

Supporting pupils at school with asthma

Supporting pupils within the school community

At this school the co-ordinators for pupils with medical needs are: Mrs Suzanne Lewis and Mrs Katy Thomason

Asthma is the most common long-term medical condition in children. It is an inflammatory condition that affects the airways. It cannot be cured, but with appropriate management, quality of life can be improved.

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early years settings. Appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition, younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents. If having an asthma attack all children and young people, regardless of age, will need support from a supervising adult.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma, and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils with this condition.

Identifying pupils with asthma:

At Moss Valley we will ensure that all staff are aware of children who have asthma so that they are able to appropriately support them when needed. School keeps an asthma register of every child in the school who has an inhaler. This register will include information such as date of birth, class, name of child, expiry date of the inhaler and an indication of consent to use the emergency inhaler packs available on site. This will ensure all members of staff are aware of children with asthma across school. (This includes office staff and welfare staff).

Every child who has an inhaler will have an IHCP (individual healthcare plan) outlining the type of inhaler needed with dosage required. (Please see Moss Valley's medical and mental health policy) These will follow the child through school and be reviewed and updated termly

or if health-care professionals or parents and carers share new information regarding asthma care.

Some children may have more complex asthmatic conditions and they will have an individual asthma plan. This will be created in consultation with parents/carers and relevant health-care professionals to ensure these children are given the tailored support they need at school. (see appendix A).

Accurate record-keeping will take place whenever an inhaler has needed to be administered within school hours (outside of agreed pre-sport activities). An inhaler administration record will be provided to all staff who will fill this in with details when an inhaler is needed. A letter informing parents will be shared every time an inhaler is used. **If a child has needed their reliever inhaler (blue) 3 times in one week they will inform parents/carers so that they can ensure their child is seen by a health-care professional.**

A record-keeping document for the emergency inhaler kits is kept alongside a letter to inform parents if this has needed to be used. The asthma register will be kept with all emergency kits indicating consent to use.

School Management & Teachers' Responsibilities

- School management team should ensure that the school's asthma policy is read and understood by all members of staff including teachers, teaching assistants, support staff and catering staff.
- The school asthma policy will be shared and available to parents on the school website
- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which students have asthma and be familiar with the content of their individual health plan.
- Inform parents if a child uses their inhaler after an exacerbation. (appendix B)
- Encourage parents to seek a clinical review if a child regularly uses their inhaler at school.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure students who carry their medicines with them, have them when they go on a school trip or out of the classroom.
- Be aware that asthma can affect a student's learning and provide extra help when needed.
- Be aware of children with asthma who may need extra social support.
- School management review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.

Responsibilities of parents/carers:

- Informing the school if their child has asthma.
- Ensure their child has an up-to-date written Personalised Asthma Action Plan (PAAP) from their doctor or specialist healthcare professional and that they share this with the school. There will be some children and young people who will need their own individualised plan, relating to specific medication.
- Inform the school about the medicines their child requires during school hours.

- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with the child's full name and date of birth and in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.

School Asthma Leads and Champions Responsibilities:

The Asthma Lead is a member of school staff who takes a lead role within the school to ensure the asthma policy is implemented. They are part of the Senior Leadership Team within the school and support the Asthma Champion roles within the school.

At this school the asthma lead is Mrs Katy Thomason SENDCO.

The school Asthma Champions have delegated responsibility by the head teacher and school governors

At this school the asthma champion is Rebecca Hayes

Their roles and responsibilities are:

- Where applicable, schools have an adequate supply of emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- The asthma register is up-to date and accessible to all staff.
- All children on the register have consent status recorded, an inhaler, a spacer, and a care plan.
- That medication use in school is monitored. For any salbutamol inhaler use during the school day apart from pre-agreed sport use, parents are informed. If a pattern of regular use is emerging at school for example, if a child was using their rescue inhaler three times a week – their parent/carer is informed to allow for health-care consultations to be made.
- Expiry dates are checked at least every half term and impending expiry dates are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date.
- Empty/out of date inhalers are disposed of appropriately.
- Their own training is up to date.
- The school's policy in practice is audited annually.
- Ensure Inhalers and spacers are washed and checked regularly according to instructions; If the inhaler and spacer have not been used and have been stored correctly in their own sealed packaging, there is no need for them to be washed.
- Emergency kits are checked regularly, and contents replenished immediately after use.

