



**Bridgelea Pupil Referral Unit  
Bridgelea Road  
Withington  
Manchester  
M20 3FB**

## **Asthma Policy**

<b>Ratified</b>	<b>April 2022</b>
<b>Presented by</b>	<b>Lisa Shaw</b>
<b>Review Date</b>	<b>April 2024</b>

## Bridgelea Primary School Vision & Mission Statement


### Vision “Understanding People”

#### Mission Statement


Our overall vision of 'Understanding People' captures our core purpose perfectly. At Bridgelea school we want to help our children, families, and communities to understand themselves and others more, whilst keeping their understanding of the statutory and wider curriculum.

COMLP Vision: **New Beginnings-Positive Futures.**

Our 5 values directly reflect our main principle; nurture. We believe that all of our young people deserve the best education possible and we do this by creating the conditions for them to thrive.




## New Beginnings – Positive Futures




### Our Shared Values

<p><b>Communication</b> We seek to understand each other better through clear and effective communication</p>	<p><b>Inclusivity</b> Being inclusive is intrinsic to our approach with learners, staff, parents and Governors</p>	<p><b>Nurture</b> We seek to ensure our learners and staff feel safe and supported in every aspect of their lives</p>	<p><b>Resilience</b> We want to equip our young people with the knowledge and skills to independently sustain positive choices</p>	<p><b>Aspiration</b> We have the highest aspirations for our learners and staff and we build our environments to deliver success</p>
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### We are guided by the 6 principles of nurture in everything we do



<p><b>Language as a vital means of communication</b> Elklan trained staff SLCN specialists</p>	<p><b>Importance of nurture for the development of well-being</b> PASS Rights Respecting Nurturing Schools Programme Student and staff well-being</p>	<p><b>The Classroom offers a safe space</b> Trauma informed practice ACEs and Attachment aware Restorative approaches Team Teach</p>	<p><b>Importance of transition in pupil's lives</b> Outreach offer Post-16 support Admission and Re-integration Structures and routines</p>	<p><b>Children's learning is understood developmentally</b> Literacy and numeracy Strong SEND practice Boxall Profiles Graduated Response 'Stage not age'</p>
<p><b>All Behaviour is communication</b> Curious not judgmental 'Understand the behaviour'</p>				

### UN Rights of the Child: Bridgelea 10 Articles

Through the School Council the children decided they would like to focus on the following **10 Articles**, whilst understanding no right is more important than another:

#### Article 12

You have the right to give your opinion, and for adults to listen and take it seriously.

#### Article 13

You have the right to find out things and share what you think with others, by talking, drawing, writing or in any other way unless it harms or offends other people.

#### Article 15

You have the right to choose your own friends and join or set up groups, as long as it isn't harmful to others.

#### Article 24

You have the right to the best health care possible, safe water to drink, nutritious food, a clean and safe environment, and information to help you stay well.

#### Article 27

You have the right to food, clothing, a safe place to live and to have your basic needs met. You should not be disadvantaged so that you can't do many of the things other kids can do.

#### Article 28

You have the right to a good quality education. You should be encouraged to go to school to the highest level you can.

#### **Article 29**

Your education should help you use and develop your talents and abilities. It should also help you learn to live peacefully, protect the environment and respect other people.

#### **Article 30**

You have the right to practice your own culture, language and religion - or any you choose. Minority and indigenous groups need special protection of this right.

#### **Article 31**

You have the right to play and rest.

#### **Article 39**

You have the right to help if you've been hurt, neglected or badly treated.

### **The Six Principles Of Nurture**

The nurturing approach offers a range of opportunities for children and young people to engage with missing early nurturing experiences, giving them the social and emotional skills to do well at school and with peers, develop their resilience and their capacity to deal more confidently with the trials and tribulations of life, for life.

1. Children's learning is understood developmentally
2. The classroom offers a safe base
3. The importance of nurture for the development of wellbeing
4. Language is a vital means of communication
5. All behaviour is communication
6. The importance of transition in children's lives

The purpose of this policy is to ensure safe practice in the management of asthma in school. It should be noted that there is no legal duty that requires school staff to administer medicines but that we at Bridgelea are willing to undertake this task to enable regular attendance, in accordance with the Bridgelea Medicine Policy.

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. Bridgelea Primary School welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ an up-to-date asthma policy
- ✓ an asthma lead
- ✓ all pupils with immediate access to their reliever inhaler at all times
- ✓ all pupils have an up-to-date asthma care plan
- ✓ an emergency salbutamol inhaler

We will:

- ✓ ensure that all staff have regular asthma training
- ✓ promote asthma awareness amongst pupils, parents and staff.

### **Asthma Lead**

The SENCO at Bridgelea Primary School is the named asthma lead. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (Department of Health Guidance on the use of emergency salbutamol inhalers in school, March 2015 – Appendix 3) and ensure measures are in place so that children have immediate access to their inhalers.

