreement for the setting to administer medication** form (*appendix 4*). Further information can be found in the school's **Policy for children with medical conditions and the administration of medication**.

This school uses individual healthcare plans (IHCP) to:

- ✓ inform the appropriate staff (including supply teachers and support staff), of an individual child's medical needs.
- ✓ Inform emergency services of the child's medication and medical need.

School Asthma Register

- ✓ the IHCP's are used to create a centralised register of children with asthma.
- ✓ an identified member of staff has responsibility for the register.
- ✓ the responsible member of staff follows up any of the details on a children's IHCP or if permission for administration of medicines is unclear or incomplete.
- ✓ parents are regularly reminded to update their child's IHCP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change.
- ✓ every child with an IHCP has their plan discussed and renewed at least once a year.

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Staff Training

- ✓ asthma training is undertaken annually.
- ✓ a log of the asthma training is kept by the school and reviewed every 12 months to ensure all new staff receive training.
- ✓ all school staff that volunteer or are contracted to administer medicines are provided with training by a healthcare professional.

Safe storage of medicines.

- ✓ inhalers are readily available to children who always require them during the day or at offsite activities.
- ✓ each child has a **drawstring bag** which is clearly labelled with their name. This includes a book to record when the child takes their inhaler.
- ✓ adults ensure children have their inhalers with them for PE etc.
- ✓ children whose healthcare professionals and parents advise that their child is not yet able or old enough to self-manage will be supported by an adult.
- ✓ all inhalers are supplied and stored, wherever possible, in their original containers.
- ✓ all inhalers are labelled with the children's name, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- ✓ all inhalers are sent home with children at the end of each term. They are not stored in school over holiday periods.

The Local Authority have a responsibility to:

- ✓ ensure the health and safety of their employees and anyone else on the premises or taking part in activities, this includes children on or off site.
- ✓ ensure health and safety policies and risk assessments are inclusive of the needs of children with asthma.
- ✓ make sure the asthma policy is effectively monitored and regularly updated.
- ✓ provide indemnity for teachers/keyworkers who volunteer to administer medicine to children with asthma.

The headteacher has a responsibility to:

- ✓ ensure the school is inclusive and welcoming and that the asthma policy is in line with local and national guidance and policy frameworks.
- ✓ liaise between interested parties –including children, staff, SEN coordinators, welfare assistants, teaching assistants, nurses, health visitors, parents, governors, health service and the local authority transport service and local emergency care services.
- ✓ ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using children individual health care plans.
- ✓ ensure child confidentiality.
- ✓ assess the training and development needs of staff and arrange for them to be met.
- ✓ ensure all supply teachers and new staff know the asthma policy.
- ✓ delegate a staff member to check the expiry date of medicines and maintain the asthma register.
- ✓ monitor and review the policy at least once a year, with input from staff and external stakeholders.

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All staff have a responsibility to:

- ✓ be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- ✓ understand the school's asthma policy.
- ✓ know which children have asthma and be familiar with the content of their individual health care plan.
- ✓ allow all children to have immediate access to their emergency medicines.
- ✓ maintain effective communication with parents including informing them if their child has been unwell.
- ✓ ensure children who carry their medicines with them, have them when they go on an educational visit or out of the classroom.
- ✓ be aware that long term conditions can affect a children's learning and provide extra help when children need it.
- ✓ be aware of children with asthma who may be experiencing bullying or need extra social support.
- ✓ liaise with parents, the child's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition.
- ✓ use opportunities such as PSHE to raise child awareness about asthma.
- ✓ understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell).
- ✓ ensure all children with asthma are not excluded from activities they wish to take part in.
- ✓ ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed.

The school nurse has a responsibility to:

- ✓ help update the asthma policy.
- ✓ help provide regular training for school staff in managing asthma.
- ✓ provide support and information to the identified member of staff responsible for ensuring that parents complete the health care plans.

First Aiders have a responsibility to:

- ✓ ensure their training is up to date.
- ✓ administer first aid in an emergency.

Special Education Needs staff have a responsibility to:

- ✓ know which children have asthma and which have additional educational needs because of their condition.
- ✓ ensure children who have been unwell catch up on missed work.
- ✓ ensure teachers/key workers make the necessary arrangements if a child needs special consideration or access arrangement in statutory assessment or course work.

Education Welfare Officer has a responsibility to:

- ✓ ensure children with medical conditions attend school regularly.

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The parents have a responsibility to:

- tell the school/nursery if their child has asthma.
- ensure the school/nursery has a complete and up-to-date individual healthcare plan (IHCP) for their child.
- inform the school/nursery about the medicines their child requires during the hours they attend.
- inform the school/nursery of any medicines the child requires while taking part in visits and other out-of-school activities such as sports festivals and educational visits.
- tell the school/nursery about any changes to their child's medication, what they take and how much.
- inform the school/nursery of any changes to their child's condition.
- ensure their child's medicines and medical devices are labeled with their full name.
- ensure that their child's medicines are within their expiry dates.
- keep their child at home if they are not well enough to attend the school or Nursery.
- ensure their child catches up on any work they have missed due to absence.
- ensure their child has regular reviews with their doctor or specialist healthcare professional.
- ensure their child has a written self-management plan from their doctor or specialist healthcare professional to help them manage their child's condition.