Ensuring access to necessary medications:

Safe Storage – General

All inhalers are supplied and stored, wherever possible, in their original containers. All medication will be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency. Medicines are stored in accordance with instructions at room temperature. All inhalers and spacers are sent home with students at the end of the school year. Medications are not stored in school over the summer holidays.

Reliever inhalers and spacer devices will be stored in a location that allows students unrestricted access during school hours. The medication will be kept within close reach of the student while they are in the classroom and, where possible, will accompany them when they leave the classroom for activities such as physical education or break-time.

Safe Storage - Emergency Medication

Emergency medications are readily available to students who require them during the school day whether they are on or off site.

Safe Disposal

Parents are responsible for collecting out of date medication from school. The asthma lead and champion are responsible for checking the dates of medication and arranging for the disposal of those that have expired. Manufacturers' guidelines recommend that spent inhalers are returned to the pharmacy to be recycled.

Fostering an asthma-friendly environment:

Physical Education/Activities

The school management and governors will ensure that the whole school environment, which includes physical, social, sporting, and educational activities, is inclusive and favourable to students with asthma.

Physical Education (PE) teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents will be made aware so medical help may be sought. This includes out of school visits, which schools ensure are accessible to all students.

Children and young people with asthma will have equal access to extended school activities, school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that students with asthma may experience. This enables school to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.

Staff use opportunities such as Personal, Social Health & Economic (PSHE) education lessons to raise awareness of asthma amongst students and to help create a positive social

environment and eliminate stigma. School staff understand that pupils with asthma should not be forced to take part in an activity if they feel unwell.

Staff are trained to recognise potential triggers for asthma when exercising and are aware of ways to minimise exposure to these triggers.

PE teachers will make sure students have their inhalers with them during PE and take them when needed as stated in their plan; before, during or after PE.

Risk assessments will be carried out for any out of school visits. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. School recognise there may be additional medication, equipment, or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

In an emergency, all members of school staff will under common law duty of care, act like any reasonable parent. This may include administering medication.

School Environment

The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack. Smoking is explicitly prohibited on the school site.

Students Who Miss School Due to Asthma

The school management will monitor students' absence. For example, if a student is having a lot of time off school due to their asthma, or the student is identified as being constantly tired in school, staff will contact the parent to work out how they can be supported. The school may need to speak with the school nurse or other health professional to ensure the student's asthma control is optimal.

Asthma Attacks

Staff are trained to recognise an asthma attack and know how to respond. Posters clearly displaying procedures will be displayed in the staffroom and at the office as a reminder. If a child has an asthma attack in school a member of staff will remain with them throughout and administer their inhaler in accordance with the emergency (other students should not be left to supervise a child / young person having an asthma attack).

No student should ever be sent to get their inhaler in this situation; the inhaler must be brought to the student. Emergency services and parents will be informed. Post attack, the school nurse will be informed who will ensure that others in primary and community care are informed so that a post attack review can be triggered. A member of staff will accompany the student to hospital until their parent/guardian arrives.

This policy will be reviewed regularly and will be accessible to parents/carers via:
<https://www.mossvalleyacademy.uk/>

Date ratified by the governing body: Sept 2025

Date of next review: Sept 2026

Appendix A:

9.1.1 Sample school asthma plan



Appendix 9.5.5 -
School Asthma Plan

Appendix B:

9.1.2 Record of inhaler administered to children in primary school



Appendix 9.5.1 -
Record of inhaler ac