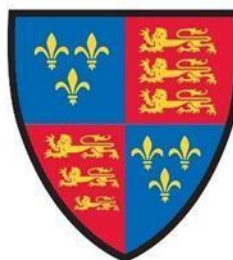




**THE SCHOOLS OF
KING EDWARD VI
IN BIRMINGHAM**

In pursuit of educational excellence for all



**KING EDWARD VI
ACADEMY TRUST
BIRMINGHAM**

Asthma Policy	
Committee	Welfare Committee
Policy Type	School Policy
Policy Owner	Fiona Smith
Statutory	Yes
Publish Online	Yes
Last Review Date	October 2025
Review Cycle	Annually
Next Review Date	October 2026
Expiry Date	November 2026
Version	1.5

Policy Statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals.

This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages 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 given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place every year and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is essential for all schools.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, many staff may be happy to give routine medication on the advice of an appropriate healthcare professional.

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

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. 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. Symptoms are usually easily reversible by use of a reliever inhaler, but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour. Immediate access to reliever inhaler is vital.

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise, the inhaler must be kept wherever the child is at any time

e.g. class, hall, playground etc.

As a guideline we would recommend that:

KEY STAGE 3 and 4

Pupils will carry their own inhalers with them at all times. Good practice indicates that a spare inhaler is kept in school at Reception for use if the original runs out or is lost

Pupils, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a child with asthma joins this school, parents/carers 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", on Arbor, 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 the parent/carer.

Physical Education

Taking part in sports is an essential part of school life and important for health and well-being and children with asthma are encouraged to participate fully. Symptoms of asthma are often brought on by exercise and therefore, each child's inhaler will be available at the site of the lesson and not kept in the changing rooms.

Certain types of exercise are 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.

School Trips/Residential Visits

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 to them throughout the trip, being carried by the child themselves. The group leader will also take an emergency spare inhaler with them.

For residential visits, staff will be trained in the use of regular controller 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. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

Training

On an annual basis, staff will have compulsory training on signs and symptoms of asthma and how to treat it.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This will be through the Personal Development curriculum, assemblies etc.

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 discuss these concerns with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will NEVER be locked away.
2. All children with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities. N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school reception, staffroom and relevant locations including classrooms where a pupil is known to have severe asthma.

In an **emergency**, where a child, who is a **known asthmatic**, is **experiencing significant symptoms** and has not got their own blue inhaler with them or it is found to be empty, it is acceptable to use the school's emergency inhaler and spacer. This emergency inhaler will be kept centrally, in a place where staff can access it with ease, School Reception, and will be used as per the asthma flow chart.

This should then be recorded in the child's records and parent/carer informed. To obtain an emergency inhaler and spacer the school should write a letter to a local pharmacy, on headed notepaper requesting the purchase of a Ventolin/Salbutamol Metered Dose Inhaler and a Volumatic Spacer (with mask). This letter should be signed by the Headteacher.

Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

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 parents/carers if a child has had an asthma attack.
- Inform parents 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 parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma.

Useful links

Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions->

Asthma UK Website <http://www.asthma.org.uk/>

NHS Choices, Asthma in Children <http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

APPENDIX 1 - Asthma Action Plan

Name of child		Affix Photo Here
Date of Birth		
Allergies		
Emergency Contact		
Emergency Contact number		
Doctors		
Doctors phone number		
Form Group		
What are the signs that your child may be having an asthma attack?		
Are there any key words that your child may use to express their asthma symptoms?		
What is the name of your child's reliever medicine and the device?		
Does your child have a spacer device?	(Please Circle)	Yes No
Does your child need help using their inhaler	(Please Circle)	Yes No
Does your child need to take any other asthma medicines whilst in the schools' care?		
If yes what and how much and when taken?		
What are your/your child's known asthma triggers? <i>E.g. Pollen, Stress, Exercise, Weather, Cold/Flu, Air pollution</i>		
Does your child need to take their reliever medicine before exercise?	(Please Circle)	Yes No
<i>If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:</i>		
<p>I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.</p> <p>Signed..... Date.....</p> <p>Print Name</p> <p>Relationship to the child</p>		

CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma
2. I can confirm my child has been prescribed an inhaler
3. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day
4. My child has a spare inhaler they will leave at reception that is clearly labelled and in date
5. 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).....