Appendix 1

INDIVIDUAL HEALTHCARE PLAN (IHCP)

Name of school/setting:

Wrockwardine Wood Infant School & Nursery/
Oakengates Nursery School

Child's photograph:

--

Child's name:

--

Date of birth:

--

Child's address:

--

Year group:

--

Class:

--

Medical diagnosis or condition:

--

Date IHCP begins:

--

Review date:

--

Family Contact Information

1. Name:

--

Relationship to child:

--

Phone no. (work):
(mobile)

--

--

2. Name:

--

Relationship to child:

--

Phone no. (work):
(mobile):

--

--

Clinic/Hospital Contact

Name:

--

Phone no:

--

G.P.

Name:

--

Phone no:

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Who is responsible for providing support in school:
(e.g. Class teacher/ Teaching assistant/Key Person)

Describe medical needs:



Give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Describe Medication:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

 Medication taken at home: 	 Medication taken at school:
*Please see separate medication form	

Daily care requirements:

 At Home: 	 In School:
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Additional arrangements for school visits:

Describe what constitutes an emergency, and the action to take if this occurs:

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Additional information from health professionals (if applicable):

--

Staff training needed/undertaken – who, what, when (if applicable):

--

Plan developed with:

Role	Name	Signature
Parent/Carer		
Parent/Carer		
Admin staff		
Headteacher	Jenny Gascoigne	
SENDCo	Hayley McNamee/ Hannah Firmston	

Form shared with:

Role	Name	Signature
Class teacher		
Class teaching assistant		
Class Lunchtime Supervisor		
Room Lead		
Early Years Practitioners		

Appendix 2

**WROCKWARDINE WOOD INFANT SCHOOL & OAKENGATES NURSERY
FEDERATION**

**Consent form for the administration of the EMERGENCY
SALBUTAMOL INHALER**

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to nursery/school every day.

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/nursery for such emergencies.

Signed:Date:

Name(print):

Child's name:
.....

Class:

Parent's address and contact details:
.....
.....
.....

Telephone:

Email:

For more information

[Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Appendix 3

**WROCKWARDINE WOOD INFANT SCHOOL AND OAKENGATES NURSERY
FEDERATION**

**LETTER TO INFORM PARENTS OF EMERGENCY
SALBUTAMOL INHALER USE**

Name of child	Class/Room	Date

Dear Parent/Carer,

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

Your child had difficulty with their breathing when:

.....

The reason for using the settings emergency Salbutamol inhaler	
<i>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.</i>	<i>Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.</i>
Puffs given.	Puffs given.

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

Yours sincerely

Appendix 4:



Telford & Wrekin
COUNCIL

Form MED1
School: _____
Address: _____

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

DETAILS OF CHILD (<i>Capitals please</i>)						
Name	M/F	Date of Birth	/	/	class/ form:	
Condition or illness (<i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i>):						
DOCTOR'S DETAILS						
Doctor's Name	Medical Practice	Telephone Number				
MEDICATION AND ADMINISTRATION						
Name of medication (<i>give full details given on the container label issued by the pharmacist</i>)						
Type of Medication (e.g. tablets, mixture, inhaler, EpiPen, other (<i>please specify</i>))						
Date Dispensed:		Dosage and method:				
Times to be Taken in School:		Is precise timing critical? Yes/ No				
Time of last dosage?						
For how long will your child need to take this medication?						
For medication that need not be administered at pre-set times please indicate when it should be given: (eg before exercise, onset of asthma attack, onset of migraine etc)						
The medication needs to be administered by a member of staff.					Yes	No
My child can administer the medication him/herself under the supervision of a member of staff					Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary.					Yes	No
The medication needs to be readily accessible in case of emergency.					Yes	No
ADDITIONAL INFORMATION						
Precautions or Side Effects:						
What to do in an emergency:						

(Please read the notes on the reverse of this form carefully If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)

The doctor named above has advised that it is necessary for my child to receive his/her medication during School time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at School. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The School, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a child as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the School or any members of its staff have been negligent I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

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Signed: Parent/Carer.....

Date:

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into School at appropriate times to administer the medicine themselves or plan at break or lunchtime for the child to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example, where timings of administration are critical and crucial to the health of the child and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the child necessary.
3. The school will not agree to administer any medication in School without a written request using this form, having first been made.
4. The school will not agree to administer any medication in School that is not essential to be administered during the school day. (If it is acceptable for doses to be given before and after School the School should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into School.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the child. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For children on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new School year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each child for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctor's note to support/confirm the information given on the request form.
13. You may find it necessary to seek your doctor's help in completing this form.