### **Asthma Register**

We have an asthma register of children within the school which we update yearly. We do this by asking parents/carers if their child is diagnosed asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic, or has been prescribed a reliever inhaler, we will ensure that the pupil has been added to the asthma register and has:

- An up to date copy of their personal asthma care plan
- Their reliever (salbutamol) inhaler in school
- Permission from the parents/carers to use the emergency salbutamol inhaler if the child requires it and their own inhaler is broken, out of date, empty or has been lost.

### **Asthma Care Plans**

Asthma UK evidence shows that if someone with asthma uses a personal asthma plan they are four times less likely to be admitted to hospital due to their asthma. At Bridgelea, we recognise that having to attend

hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma care plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Appendix 2)

## **Medication and Inhalers**

All children with asthma should have immediate access to their reliever inhaler (usually blue) at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if a pupil 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.

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. School staff are not required to administer asthma medicines to pupils. However, many children have poor inhaler technique, or are unable to take the inhaler by themselves and failure to receive medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential to the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will advise parents/carers to arrange a review with their GP/nurse. Please refer to the Medicine Policy for further details about administering medicine in school.

## **Emergency Salbutamol Inhaler in School**

As a school, we are aware of the guidance 'The use of emergency salbutamol inhalers in schools' from the Department of Health, Social Services and Public Safety (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools. The guidance is attached to this policy.

We are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We will purchase inhalers and spacers by presenting a request signed by the Head of School, on Bridgelea headed paper, stating:

- the name of our school
- the purpose for which the product is required
- the total quantity required

## **Emergency Kit (Longsight)**

The emergency asthma inhaler kit at Bridgelea Primary School in Longsight will include:

- 2 salbutamol metered dose inhalers
- 2 single-use plastic spacers compatible with the inhaler
- Instruction on using the inhaler and spacer/plastic chamber
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler as detailed in their individual medication plans

- A record of administration (i.e. when the inhaler has been used)

### **Emergency Kit (Withington)**

The emergency asthma inhaler kit at Bridgelea Primary School in Withington will include:

- 1 salbutamol metered dose inhaler
- 2 single-use plastic spacers compatible with the inhaler
- Instruction on using the inhaler and spacer/plastic chamber
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler as detailed in their individual medication plans
- A record of administration (i.e. when the inhaler has been used)

### **School Environment**

Bridgelea Primary School does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupils' asthma triggers are recorded as part of their asthma care plans and the school ensures that, where possible, pupils do not come into contact with their asthma triggers.

We are aware that triggers can include:

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

As part of our responsibility to ensure that all children are kept safe within the school grounds, and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

### **Exercise and Activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils 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. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them; those who are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

## **Roles and responsibilities**

### **Governors**

Governors are responsible for the approval of the Asthma policy and for reviewing its effectiveness.

### **Head of School and Senior Leadership Team**

- The Head of School is responsible for ensuring the safety of members of the school community though the day-to-day responsibility for asthma will be delegated to the SENCO
- The Head of School is responsible for the implementation and effectiveness of this policy. They are responsible for reporting to the Governing Body on the effectiveness of the policy, and, if necessary, making any necessary recommendations of further improvement
- The Head of School/Senior Leaders are responsible for ensuring that the asthma lead has adequate training for their role.
- The Head of School/Senior Leaders will ensure that there is a system in place to allow for monitoring and support of those in school who carry out the internal Asthma monitoring role.
- If there is an allegation against a member of staff, the Head of School should be aware of the procedures to follow.

### **SENCO/HoS**

The SENCO is delegated by the Head of School to ensure that:

- School has an adequate supply of Emergency Kits and knows how to obtain these from their local pharmacy
- All children on the asthma register have consent status recorded, an inhaler, a spacer and a care plan
- Expiry dates are checked monthly and impending expiry dates are communicated to parents/carers
- Replacement medications are obtained before the expiry date
- Empty/out of date Inhalers are disposed of
- The register is up to date and accessible to all staff
- Training is up to date
- Individual spacers are washed regularly according to instructions: care should be taken not to mix up the components as this could pose a risk to an allergic child
- Emergency kits are checked regularly and contents replenished immediately after use
- The blue plastic Inhaler 'housing' is cleaned and dried and returned to the relevant Emergency Kit after use
- Asthma lead(s) are confident to support in an emergency situation

### **Teaching and Support Staff**

Teaching and Support Staff are responsible for:

