

# Cedars Manor School



## Asthma Policy

*Article 19: Every child has the right to be protected from harm*

<b>Last reviewed on:</b>	June 2025
<b>Next review due by:</b>	June 2026
<b>Asthma Lead:</b>	Mrs K McClean
<b>Asthma Champion:</b>	Mrs H Chaudhry

*The Cedars Manor community believes that together, we will prepare each and every child for a bright future in an ever changing world. We believe that by planting the seeds for a successful future our children, staff, parents and community can achieve educational excellence and shape the future through our 'B' values:*

**Be Ready - Be Respectful - Be Safe - Be Responsible - Be Resilient - Be Courageous**

## **Introduction**

A high percentage of children in the UK suffer from asthma. Most of these children can expect to lead a normal life if medication is taken regularly and properly. However, periodically some children may experience asthma attacks.

Asthma causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack of asthma. A child's inflamed airways may react quicker to certain triggers (irritants) that do not affect children without asthma. The things that can trigger asthma vary from child to child. The known triggers include:

- Viral infections (especially common colds)
- Allergies, i.e. food, dust, feathers etc.
- Exercise
- Cold weather or strong winds
- Sudden changes in temperature
- Fumes from some glues/paints, tobacco smoke
- Pets/pet hairs

## **Aims**

- To ensure that the school is aware of all children diagnosed with asthma.
- To enable all pupils with asthma to participate fully in school life.
- To ensure that ALL staff are able to deal with an asthma attack.
- To encourage all children with asthma to take responsibility for their own medication as far as appropriate.

## **Parent/Carer Responsibilities**

On joining the school, all parents/guardians will be asked to complete a form related to the medical background of their child. An Individual Medical/Health Care Plan will then be drawn up for each child outlining the particular condition, medication and details about when and if the medication should be taken.

Parents will be expected to keep the school up to date about their child's condition, and any changes.

## **Asthma Register**

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- An up-to-date copy of their personal asthma action plan,
- Their reliever (salbutamol) inhaler and spacer in school,
- Permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

## **Asthma Lead/Asthma Champion**

This school has an asthma lead and asthma champion who is named above. It is their responsibility to:

- Manage the asthma register
- Update the asthma policy
- Manage the emergency salbutamol inhalers (*please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015*)
- Ensure measures are in place so that children have immediate access to their inhalers.

### **Staff Training**

Staff will need regular asthma updates. This is provided annually by the Harrow School Nursing Team.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupils' will not come into contact with their triggers, where possible.

We are aware that triggers can include: Colds and infections:

- Dust and house dust mites
- Pollen, spores and mould
- Feathers
- Furry animals
- Exercise
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

### **Exercise and Activity**

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

All teachers at the school will be aware of which pupils have asthma from the school's asthma register.

### **Medication and Inhalers**

The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma UK).

Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.

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## **Implementation**

All students should carry their asthma reliever and spacer with them at all times.

A spare asthma inhaler and spacer should be kept in the medical room, this should be supplied by the parent/carer.

A member of the Welfare Team will check the asthma pumps regularly, to ensure that nothing is out of date, broken or missing, and information will be regularly updated.

Emergency inhalers and spacers are located in the Welfare room, lunch hall, first floor and on the top floor. (to be used for asthmatic children ONLY)

## **When Asthma is affecting a Pupil's Education**

Schools are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on the pupils' lives, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms.

## **Emergency Salbutamol Inhaler in School**

As a school we are aware of the guidance, '*The use of emergency salbutamol inhalers in schools from the Department of Health*' (March, 2015), which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found on [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf). We have summarised key points from this policy below.

- As a school we are able to purchase salbutamol inhalers and spacers from suppliers.

We have 4 emergency kit(s), which are kept in the medical room and on each floor, so they are easy to access.

Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler; (Disposable inhalers)
- Instructions on using the inhaler and spacer; instructions on cleaning and storing the inhaler Manufacturer information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- Guidance of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler:
- A record of administration

We understand that 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.

***We will ensure that the emergency salbutamol inhaler is only used by children who have been diagnosed with asthma OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of emergency inhaler has been given.***

## **Common 'Day to Day' Symptoms of Asthma**

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them on an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

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). As per Department of Health Guidance, 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 will receive an asthma update annually, and as part of this training, they are taught how to recognise and manage asthma. In addition, guidance will be displayed in the staff room.

**The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:**

- 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.

### **The Guidance goes on to explain that in the event of an asthma attack:**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- 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 help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths or 20 seconds per dose with mask )
- If there is no improvement, repeat these steps\* up to a maximum of 10 puffs \*

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- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

Welfare Assistant 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;
- The disposable spacers are used in school in case of an emergency.
- 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
- The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the disposable spacer will be replaced.
- The name(s) of these children will be clearly written in our emergency kit(s). The parent/Carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

## **EMERGENCY PROCEDURE**

### **ANY OF THESE SIGNS INDICATE A SEVERE ATTACK**

- Normal relief medication does not work
- Child is breathless enough to have difficulty talking normally
- Blue tingeing around the mouth
- Rapid pulse rate
- Rapid breathing

### **PROCEDURE**

1. Don't panic!
2. Sit the person down and reassure them.
3. Administer usual relief inhaler.
4. If symptoms persist, administer one puff of the inhaler every minute for a period of five minutes.  
Send a responsible person (child or adult) to fetch a member of the Welfare Team.

If the condition does not improve:

- a) Call for Emergency Services, following the school procedures, alerting them that you have a child/adult suffering a severe asthma attack.
  - b) Inform parents and arrange for them to meet with the child and school staff at Accident and Emergency.
5. Welfare Assistant or Responsible Adult to accompany the child to hospital by car or ambulance.