Boothferry Primary School
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Embracing Diversity, Building a Brighter Future Together

School Asthma Policy

November 2025
Review Due November 2027

Name of School: Boothferry Primary School

Name of School Asthma Champion: Mrs C Prior

Role of Coordinator: Admin Assistant

School Nurse:

Contact Details:

Date:

Review Date:
(at least every 2 years)

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Appendix 1 – Flow Chart 1: If a child has signs of an Asthma attack and

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Appendix 2 - Flow Chart 2: MART Reliever approach

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Policy Statement

This policy has been written based on national asthma guidance from the British Thoracic Society and the National Institute for Health and Care Excellence, advice on asthma in schools from Asthma + Lung UK and the Department for Education, in addition to advice from healthcare and education professionals.

This school welcomes pupils with asthma and recurrent wheeze. We recognise that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. We encourage all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff who have contact with these children are encouraged to receive training at regular intervals and this school will ensure the opportunity is provided for attendance at training by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms, there are significant staff changes or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is strongly recommended for all schools.

Asthma Friendly Schools Initiative

The Humber and North Yorkshire Asthma Friendly Schools Initiative is open to all schools in the Hull, The East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, York and North Yorkshire. The initiative enables a clear framework between schools, Public Health, and Primary/Secondary healthcare to ensure children and young people living with asthma have safe and effective management across settings. There are 7 standards required for a school to achieve to be awarded as Asthma Friendly status:

1) Identify an Asthma Champion for the school
2) Implement an Asthma Policy
3) Maintain an Asthma Register
4) Purchase and maintain an Asthma emergency medication kit

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5) Request a copy of a Personalised Asthma Action Plan for all pupils with a diagnosis of Asthma
6) Ensure good communication practices between home and school regarding asthma
7) 85% of school staff should receive Asthma education – either face to face or online, depending on local offer.

Please see Appendix 4 for more information on the Asthma Friendly Schools Initiative.

Indemnity

School staff are not required to administer asthma medication to pupils. However, younger children and those experiencing acute symptoms may need help to deliver their inhaler. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common inflammatory condition that causes swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, and they temporarily narrow. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness.

A child's asthma may be classified as controlled or uncontrolled. Uncontrolled asthma could mean that a child is at risk of a life- threatening flare up or an asthma attack. Signs of uncontrolled asthma are:

- Waking up at night because of asthma symptoms
- Getting asthma symptoms 3 or more times a week
- Using a reliever inhaler 3 or more times a week
- Having frequent asthma attacks or chest infections

The primary treatment for asthma is the use of an inhaled corticoid steroid inhaler that is taken on a daily basis. These preventer inhalers are used every day to prevent asthma symptoms happening. Reliever inhalers are used when needed quickly to relieve asthma symptoms for a short time. All staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

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Asthma Treatment/Medication

Preventers

Preventer treatments (inhalers and/or oral medications) will be taken on residential school trips. Only reliever inhalers should be kept in school.

Salbutamol Relievers

Salbutamol is a reliever inhaler that is blue in colour, and is used to relieve asthma symptoms, such as wheeze, cough and breathlessness. Some children will have a different type of reliever inhaler, e.g., those following the MART approach (see below). Any child who does not use a salbutamol inhaler as their reliever will need an individual health care plan.

In the unlikely event of someone using another child's salbutamol (blue) inhaler there is little chance of harm. The drug in these inhalers is very safe and overdose is very unlikely.

MART

The maintenance and reliever therapy (MART), involves the use of a single inhaler that can act as both a preventer and a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms.

MART inhalers contain a steroid, as well as reliever medication. Because of this it is important that no child uses another child's MART inhaler.

At any age, any child who is able to identify the need to use their reliever inhaler should be allowed to do so, as and when they feel it necessary.
Good practice indicates that an emergency salbutamol (blue) inhaler is kept in school for staff to use if a child's own salbutamol inhaler runs out, is lost or their MART inhaler is not effective.

Storage of Inhalers

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All children with asthma will have <u>immediate</u> access to their reliever inhalers as soon as they need them.

1. A child's reliever inhaler will **<u>NEVER</u>** be locked away or kept in the school office.
2. A child's reliever inhaler will always be taken with them when moving out of the classroom, e.g. for lessons, trips or activities.

