Vantage Asthma Policy

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Statement of intent

Vantage CE Academies recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma. This policy sets out how the Trust ensures that pupils with asthma can participate fully in all aspects of school life including physical exercise, school trips and other out-of-school activities. It also covers how the Trust enables pupils with asthma to manage their condition effectively in school, including ensuring immediate access to reliever inhalers where necessary.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Equality Act 2010
- DfE 'Supporting pupils at school with medical conditions'
- Asthma UK 'Asthma at school and nursery'
- DfE 'First aid in schools, early years and further education'
- This policy operates in conjunction with the following Trust policies:
- Complaints Policy
- Supporting Pupils with Medical Conditions Policy

Roles and responsibilities

The Board of Trustees

The Trust board is responsible for ensuring that appropriate policies, procedures and resources are in place to support pupils with asthma, safeguarding their health, safety and wellbeing, monitoring compliance with statutory requirements, and reviewing the effectiveness of the school's asthma management arrangements on a regular basis. Although the trust delegates certain duties to different levels as outlined below, the board is still accountable for making sure the trust is compliant with the requirements in the above legislation and guidance.

The board will also determine and approve this policy.

Executive Team

The Chief Learning and Partnerships Officer, supported by the Governance Manager, is responsible for ensuring the policy is produced, reviewed and presented to the Board of Trustees appropriately.

Central Trust Team

The Head of Inclusion and Head of Operations are:

- Reviewing the Asthma policy at least annually, updating it when needed, ensuring each school understands their duties
- Review implementation of the policy by Trust schools.
- Promoting and maintaining asthma awareness across our school community.
- Responsible for highlighting any issues found across the trust to the board of trustees

Local Advisory Boards

Local Advisory Board of each school will:

- Understand this policy to ensure appropriate school level implementation
- Monitor practice, and staff training, in regard to pupils with asthma, in line with this policy

- Ensure that reasonable adjustments are in place for pupils with asthma to enable access to the same opportunities as any other pupil at the school
- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.

The day-to-day implementation of this policy is delegated to the headteacher of the school.

The Headteacher

The headteacher has a responsibility to:

- Understand this policy to ensure appropriate school level implementation.
- Monitor practice, and staff training, in regard to pupils with asthma, in line with this policy.
- Ensure that reasonable adjustments are in place for pupils with asthma to enable access to the same opportunities as any other pupil at the school.
- Ensure the health and safety of staff and pupils is protected on the school premises and when taking part in school activities.
- Make sure all staff are aware of this policy and understand their role in its implementation
- Make sure that all staff who need to know are aware of a child's condition.

Teaching and Support Staff

All staff have a responsibility to:

- Read and understand this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parent/carers if their child has had an asthma attack.
- Inform parent/carers if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying due to their condition and understand how to manage these instances of bullying.
- Make contact with parent/carers, the school nurse and the SENCO if a pupil is falling behind with their schoolwork because of their asthma.

Staff teaching PE have a responsibility to:

- Understand asthma and its impact on pupils – pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well-controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided.
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.

- Ensure pupils with asthma always perform sufficient warm-ups and cool-downs.

Parents/carers

Parents/carers have a responsibility to:

- Inform the school if their child has asthma.
- Ensure the school has a complete and up-to-date asthma action plan issued by the child's healthcare professional.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition, e.g. if their child is currently experiencing sleep problems due to their condition.
- Ensure their child has their own prescribed inhaler in school.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any schoolwork they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (recommended every 6-12 months).
- Ensure their child has a written Personal Asthma Action Plan at school to help the school manage their child's condition.

Pupils

Pupils with asthma have a responsibility to:

- Tell their teacher or parent/carer if they are feeling unwell due to their asthma.
- Treat the school's and their own asthma medicines with respect by not misusing the medicines and/or inhalers.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

All other pupils have a responsibility to:

- Treat other pupils, with or without asthma, equally, in line with the school's Behaviour Policy.
- Understand that asthmatic pupils will need to use a reliever inhaler when having an asthma attack and ensure a member of staff is called immediately.

