

# Clitheroe Royal Grammar School

## Asthma Policy

Staff member responsible: Deputy Headteacher

Governors' Committee: Students and Staffing

This policy is largely based on the NHS School Asthma Policy from the East Lancashire and Blackburn with Darwen Clinical Commissioning Groups and the Lancashire Care Foundation Trust. It also contains guidance from Asthma UK, The Key, BTS/SIGN asthma guidelines and the Department for Health (2015) guidance on the use of emergency salbutamol inhalers in schools.

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## **Section 1     Asthma**

### **Background**

This policy has been written with advice from the Department for Education, Asthma UK, The Key, the local authority, local healthcare professionals, the school health service, parents / carers and the NHS. (We adhere to the Department for Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015.)

This school recognises that asthma is a widespread, serious but controllable condition affecting many students in our school. The school welcomes all students with asthma.

This school encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and students. Supply teachers and new staff are also made aware of the policy and procedures.

All staff who come into contact with students with asthma are provided with guidance about Asthma and how to respond to a student or member of staff experiencing an attack. Guidance to staff is updated annually.

### **Asthma Medicines**

Immediate access to reliever medicines is essential. Students with asthma are encouraged to carry their reliever inhaler (usually blue).

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. This is stored securely at Reception in case the student's own inhaler runs out, is lost or forgotten. All inhalers must be labelled with the student's name by the parent/carer.

School will seek informed consent from the parents/carers of all students on the school asthma register, for staff to administer in-school salbutamol inhalers in an emergency situation.

School staff are not required to administer asthma medicines to students (except in an emergency), however many of the staff at this school are happy to do this. All school staff will let students take their own medicines when they need to.

### **Record Keeping**

At the beginning of each school year or when a student joins the school, parents/carers are asked if their son/daughter has any medical conditions including asthma on their data checking form.

All parents/carers of students with asthma are consequently sent an Asthma UK School Asthma Card to give to their son/daughter's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school.

From this information the school keeps its asthma register, which is available to all school staff. Parents/carers are asked to update or exchange the card for a new one if their son/daughter's medicines, or how much they take, changes during the year.

School will seek informed consent from the parents/carers of all students on the school asthma register, for staff to administer in-school salbutamol inhalers in an emergency situation.

In addition, all students on the register are issued with an Asthma Card to carry at all times during the school day.

## **Exercise and Activity – PE and Games**

Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which students in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's medical needs register.

Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

## **Out-of-Hours Sport**

There has been a significant emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that we involve students with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for students with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

## **Out-of-School Activities, Trips and Outings**

The school will consider asthma triggers when planning and writing risk assessments for out-of-school activities and will ensure a trained member of staff (first aider) is in attendance.

Triggers which students could be exposed to will be considered and minimised, as far as is reasonably possible.

Students must ensure they bring the correct inhaler, which must be labelled. Failure to do so will result them in not being allowed to attend.

## **School Environment**

The school does all that it can to ensure the school environment is favourable to students with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for students with asthma. Students with asthma are encouraged to leave the room and go and sit in Reception if particular fumes trigger their asthma.

## **If asthma is affecting a student's education**

If a student is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the Head of Year/Senior Tutor will initially talk to the parents/carers to work out how to prevent their son/daughter from falling behind. If appropriate, the Head of Year/Senior Tutor will then talk to the school nurse and special educational needs coordinator about the student's needs.

The school recognises that it is possible for students with asthma to have special educational needs due to their asthma.

## **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 (March 2015).

We have summarised key points from this policy below.

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have emergency kit(s), which are kept in the Main School and Sixth Form main offices so that they are easy to access.

Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note 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 student 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 students who have asthma or who have been prescribed a reliever inhaler, and where parental consent has not been withdrawn.

The school's medical policy lead and first aid teams on both sites 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 plastic inhaler housing (which holds the canister) has been cleaned, dried 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 spacer cannot be reused. We will replace spacers following use.

The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids.

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.

Where the in-school inhaler has been used by a student in an emergency situation parents/carers will be informed by telephone and/or the issuing of Appendix 1 (Emergency Salbutamol Inhaler Use Form).

### **Asthma Attacks**

All staff who come into contact with students with asthma know what to do in the event of an asthma attack.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK in Section 3 of the school Asthma Policy: What to do in an Emergency.

Where a student has particularly severe Asthma a personalised Asthma plan will be in place and will be communicated to all relevant staff and accessible in the First Aid facilities on each site.

## **Section 2 Roles and Responsibilities**

### **Employers have a responsibility to:**

Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes students). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips

Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place

Make sure the asthma policy is effectively monitored and regularly updated

Report to parents/carers, students and school staff about the successes and failures of the policy

### **Headteachers have a responsibility to:**

Plan an individually tailored school asthma policy with the help of school staff, school nurses and local authority advice

Plan the school's asthma policy in line with devolved national guidance

Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and students

Ensure the plan is put into action, with good communication of the policy to everyone

Ensure every aspect of the policy is maintained

Assess the training and development needs of staff and arrange for them to be met

Ensure all supply teachers and new staff know the school asthma policy

Regularly monitor the policy and how well it is working

Report back to Governors about the school asthma policy

### **School staff have a responsibility to:**

Understand the school asthma policy

Know which students they come into contact with have asthma

Know what to do in an asthma attack

Allow students with asthma immediate access to their reliever inhaler

Tell parents / carers if their son/daughter has had an asthma attack

Tell parents / carers if their son/daughter is using more reliever inhaler than they usually would

Ensure students have their asthma medicines with them when they go on a school trip or out of the classroom

Ensure students who have been unwell catch up on missed school work

Be aware that a student may be tired because of night-time symptoms

Keep an eye out for students with asthma experiencing bullying

Liaise with parents/carers, the school nurse and special educational needs co-ordinator if a student is falling behind with their work because of their asthma.

