



Aston Hall
Junior & Infant School

A grayscale photograph of the school building, featuring a prominent entrance with a glass door and a small gabled roof above it. The building has a textured facade and several windows. A wooden fence runs along the left side of the building. The image is overlaid with a dark blue banner containing the title 'ASTHMA POLICY' in white, uppercase letters.

ASTHMA POLICY

**ASTON HALL
JUNIOR & INFANT SCHOOL**
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HEADTEACHER: Mr S Holmes





Aston Hall Junior And Infant School Asthma Policy

Date: November 2023

Name of School Asthma Lead: Gemma Ditchburn

NHS South Yorkshire Contact:

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and/or Specialist CYP Asthma Nurses at Place

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Aims

Asthma is the most common chronic childhood condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK and this results in over 25,000 emergency hospital admissions a year.

At Aston Hall, we recognise that asthma is a common, serious, but controllable condition, and we welcome all children with asthma to join us. We want our school community to be healthy and happy. By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

Objectives

We will ensure that all pupils who suffer from asthma:

- be linked with specified staff members who know them, their condition, their parents/guardians, and their Asthma care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- need to be able to immediately access their reliever inhalers when in school. Inhalers should follow students as they change rooms and venues within the school. For example, when students undertake PE in a school hall, their inhalers should be brought with them. This is because it may not always be safe, possible or practical for an adult to retrieve the inhaler from its normal storage place in a classroom.
- Have an inhaler that should be kept in a container that has an in date inhaler, spacer, any additional equipment needed and the student's individual asthma plan, with a record sheet for staff to record when the inhaler is used. The inhaler should be in a safe, but accessible place, for example, on a shelf which is out of reach to students. The inhaler needs to be in original packaging and have the student's name on it. Every time that a student uses their inhaler in school, the student's parent / carer needs to be informed. The student's individual asthma plan will detail instructions regarding how to treat and respond to an asthma attack.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.
- Asthma should not be a barrier to physical exercise. If a school is worried about this and the impact on the student they should refer to the student's asthma care plan and seek further guidance from parents / carers and the health professionals involved.

General Information

All pupils with asthma will be placed on an Asthma Register and encouraged to take control of their own medical needs when, and as far as appropriate (according to their age and the severity of their condition). Appendix 1 Asthma Register

The care and administration of medication to pupils with asthma will be incorporated in the planning and risk assessments around all school trips and visits.

Gemma Ditchburn is the named staff member in our schools who oversees the implementation of this policy.

It is the responsibility of the named person to ensure that systems are in place at the school, for example, through registers on Bromcom or information packs, to make any new or existing staff aware of any students that they are teaching or supporting who have asthma. This will include cover staff, supply teachers, student teachers and PE staff.

Students who are able to safely carry their own inhaler should be allowed to do so. There is no set age where this will be appropriate and safe, and this should be considered on a case by case basis in consultation with parents / carers. If a student is to carry their own inhaler, before they do so, their parent / carer and a school staff member must complete and sign a MP3 form. A copy of the MP3 form can be found in the appendix.

Medical Support and Liaison

We follow a regionally endorsed Asthma Management Plan which sets out the response in the event of a pupil suffering from an asthma attack.

Exceptionally, for pupils where this plan is not appropriate, an individualised Medical Care Plan which incorporates guidance about what to do in the case of a medical emergency may be used. Our staff are trained to respond to asthma emergencies and will contact the emergency services and parents/guardians.

Every student who has a diagnosis of asthma and is prescribed medication will have at least annual reviews with a healthcare professional, usually a GP or an Asthma Nurse. At these reviews an individual asthma action plan should be produced. Students and their parents / carers are encouraged to share this plan with others. This specifically includes sharing with the student's school.

For every student who has a diagnosis of asthma and has an inhaler at school, the school should ask for a copy of the latest asthma action plan. This should then be stored with the student's inhaler. If a parent / carer does not have a copy of an asthma action plan they should be encouraged to request this from their GP or Asthma Nurse.

In the event that an asthma action plan is not provided by a health professional, the school and parent / carer should use the student's diagnosis and the existing health advice regarding the student's treatment, to produce an asthma action plan. The 'school asthma card', produced by Asthma UK is to be used if there is no specific existing asthma action plan. It is not uncommon for there to be a level of confusion around if a student has an actual diagnosis of asthma. This can cause uncertainty for schools when a parent / carer may state that their child has an inhaler, but has no diagnosis of asthma, or, conversely, asthma, but no current prescription for an inhaler. In these circumstances schools should work with parents / carers to get a clear understanding of the student's needs from the GP.

Legislation allows schools to buy and store their own salbutamol inhaler (used for relief of symptoms). Aston Hall has 2 emergency inhalers and spacers that are kept in a container. These are taken on every School trip. These inhalers are clearly labelled as the emergency school inhaler.

Parents / carers need to provide their consent for a school to use the school owned inhaler on their child should it be required. This written permission is given by the parent / carer completing the MP5 form

If a pupil needs to be taken to hospital, a member of staff will always accompany them until a parent/guardian arrives.

If a pupil is frequently missing school lessons or activities, we (with consent from the parents/guardians) will link in with designated partners in health. This can be the School Nurse or the child's GP, Practice Nurse, or Hospital Specialist.

All Staff Responsibilities

All school staff should:

- Complete the appropriate level of training to effectively deal with children and young people's asthma.
- Read the schools' Asthma policy and be aware of which pupils have asthma, be familiar with the school's asthma management plan, and the content of the individualised asthma management plan of some pupils.
- Ensure that pupils have immediate access to their own medicines, which should be stored in a safe, labelled, and accessible space in each classroom.
- Support older pupils who may carry their own inhalers for the self-management of their asthma and to report to the named school asthma lead if they need to use their rescue inhalers.
- Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school.
- Inform parents if pupils require their inhaler more than three times in a week.
- Ensure pupils have their medicines with them when they go on a school trip or external visit.
- Take an emergency school inhaler on every school trip.
- Be aware of pupils with asthma who may require extra support.
- Ensure all children with asthma are included in activities they wish to participate in.

Physical Activity for Pupils with Asthma

● Pupils should be encouraged to warm-up and cool down appropriately before and after exercise, to use their inhalers as necessary, and to participate in all physical activities on offer.

● It is not recommended for children with asthma to routinely use salbutamol before exercise.

Environmental Impacts on Pupils with Asthma

- School and its grounds are a designated smoke free area.
- At our school, we will actively engage with local authorities' programmes to reduce air pollution around schools.
- Cleaning and maintenance will be carried out at the end of the school day.
- The indoor school environment will be kept free of common asthma triggers like dust mites, damp, and mould.
- We will remain aware of levels of air pollution in the area and be aware of mitigations that need to be put in for pupils with Asthma on high pollution days.

Monitoring and Review

Every month, staff will check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required. This is completed as part of a medicines check.

Our staff will liaise with parents/guardians about the health of their children who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

Medical registers and health care plans will be amended and updated by the administration team.

Training around the management of asthma for all school staff will be facilitated each year by the Senior Leadership Team. At least 85% of staff will be trained to this level.

<https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>

Our compliance with this policy will be audited every 2 years.