READING BLUE COAT

Asthma Policy

Introduction

At Reading Blue Coat School (RBCS), we recognise that asthma is a widespread, serious, but controllable condition. The School welcomes all students with asthma and aims to support these students in participating fully in School life. We endeavour to do this by ensuring we:

- Keep an up-to-date Asthma Register
- Keep an up-to-date Asthma Policy
- Encourage all students to always have immediate access to their reliever inhaler
- Keep a stock of emergency salbutamol inhalers
- Ensure all staff complete the 'Understanding Asthma' module on TES Educare training and attend a first aid training course either in person or online.

This policy should be read in conjunction with the School's Administration of Medication Policy and is informed by the Department for Education statutory guidance Supporting Pupils at School with Medical Conditions.

Roles and Responsibilities

Nurse Manager

The Nurse Manager will:

- Maintain the School Asthma Register and ensure it is reviewed and updated as required.
- Maintain emergency salbutamol inhaler kits and associated records.
- Undertake regular checks of emergency inhalers and spacers.
- Provide advice and support to staff regarding asthma management and emergency procedures.
- Liaise with parents/guardians and healthcare professionals where appropriate.

Teaching and Support Staff

Teaching and support staff will:

- Familiarise themselves with students' medical needs and relevant medical information available to them.
- Respond appropriately to asthma symptoms and asthma emergencies.
- Ensure students have access to their prescribed reliever inhalers during School activities, educational visits and residential trips.
- Seek assistance from the Medical Team where concerns arise regarding a student's asthma management.

Parents/Guardians

Parents/guardians will:

- Inform the School of any asthma diagnosis and any subsequent changes to their child's condition, treatment or medication.
- Ensure that prescribed inhalers supplied for School use are clearly labelled, in date and replaced as necessary.
- Provide all relevant medical information requested by the School.
- Provide consent for the use of the emergency salbutamol inhaler where required.

Students

Students will:

- Carry their prescribed reliever inhaler in accordance with School requirements.
- Use their inhaler responsibly and in accordance with medical advice.
- Inform a member of staff if they experience worsening asthma symptoms or if their inhaler is lost, damaged or unavailable.
- Co-operate with reasonable arrangements put in place by the School to support the management of their asthma.

Asthma Register

RBCS has a register of students who suffer from asthma within the School, which is reviewed annually and updated whenever the School receives notification of any change.

We do this by asking parents/guardians to inform us of any changes to their child's asthma diagnosis, treatment or medication and update us accordingly. The Asthma Register includes:

- The student's name
- The student's tutor and year group

The Asthma Register can be found by accessing the "Medical Information" section on the Staff Intranet and then selecting "Asthma Register."

Medication and Inhalers

All students with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler contains a fast-acting medication that opens up the airways and makes it easier for the student to breathe.

Some students will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the student's own healthcare provider. This medication needs to be taken regularly for maximum benefit. Students should not bring their preventer inhaler to School as it should be taken regularly as prescribed by the student's own healthcare provider. However, if the student is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

School policy states students must always carry their reliever inhaler on them at all times. If a student anticipates being away from their inhaler (for example, during PE or swimming), they must hand it into their teacher at the beginning of the lesson, so it is always easily accessible.

Parents/guardians remain responsible for ensuring that their child's prescribed inhalers supplied for School use are clearly labelled, within their expiry date and replaced as necessary.

In the normal course of events, students would be expected to administer their own asthma medication. In an emergency and when a student feels unable to treat themselves, assistance may be required from a staff member. See "asthma attack" on page 5. If there are any concerns over a student's ability to use their inhaler, they should be referred to the Medical team who can advise parents/guardians to arrange a review with the student's own healthcare provider. Please refer to the Administration of Medication Policy for further details about administering medicines.

School Environment

The School does all that it can to ensure the School environment is favourable to students with asthma. The School has a definitive no-smoking policy. A student's asthma triggers will be recorded on iSAMS from the information provided by parents/guardians and the School will aim to ensure that students avoid contact with their triggers, where possible.

Common triggers include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores, and moulds
- Feathers
- Furry animals
- Exercise
- Laughing
- Stress
- Cold air/change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes
- Cigarette smoke

As part of our responsibility to ensure all students are kept safe within the School grounds and on educational visits, residential trips and other off-site activities, suitable risk assessments will be undertaken by staff. These risk assessments will identify any asthma triggers to which students could be exposed to, and appropriate control measures will be implemented where reasonably practicable.

All educational visits and residential trips will take account of students with asthma as part of the visit risk assessment process. Appropriate medication, emergency arrangements and staff awareness will be confirmed prior to departure.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all students.