Asthma Medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer and the school agree that they are old enough and/or have sufficient capabilities and independence. Where this is agreed, pupils will be supported in developing independence in managing their asthma. If not agreed, inhalers are given to the school to be looked after. Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

Parent/carers will be required to label their child's inhaler with the child's full name and year group.

Members of staff are not required to administer medicines to pupils, except in emergencies. Staff members who have volunteered to administer asthma medicines will be insured by the school's appropriate level of insurance which includes liability cover relating to the administration of medication.

Staff will administer the asthma medicines in line with the Supporting Pupils with Medical Conditions Policy. For pupils who are old enough and/or have sufficient capabilities and independence to do so, staff

members' roles in administering asthma medication will be limited to supporting pupils to take the medication on their own.

This policy is predominantly for the use of reliever inhalers. The use of preventer inhalers is very rarely required at school. In the instance of a preventer inhaler being necessary, staff members may need to remind pupils to bring them in or remind the pupil to take the inhaler before coming to school.

Emergency Inhaler

Each school keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in the school's emergency asthma kits.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plan and/or asthma action plan permitting them to use the emergency inhaler (this will also be detailed on the school's management information system)
- A record of administration showing when the inhaler has been used

The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan and/or asthma action plan.

Consent for pupils who have permission to use the emergency inhaler will be detailed on the child's profile of the school's management system. A copy of all the pupils who have consent will also be stored with the emergency inhalers.

A pupil who is prescribed an inhaler which contains an alternative reliever to Salbutamol (such as Terbutaline) may still use the Salbutamol emergency inhaler if their own inhaler is not accessible.

Once permission has been given the emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

An emergency inhaler will be primed when first used (e.g. spray two puffs) and should be regularly primed by spraying two puffs (on the first week of each month). This is recorded on the checklist in the emergency inhaler box.

When not in use, emergency inhalers are stored in the designated area in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled.

To avoid possible risk of cross infection, the spacer should not be reused but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after

use. If there is any risk of contamination with blood (for example if the inhaler has been used without the spacer), it should also not be reused but disposed of.

Cleaning should be as follows:

- The inhaler canister should be removed
- The plastic inhaler housing and cap should be washed in warm running water, and left to dry in a clean, safe place.
- The canister should be returned to the housing when it is dry, and the cap replaced.
- The inhaler is then returned to the designated storage place.

In line with the Trust's Supporting Pupils with Medical Conditions Policy, appropriate support and training will be provided for relevant staff, e.g. first aid staff, on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parent/carers will be informed.

Asthma risks will be considered as part of educational visit planning and risk assessments. Staff leading visits will ensure that pupils have immediate access to their inhalers and that emergency arrangements are understood by accompanying adults. An additional emergency inhaler kit will be available to taken on school trips.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The designated staff member in each school responsible for emergency salbutamol inhalers should be:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, monthly (recording chart to be located in all emergency inhaler boxes)
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.
- Each school will purchase emergency salbutamol inhalers from a pharmacy in accordance with applicable legislation

Symptoms of an Asthma Attack

Members of staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest (Younger pupils may express feeling tightness in the chest as a 'tummy ache').
- Being unusually quiet
- Difficulty speaking in full sentences

Response to an Asthma Attack

In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the pupil to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a member of suitably trained first aid staff to care for the pupil and help administer an emergency inhaler.
- Ensure the pupil takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the pupil.

Staff will not administer any medication where they have not been trained to do so.

If there is no immediate improvement, staff will continue to ensure the pupil takes 2 puffs of their reliever inhaler every two minutes, until their symptoms improve, but only up to a maximum of 10 puffs. If there is no improvement before the pupil has reached 10 puffs:

Staff will call 999 immediately if:

- The pupil is too breathless or exhausted to talk.
- The pupil is going blue.
- The pupil's lips have a blue or white tinge.
- The pupil has collapsed.
- You are in any doubt.

Emergency Procedures

Staff will never leave a pupil having an asthma attack unattended. If the pupil does not have their inhaler to hand, staff will send another member of staff or pupil to retrieve their spare inhaler. In an emergency situation, members of school staff are required to act like a 'prudent parent', i.e. making careful and sensible parental decisions intended to maintain the child's health, safety and best interests.