Relationship to child.....

Child's Name.....

Form

Parent's address and contact details:

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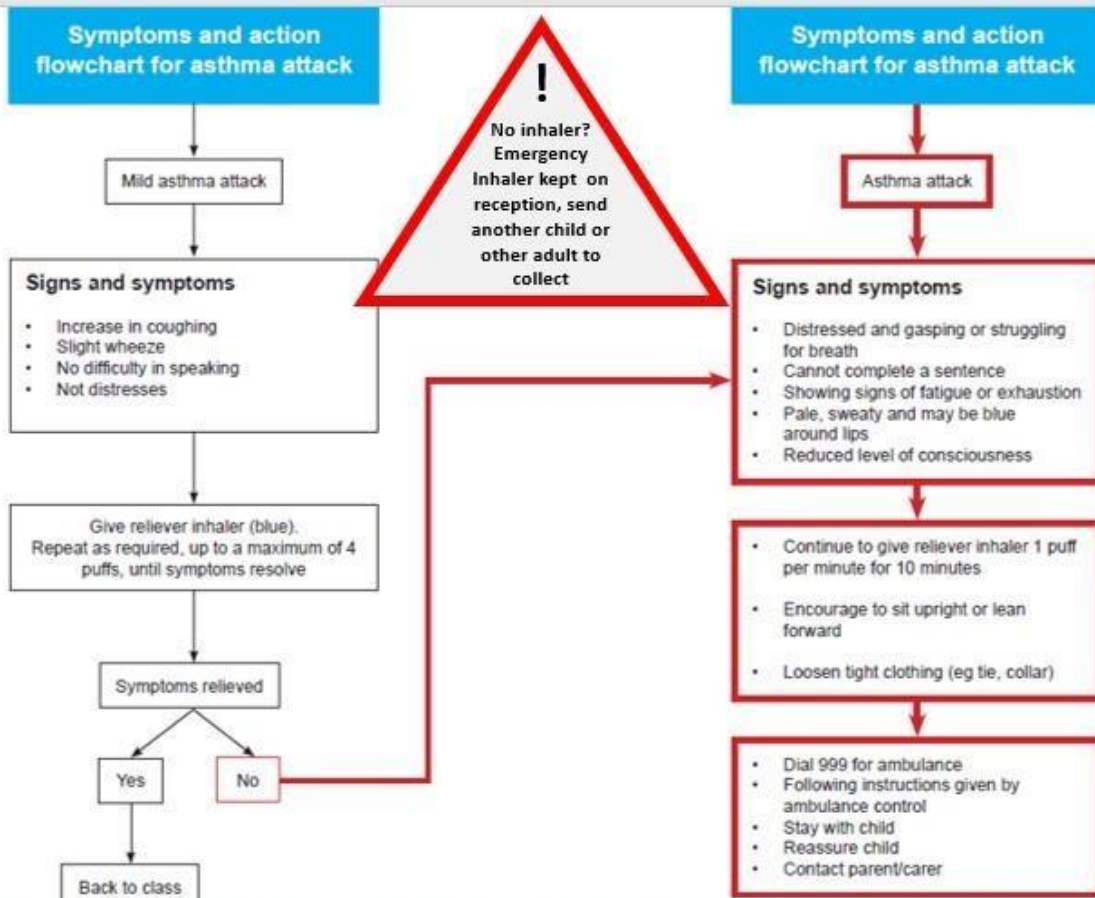
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Telephone.....

Email.....

APPENDIX 3 Asthma Flow Chart



Always Ensure a First Aider is present All children with Asthma must carry their inhalers with them at all times