**PE teachers have a responsibility to:**

Understand asthma and the impact it can have on students. Students 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

Ensure students have their reliever inhaler with them during activity or exercise and are allowed to take it when needed

If a student has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most students with asthma should wait at least five minutes)

Remind students with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up

Ensure students with asthma always warm up and down thoroughly.

**School nurses have a responsibility to:**

Help plan/update the school asthma policy

If the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma

Provide information about where schools can get training if they are not able to provide specialist training themselves.

**Individual doctors and asthma nurses have a responsibility to:**

Complete the school asthma cards provided by parents/carers

Ensure the young person knows how to use their asthma inhaler (and spacer) effectively

Provide the school with information and advice if a young person in their care has severe asthma symptoms (with the consent of the young person and their parents/carers)

### **Students have a responsibility to:**

Treat other students with and without asthma equally

Let any student having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called

Tell their parents/carers, teacher or PE teacher when they are not feeling well

Treat asthma medicines with respect

Know how to gain access to their medicine in an emergency

Know how to take their own asthma medicines.

### **Parents / carers have a responsibility to:**

Tell the school if their son/daughter has asthma

Ensure the school has a complete and up-to-date school asthma card for their son/daughter

Inform the school about the medicines their son/daughter requires during school hours

Inform the school of any medicines the student requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports

Tell the school about any changes to their son/daughter's medicines, what they take and how much

Inform the school of any changes to their son/daughter's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)

Ensure their son/daughter's reliever inhaler (and spacer where relevant) is labelled with their name

Ensure that their son/daughter's reliever inhaler and the spare is within its expiry date

Keep their son/daughter at home if they are not well enough to attend school

Ensure their son/daughter catches up on any school work they have missed

Ensure their son/daughter has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

Inform the school in writing if they do not consent to their son/daughter using the emergency salbutamol inhaler [school inhaler] if they require it and their own inhaler is broken, out of date, empty or has been lost.

## **Section 3: What to do in an Emergency**

### **Medication**

Medication to treat the symptoms of asthma comes in the form of inhalers. Some students will have a 'preventer inhaler (brown)', these are students who have moderate to severe asthma. This type of inhaler is used daily to try and reduce the amount of asthma attacks.

All students with asthma will have a 'reliever inhaler (usually blue: salbutamol/terbutaline). Reliever inhalers work by relaxing the muscles surrounding the airways, therefore, making breathing easier. Reliever inhalers are essential for treating young people who have asthma during an attack.

### **Common signs of an asthma attack**

- a persistent cough (when at rest)
- shortness of breath/difficulty breathing (the student would be breathing fast and with effort, using all accessory muscles in the upper body)
- wheezing sound coming from the chest (when at rest)
- feeling tight in the chest
- being unusually quiet
- difficulty speaking in full sentences
- nasal flaring

### **What to do**

- keep calm and reassure the student
- encourage the young person to sit up and slightly forward – do not hug or lie them down
- make sure the young person takes two puffs of reliever inhaler (usually blue) immediately (preferably through a spacer). If the student's own inhaler is not available, use the emergency school inhaler.
- Remain with the student whilst the inhaler and spacer are brought to them
- If using a school emergency inhaler [salbutamol] help the student to take 2 puffs via the spacer, one at a time (1 puff: 5 breaths)
- If there is no improvement, repeat the steps above up to a maximum of 10 puffs
- If the student has had to use 6 puffs or more in 4 hours the parents/carers should take the student to be seen by a doctor/nurse
- ensure tight clothing is loosened

### **If there is no immediate improvement**

Continue to make sure the young person takes two puffs of reliever inhaler every two minutes until their symptoms improve

Call 999 or a doctor urgently if:

- the young person's symptoms do not improve in 5–10 minutes
- the young person is too breathless or exhausted to talk
- the young person has collapsed
- the young person's lips are tinged blue/white
- you are in doubt

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

### **Important things to remember in an asthma attack**

- Never leave a student having an asthma attack
- Keep calm and reassure the student



- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing
- Send another student to get another teacher/adult if an ambulance needs to be called
- Contact the student's parents or carers immediately after calling the ambulance/doctor
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until their parent/carer arrives
- Another adult should always accompany anyone driving a student having an asthma attack to emergency services

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# Clitheroe Royal Grammar School

Founded in 1554

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Appendix 1

## Emergency Salbutamol Inhaler Use Form

Student: \_\_\_\_\_

Student Form: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Dear \_\_\_\_\_

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

This happened when:

\*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.

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

Miss J Renold  
Deputy Headteacher/Head of Main School

\*Delete as appropriate