As reliever medicine is very safe, staff will be made aware that the risk of pupils overdosing on reliever medicine is minor. Staff will send another pupil to get another member of staff if an ambulance needs to be called. The pupil's parent/carer will be contacted immediately after calling an ambulance.

A member of staff should always accompany a pupil who is taken to hospital by ambulance and stay with them until their parent/carer arrives. Generally, staff will not take pupils to hospital in their own car unless in exceptional circumstances, e.g. where a pupil is in need of professional medical attention and an ambulance cannot be procured.

In these exceptional circumstances, the following procedure will be followed in line with the Trust's Supporting Pupils with Medical Conditions Policy:

- A staff member will call the pupil's parent/carers as soon as is reasonably practical to inform them of what has happened, and the course of action being followed – parental consent is not required to acquire medical attention in the best interests of the child.

- At least one staff member will accompany the pupil, preferably two staff members to include one with first aid training.
- Staff member/s will remain at the hospital with the pupil until their parent/carer arrives.

Record Keeping

At the beginning of each school year, or when a child joins the school, parent/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form. Parent/carers must complete a 'Parental agreement for the school to administer medicine ' form if their child has been prescribed with an inhaler. This is added to the school's management information system along with the expiry date and asthma action plan issued by their healthcare professional and the relevant members of staff are made aware.

- The school keeps a record of all pupils with asthma, complete with medication requirements, in its asthma register found on the schools MIS under medical conditions section.
- Parents/carers will be required to inform the school of any changes to their child's condition or medication during the school year.
- All emergency situations will be recorded, and staff practice evaluated, in line with the Trust's Supporting Pupils with Medical Conditions Policy.

Exercise and Physical Education

Games, activities and sports are an essential part of school life for pupils. All teachers will know which pupils in their class have asthma and will be aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's asthma register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a container at the site of the activity. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

The Trust believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation. Members of school staff and contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

The School Environment

Each school does all that it can to ensure the school environment is favourable to pupils with asthma. As far as possible, schools do not use any chemicals in art or science lessons that are potential triggers for asthma. If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

Asthma Awareness

All staff will complete annual training Asthma Awareness Training on National College.

Information Sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

Monitoring and Review

This policy is reviewed on an annual basis by the Head of Operations and Trust Inclusion Lead, then taken to the Board of Trustees for approval. Any changes to this policy will be communicated to all staff, parents/carers and relevant stakeholders.

Appendix A: Emergency Inhaler Administered to Pupils Log

Date	Pupil's Name	Class/ Form	Name of Medication	Dose given	Time given	Where attack took place	Observations e.g. side effects, reactions	Name of staff	Signature

Appendix B: Emergency Inhaler Test Record Sheet

Emergency Inhaler Test Record Sheet

All Emergency Inhalers should be checked on a monthly basis to ensure they are within the expiry date, clean and in full working order. Further instructions on use, cleaning and storage can be found within the inhaler box:

Date Tested	Inhaler Number & Batch Number	Expiry Date	Working (Y/N)	Primed (Y/N) i.e. releasing 2 puffs into air	Name	Signature

Appendix C: Consent for use Emergency Asthma Inhaler

CONSENT FORM:

USE OF EMERGENCY ASTHMA INHALER

1. I can confirm that my child has been diagnosed with asthma/ has been prescribed an inhaler [delete as appropriate].

Name of Medication:	

2. My child has a working, in-date inhaler, 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 inhaler 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:	

Note for school office: If this form is filled in manually Arbor must be updated with the details above and a digital copy of this form uploaded.

Appendix D: Emergency Asthma Inhaler Use Communication home

EMERGENCY ASTHMA INHALER USE

Child's Name:	
Class/ Form:	
Date:	

Dear ……,

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 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 to review their asthma care plan.

Yours sincerely,

Medical Needs coordinator

Appendix E: Asthma Attack Information Poster

HOW TO RECOGNISE AN ASTHMA ATTACK

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)

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

WHAT TO DO 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
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- 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
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**

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