



Bracken Hill School

Asthma School Policy

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Policy Type: Whole School

This policy is reviewed biennially to ensure compliance with current regulations

Purpose of this document:

This policy sets out how we, as a school, support students with asthma. We work closely with students, parents/carers and health colleagues to ensure we have robust procedures in place to support asthma management.

This document reflects the requirements of key legislation and in particular two key documents:

1. Support pupils at school with medical conditions (2014)
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)

To enable Bracken Hill School to effectively manage children and young people with asthma in a school setting:

- The school will have an up to date policy that is reviewed biennially.
- The school will have designated medical leads
- The school will maintain a register of children and young people with asthma that will be shared with school, staff and school nursing team.
- Every child with asthma will have a personal asthma plan (where required), from their doctor or specialist healthcare professional, which is shared with school, staff and school nursing team.
- The school will endeavour to have at least one asthma awareness trained member of staff per class.
- Children and young people will have easy access to their inhalers. These will be kept in their classroom and will be made available whenever they are required.

Responsibilities:

Head teacher, Governors, and Senior Leadership Team

- Support school community to implement this policy.
- Cascade relevant information to school staff.

Parents/carers:

- Inform the school if their child has asthma.
- The parents/ carers of children clearly identified as asthmatic should complete a proforma giving consent to the administration of reliever medication in the event of an asthma attack.
- Ensure their child has an up to date personal asthma plan (where required) from their doctor or specialist healthcare professional which is shared with the school.
- Inform the school of any changes to their child's condition.
- Ensure their child has regular reviews with their doctor or specialist healthcare professional.
- Inform the school about medication their child requires during school hours.
- Provide the school with at least one inhaler and spacer (where required), labelled with their full name and date of birth, in the original packaging detailing the prescription.
- It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.
- Inform the school of any medication their child requires while taking part in visits, outings and any other out-of-school activities such as school sports events.

School staff:

- Read and understand the school's asthma policy.
- Be aware of potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which children have asthma
- Be aware that asthma can affect a student's learning and provide extra help when needed
- Allow all students to have immediate access to their emergency medication.
- Ensure students have the appropriate medication with them during activity or exercise and are allowed to take it when needed.
- Inform parents/carers whenever their child uses their inhaler via seesaw, phone call or home/school diary and inform parents/carers immediately if their child refuses to use their inhaler.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should ideally be trained about what to do in an emergency.
- Ensure students with asthma are not excluded from activities they wish to take part in.
- Understand asthma and the impact it can have on students. If school identify a pattern or are concerned about an individual student they will inform parent/carer and advise medical advice should be sought.
- A list of children with asthma will be kept on the staff room medication board and class staff informed.
- A record of use of the child's inhaler should be kept giving name, date and number of doses given (in accordance with the child's Asthma Plan). A MARs sheet will be kept with the inhaler.

MANAGING AN ATTACK OF ASTHMA

DO NOT PANIC - assess the child's condition and be guided by the following:

Mild – Moderate Attack

Complains of breathlessness, may have a wheeze or cough but not too distressed and can talk normally or with only slight difficulty.

Action

1. Child should rest, sitting upright and be encouraged to take deep, steady breaths while their own inhaler is retrieved.
2. The child should be encouraged to administer their own inhaler supervised by a staff member. Where this is not possible any emergency aid trained staff member can assist.
3. Allow the child to take prescribed dose of the inhaler, according to their Individual Asthma Plan.

This should produce an improvement within 3-5 minutes. Maximum benefit will be felt in 15mins. If a further attack occurs that day, the child needs to see a doctor. The parents/ carers should be contacted and advised to get an urgent appointment.

Severe Attack

Appears exhausted, difficulty breathing (the child could be breathing fast and with effort, using all muscles in the upper body), nasal flaring, unable to talk in full sentences, some children may be very

quiet or they may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

Action

1. Keep calm and reassure the child.
2. Encourage the child to sit up and slightly forward.
3. Use the child's inhaler-if not available, use the emergency inhaler.
4. Remain with the child while the inhaler is brought to them.
5. *Shake the inhaler and remove the cap.
6. *Place the mouthpiece between the lips with a good seal, or place the mask over the nose and mouth (if using a spacer).
7. *Immediately help the child take two puffs of salbutamol, one at a time (1 puff to 5 breaths)
8. If there is no improvement, repeat these steps* up to a maximum of 10 puffs.
9. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and inform the school office as soon as possible.
10. If an ambulance does not arrive in 10 minutes give another 10 puffs following steps*.
11. A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.
12. 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.
13. If the child has had to use 6 puffs or more in 4 hours their parent/carer should be made aware and they should be seen by their doctor or specialist professional.

To be reviewed July 2025