All staff can either check the Asthma Register or look at a student's medical flags on the Student Manager section of iSAMS and are encouraged to do so regularly to ensure they are aware of any asthmatic students in their class.

Students with asthma are encouraged to participate fully in all activities. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.

During sports, games and activities, there is a risk that the student may be separated from their inhaler. The student must hand their inhaler to their teacher before participating to ensure there is no delay in treatment. They must ensure their inhaler is labelled before doing this to reduce the risk of cross-contamination.

If a student needs to use their inhaler during a lesson, they will be encouraged to do so.

There has been significant emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for students and young people with asthma. It is therefore important that the School involve students with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during core school hours.

When asthma is affecting a student's education

The School is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on their academic performance, and they are unable to take part in all activities - they are tired during the day, or falling behind in lessons - there will be discussion between parents/guardians, the Nurse Manager, Head of Year and the Director of Student Development where appropriate. It will be suggested they make an appointment with their own healthcare provider. It may simply be that the student needs an asthma review, to review inhaler technique or a review of medication to improve their symptoms. However, the School recognises that students with asthma could be classed as having a disability due to their asthma as defined by the Equality Act 2010 and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in School

As a School, we have regard to the Department of Health guidance 'The use of Emergency Salbutamol Inhalers in Schools' (March 2015).

As a School we are able to purchase emergency salbutamol inhalers and spacers without a prescription.

We have 2 emergency kits, which are kept in the Medical Centre and Boathouse. Each kit contains:

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning
- A note of the arrangements for replacing the inhaler and spacers
- A record of administration

These kits are checked at least termly and after any use.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol, tend to be mild and temporary and are not likely to cause serious harm. The student may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by students who have asthma or who have been prescribed a reliever inhaler and for whom parental consent has been given, and whose details are recorded on the School Asthma Register.

The Nurse Manager will ensure that:

- Termly checks are done to ensure the kits are in good, clean condition and that the Salbutamol is in date and working
- Replacement inhalers are obtained when expiry dates approach
- Disposable spacers are always available

All inhalers will be monitored and replaced as required.

The inhaler can be reused provided it has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed with soap, rinsed with warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used by students who have been diagnosed with asthma, prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given.

The names of these students are on the Asthma Register. The parents/guardians will always be informed if their child has used the emergency inhaler, so that this information can also be passed onto their asthma nurse/GP.

Common 'day to day' symptoms of asthma

Where deemed necessary by the School in consultation with parents/guardians and healthcare professionals, an Individual Healthcare Plan may be implemented to support a student whose asthma requires additional monitoring or management.

These plans give guidance on action to take in an emergency.

We understand that asthma symptoms can vary, but recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the student's inhaler and rest e.g. stopping exercise. The School would not usually send a student home if they have needed to use their inhaler unless the student requires urgent advice from a medical professional.

Asthma Attacks

The School recognises that if all the above is in place, we should be able to support students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

The Department of Health guidance on the use of emergency salbutamol inhalers in schools March 2015, states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the student could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some students will go very quiet
- May try to tell you that their chest 'feels tight' (younger students may express this as tummy ache)

If the student is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the student appears exhausted, is turning blue (cyanosis), has a blue/white tinge around the lips or has collapsed.

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the student
- Encourage the student to sit up and slightly forward
- Use the student's own inhaler – if not available, use the emergency inhaler kit
- Remain with the student while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal

- *Immediately help the student to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- Send a runner to alert the medical team and gather the emergency inhaler kit if needed. This contains instructions on how to use an inhaler and spacer.
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs, waiting 30 seconds between each puff.
- Stay calm and reassure the student. Stay with the student until they feel better. The student should see the medical team for review after an asthma attack.
- If the student does not feel better or you are worried at **ANY TIME** before you have reached 10 puffs, **call 999 FOR AN AMBULANCE** and call for parents/guardians.
- If an ambulance does not arrive in 10 minutes give a further 10 puffs in the same way
- A member of staff will always accompany a student taken to hospital by an ambulance and stay with them until a parent/guardian arrives.
- If you have had to treat a student for an asthma attack in school, it is important that we inform the parents/guardians and advise that they should make an appointment with the GP.
- If the student has had to use 6 puffs or more of Salbutamol in 4 hours, the parents/guardians should be made aware, and should be advised to see the student's own healthcare provider.

Author:	Sheridan Buchanan (Nurse Manager)
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References:	• Administration of Medication Policy DfE Statutory Guidance: *Supporting Pupils at School with Medical Conditions* (updated August 2017) • Smoking Policy
Agreed by:	 Mike Rumbelow (Health & Safety Governor) *on behalf of the Full Governing Board*
Date of Agreement:	October 2026