For some children, it will be considered appropriate for them to carry their own reliever inhaler, however as a guideline:

KEY STAGE 1

Reliever inhalers and spacers will be kept by the teacher in the classroom in a designated place of which pupils will be made aware. If the child or class moves to another area within the school, or out of school on a trip/visit/residential, the reliever inhaler will be taken also.

KEY STAGE 2,3 and 4

Children aged 7 years and over, who are considered sufficiently mature, are encouraged to carry their own reliever inhaler with them; this is at the discretion of the parent/carer and teacher. Otherwise, the reliever inhaler must be stored as for Key Stage 1.

Year 6 pupils may be provided with a different inhaler device and asked to carry it to encourage independence in readiness for secondary education.

<u>Physical Education</u>

Taking part in sports is an essential part of school life and important for health and well-being; children with asthma are encouraged to participate fully. However, for some people with asthma, symptoms can be triggered by exercise so each child's reliever inhaler will be available at the site of the PE lesson/sports activity.

Certain types of exercise are more potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them, and will be encouraged to warm up prior to participating and cool down after.

Reliever inhaler must be readily available to the pupils with asthma throughout the PE lesson/sports activity. It may be necessary that an individual member of staff is allocated the responsibility of facilitating access to inhalers during PE sessions, particularly if a pupil is unable to carry the inhaler on their person, for example they do not have pockets in their PE shorts.

Children should not require their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice, and the school should ask the parent to seek written clarification from their doctor/nurse.

<u>School Trips/Visits/Residential Activity</u>

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available throughout the trip, carried either by the child themselves or by the supervising adult; this

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is at the discretion of the parent/carer and teacher as above. Group leaders will have appropriate contact numbers with them.
For residential visits, staff will be trained in the use of regular preventer treatments, as well as emergency management; it is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. The parent/carer must be responsible for ensuring an adequate supply of medication is provided.

Emergency Procedures

Each child should have a personalised asthma action plan that is shared with their school. These plans are an essential written guide in the event of worsening asthma or an asthma attack. Flow chart 1 included with this policy outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.
Some children may have a type of inhaler that can be used as both a preventer and a reliever. This is known as the MART approach (see below). Flow chart 2 outlines MART actions when using Symbicort.
Good practice suggests that copies of these flow charts are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma/uses the MART approach.

How to administer a dose of inhaled medication through a spacer

One puff of blue reliever inhaler is administered via a spacer as follows:

1) Check the inhaler is in date and not empty
2) Shake the inhaler and remove the cap
3) Insert the inhaler into the spacer
4) Place the spacer mouthpiece between the teeth and lips **or** fit spacer mask over the mouth and nose, ensuring a good seal
   (A mouthpiece is generally recommended for a child over the age of five)

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5) Press the inhaler canister down into the casing of the inhaler **once,** to release one puff of medication
6) The child or young person should breathe in and out 5 times or for 10 seconds before removing the spacer
   If another puff is required, start again at step 2.
7) Replace the cap

A video can be seen at:
BeatAsthma: How to use an aero chamber with a mouth piece

MART Approach



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Maintenance and reliever therapy (MART) involves the use of a single inhaler that can act as both a preventer (maintenance) and as a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms, if they occur.

A supplement flow chart for those using Symbicort for the MART approach is included in appendix 2. The maximum total daily dose of Symbicort (including daily preventer puffs) is normally no more than 8 puffs. Therefore, it is important to know how many puffs are being used as a reliever throughout the day (parent/carer must be informed).

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If the MART inhaler has not worked or is unavailable, then the school emergency Salbutamol (blue) inhaler should be used.
There are currently two different brands of MART inhalers that are licensed for children and young people, Fobumix and Symbicort.

Helping a child or young person to administer a dose of inhaled medication via a dry powder inhaler

One dose of Symbicort or Fobumix inhaler is administered as follows:

Symbicort	Fobumix
1. Check the inhaler is in date and not empty 2. Unscrew and lift off the protective cover 3. Hold the inhaler upright, twist the red grip, at the bottom, as far as it will go in one direction and then turn it back in the other direction. You should hear a click.	1. Check the inhaler is in date and not empty 2. Remove the cap 3. Shake the inhaler and click down the red top and let it click back into its original position.

