



CARLTON
ACADEMY TRUST

Carlton Academy Trust

Asthma Policy

Approved on behalf of Trustees:

Gareth Logan

Date:

April 2024

Next Review Date:

April 2027



Scope, Context and Definitions

This policy applies solely to Carlton Bolling, who recognise that asthma is a serious but manageable condition and welcome all students with this condition at the school. All references to 'parents' throughout this policy also includes carers.

Procedures

Details of students with asthma are recorded on an asthma register on admission to the school. Each has an individual action plan to manage their condition. Parental consent will be obtained to allow staff to administer medicine in accordance with the plan.

Students should have access to an inhaler readily available for use in school and encouraged to manage their condition. However, there must be adequately trained staff within school who are aware of individual needs and how to manage them should an emergency arise. Staff may need to plan for additional needs when planning residential visits.

Government guidance recommends that schools should keep spare inhalers for use by students when their own inhaler is unavailable for use. Parents' consent to their use by signing the 'Asthma Consent Form.' These are stored in the medical room.

Responsibilities

The school **Medical Officer** has delegated overall responsibility for managing students with asthma. Their responsibilities include:

- Leading responses and supporting staff in an emergency.
- Checking inhalers at least monthly to ensure that the school has sufficient for use in emergencies.
- Ensuring the asthma register is accurate.
- Provide staff with details of students with asthma.
- Maintain effective communication with parents, informing them when they have been unwell at school.

All staff must:

- Inform the medical officer when a school (emergency) inhaler is used, entering full details into the Emergency Inhaler Logbook.
- Be aware of which students have asthma, their individual action plans, and enable immediate access to their medicines in and out of school.
- Read the school asthma policy.
- Inform the Medical Officer when a child has been unwell in school or asthma is impacting the quality of their work.
- Ensure students are included in all activities wherever possible and reasonable.

Exercise

Students with asthma should fully participate in PE and Sport lessons wherever possible. To facilitate this, teachers should remind students whose asthma is triggered by exercise to use their inhaler before the lesson, and to thoroughly warm up and down before and after exercise. The school will also ensure that all activities are inclusive and favourable to pupils with asthma.

Symptoms of an Asthma Attack

- Dry Persistent Cough (when at rest)
- Tightness in chest or chest pain, which younger children may describe as ‘tummy ache.’
- Shortness of breath
- Wheezing from the chest (when at rest)
- Increased effort to breathe (Signs include nasal flaring; sucking in between or under ribs or the base of the throat; chest may be rising and falling faster; and in younger children the stomach may be obviously moving in and out).
- Difficulty speaking, inability to complete sentences, child going very quiet.
- Struggling to breathe, gasping for air, breathing fast, or exhausted from the effort of breathing.

Symptoms may be observed in isolation or clusters. They may worsen quickly and as such treatment should be given where there is doubt.

Responding to an Asthma Attack

- Keep calm and reassure, always remaining with the child.
- Encourage the child to sit up and slightly forward.
- Use the child’s inhaler (or emergency inhaler where unavailable) helping them to take two puffs.
- Where there is no immediate improvement, continue to give two puffs every two minutes for a maximum of five occasions. If the child does not recover or shows cause for concern at any time, call 999 for an ambulance.
- Further puffs (every two minutes) may be given while waiting for an ambulance.

The side effects from inhalers tend to be mild and temporary, including feeling shaky or the heart beating faster. Children may return to school activities once they have recovered.

To avoid the risk of infection, the plastic spacer on inhalers must NOT to be reused.

Emergency Response

An ambulance must be called without delay (whilst still providing emergency asthma attack treatments) when the child:

- Appears exhausted.
- Has blue/white tinge around the lips.
- Is going blue.
- Has collapsed.

A member of staff must always accompany a student to hospital, at least until the arrival of their parent/s.

Staff Training

The school provides annual awareness training for all staff helping them to understand potential attack triggers and how to manage them and that students with asthma should not be forced to take part in an activity if they feel unwell.

Further Information

Further information may be obtained from:

Guidance on the use of emergency salbutamol inhalers in schools (Department of Health, 2015):

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Asthma UK:

<https://www.asthma.org.uk/about?gclid=CJqmpbWsrM0CFYdAGwod4KQEnQ&gclid=CJqmpbWsrM0CFYdAGwod4KQEnQ>

Appendix One: Parental Consent For Use of an Emergency Inhaler

- My child has been diagnosed with asthma and been prescribed an inhaler.
- The inhaler is in date, working, clearly labelled, and can be brought in to or left in school for their use.
- In the event of my child displaying symptoms of asthma, and their inhaler is not available or unusable, I consent for my child to receive salbutamol from the emergency inhaler held by the school for such emergencies.

Student name..... **Date of Birth**.....

Signed **Date**.....

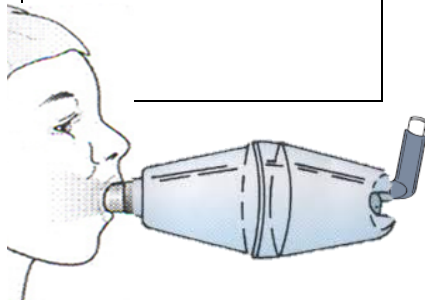
Name (print).....

Appendix Two: Administering an Inhaler Through a Spacer

Important: Where an inhaler has not been used for two weeks then press the inhaler twice into the air to clear it.

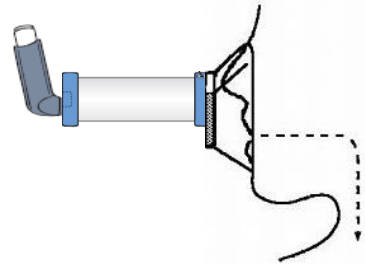
A Spacer might be

- Orange
- Yellow
- Blue
- Green
- Clear



A spacer may have

- A mask
- A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the cannister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait a few seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on the response, steps 2-7 can be repeated by 2 puffs (administer 1 at a time as above) every 2 minutes according to response up to 10 puffs.