Breathe out (not into the inhaler)
Tilt the chin slightly and put lips around the mouthpiece
Breathe in – Quick and Deep

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Remove the inhaler from the mouth and hold breath for 5-10 seconds, then breathe out
Repeat all steps if more inhalations required

A video can be seen at:
Beat Asthma – how to use a Turbohaler
(40) Beat Asthma – how to use an easyhaler – YouTube

Emergency Inhalers

In an emergency, if a pupil who is on the school asthma register, is experiencing asthma symptoms:

- Has not got their own reliever inhaler/spacer with them or
- Theirs is found to be empty, broken or out of date, or
- If they are not responding to their MART inhaler

Then the school emergency salbutamol (blue) reliever inhaler/spacer should be used.
Emergency salbutamol (blue) inhalers and spacers will be kept in appropriate locations on the school site, so all staff can access one with ease, and will be used as per flow chart 1. A mouthpiece spacer is generally recommended for a child over the age of five as it is more efficient at delivery of the desired dose. It is the responsibility of all staff will know how and where to access the emergency inhalers and spacers.
If the school has not subscribed to having an emergency salbutamol (blue) inhaler and spacer, or there is no way of accessing it, then, in a situation where a child who is on the asthma register and is having severe symptoms, it is acceptable to borrow a salbutamol inhaler and spacer from another child while waiting for emergency services. This should then be recorded in the child's records and both children's parents/carers informed.

Cleaning the emergency inhaler and spacer

Schools may use disposable spacers that once used can be thrown away in a normal rubbish bag/bin. If a re-useable spacer is used then following use with an individual child, the spacer should be cleaned, by washing it thoroughly in hot soapy water and then leaving it to air dry thoroughly before putting it away.
When purchasing a re-useable emergency spacer consideration should be made to the environmental impact. If it is within the school's policy that a re-useable spacer cannot be re-used as an emergency spacer for infection prevention and control reasons, then it should be sent home with the individual child for their continued personal use. If this is the case then a new spacer must be purchased immediately to ensure an emergency spacer is available to utilise at all times.
The casing of the salbutamol (blue) inhaler can be cleaned by wiping it over with antibacterial solution/wipe.

Replacing the emergency inhaler

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When replacing the emergency salbutamol (blue) inhaler, be aware that an inhaler can run out of medication before it is actually empty.
Salbutamol blue inhalers do not have dose counters. Each cannister of salbutamol contains 200 puffs of medications. When the emergency inhaler is used in school the number of puffs should be recorded for each inhaler and replaced when 200 puffs have been used or by the expiry date, whichever comes first.
Out of date inhalers or empty inhalers, should be returned to the pharmacy for safe disposal.
Inhalers and spacers can be purchased by the school for emergency use as recommended in Guidance on the use of emergency salbutamol inhalers in schools (DoH September 2014).

Record Keeping

When a child with a reliever inhaler joins the school, the parent/carer will be asked to complete a form giving details of the condition and the treatment required. Information from this form will be used to compile an ‘’Asthma Register’’ which is available for all school staff. This register will be updated at least annually, or more frequently if required, using the information supplied by parents/carers. Any child who has a reliever inhaler should be included on the asthma register, even if they do not have a formal diagnosis.
Use of a reliever inhaler will be documented in the child’s records and parents/carers informed.

Asthma education for pupils

It is encouraged that pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric respiratory specialist nurse team.

Reporting Concerns

If a member of staff has concerns about the progress of a child with asthma which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Responsibilities

Parent/carer have a responsibility to:

- Tell the school that their child has asthma/has a reliever inhaler.
- Ensure the school has complete and up to date information regarding their child’s condition. Including a Personalised Asthma Action Plan (PAAP), if the child/young person has one.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any changes to their child’s medication.
- Advise the school of anything that might have an impact on symptoms.
- Provide the school with an inhaler (and spacer where appropriate) that has been prescribed for and labelled with that child’s name as well as a personalised asthma action plan.

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All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parent/carer if a child has an asthma attack.
- Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parent/carer, school nurse, SENCO, etc. If a child is falling behind with their work because of asthma.

Further Information can be obtained from:

Asthma + Lung UK
www.asthma.org
Home – Beat Asthma

Humber and North Yorkshire Healthier Together
https://www.hnyhealthiertogether.nhs.uk

Paediatric Respiratory Specialist Nurse Team
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For an asthma education update please contact the Paediatric Respiratory Specialist
(nurse team as above)

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Enquiry – Resilience – Adaptability – Thoughtfulness – Respect – Cooperation – Communication – Morality – International Mindedness

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