- Reading and understanding the school's asthma policy

- Knowing which students have asthma and being familiar with the content of their individual health plan
- Allowing all students to have immediate access to their emergency medicines
- Maintaining effective communication with parents including informing them if their child has been unwell at school
- Ensuring 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 pupil's learning and provide extra help when needed
- Understand asthma and the impact it can have on pupils (pupils should not be forced to take part in an activity if they feel unwell). If school identify a pattern, or are concerned about an individual pupil, they will inform the parent/carer and advise that medical advice is sought.
- Ensuring pupils with asthma are not excluded from activities they wish to take part in
- Ensuring that pupils have the appropriate medicines with them during activity or exercise and are allowed to take it when needed
- They have up-to date awareness of Asthma matters and of the current school Asthma policy and practices
- They have read understood and signed Asthma policy and adhere to the guidance around communications detailed in the Acceptable use of ICT policy.
- They report any suspected issue or problem to the ICT lead/DSL for investigation/action/sanction
- Pupils understand and follow the school policies.
- Pupils should be aware of how to deal with unsuitable material as detailed in the RSE and ICT curriculum

### **All Staff**

- Attend yearly Asthma Training
- Know what the procedures are and which students have asthma, and be familiar with the child's care plan
- Communicate parents concerns and updates to the asthma lead
- Inform the asthma lead if a school emergency inhaler has been used
- Record inhaler usage

### **Parent/Carers**

Parents and Carers are responsible for:

- Informing the school if their child has asthma
- Ensuring the school has an update to date asthma plan for their child
- Informing the school about the medicines their child requires during school hours
- Informing 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
- Informing the school of any changes to their child's condition
- Ensuring their child's medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging
- If their child is off school, ensuring that the child catches up on any school work they have missed
- Ensuring their child has regular reviews, at least annually with the GP or specialist asthma healthcare professional.
- Ensuring that new and in-date medicines are brought to school on the first day of the new academic year.



## **Appendices**

Appendix 1 Symptoms of an Asthma Attack

Appendix 2 Bridgelea Asthma Care Plan

Appendix 3 Guidance for the use of emergency salbutamol inhalers in schools  
(Department of Health, March 2015)

## Appendix 1



### SYMPTOMS OF AN ASTHMA ATTACK

- Not all symptoms listed need to be present
- Symptoms can worsen very quickly
- If in doubt, give **Emergency Treatment**

<b>COUGH</b>	A dry persistent cough, when at rest, can be a sign of an asthma attack.
<b>CHEST TIGHTNESS OR PAIN</b>	This may be described by a child in many ways, including a 'tight chest', 'chest pain', 'tummy ache'.
<b>SHORTNESS OF BREATH</b>	A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.
<b>WHEEZE</b>	A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may or may not be wheezing.
<b>INCREASED EFFORT OF BREATHING</b>	This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast, and in younger children the stomach may be obviously moving in and out. Nostrils may be flaring.
<b>DIFFICULTY IN SPEAKING</b>	The child may not be able to speak in full sentences. Some children will go very quiet.
<b>STRUGGLING TO BREATHE</b>	The child may be gasping for air, or exhausted from the effort of breathing.

### **CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD:**

- **APPEARS EXHAUSTED**
- **HAS A BLUE/WHITE TINGE AROUND THE LIPS**
- **IS GOING BLUE**
- **HAS COLLAPSED**





**DATE OF COMPLETION:** \_\_\_\_\_

<b>CHILD'S NAME</b>		
<b>DATE OF BIRTH</b>		
<b>ADDRESS</b>		
<b>CLASS</b>		
<b>PARENT/CARER DETAILS</b>	<b>EMERGENCY CONTACT 1</b>	<b>EMERGENCY CONTACT 2</b>
<b>NAME</b>		
<b>TELEPHONE (WORK)</b>		
<b>TELEPHONE (HOME)</b>		
<b>TELEPHONE (MOBILE)</b>		
<b>GP NAME</b>		
<b>SURGERY</b>		
<b>TELEPHONE NUMBER</b>		

<b>YOUR CHILD'S MEDICATION</b>			
Does your child tell you when they need their inhaler?			YES / NO
Does your child need help taking their inhaler?			YES / NO
Does your child need to take their inhaler before physical activity?			YES / NO*
*If YES, please provide the information below:			
<b>MEDICATION NAME</b>	<b>STRENGTH</b>	<b>DOSAGE</b>	<b>WHEN TO BE TAKEN?</b>
			(e.g. Before/During/After Activity) (staff to observe)

### MY CHILD'S ASTHMA TRIGGERS (PLEASE TICK ALL THAT APPLY)

Cold Air	<input type="checkbox"/>	Colds/Viral Infections	<input type="checkbox"/>	Pollen	<input type="checkbox"/>	Stress/Anxiety	<input type="checkbox"/>
Weather Changes	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Emotion/Excitement	<input type="checkbox"/>
Damp/Mould	<input type="checkbox"/>	Night	<input type="checkbox"/>	Pets	<input type="checkbox"/>	Cigarette Smoke	<input type="checkbox"/>
Other (Please provide details):							

### RELIEF TREATMENT (For coughing/wheezing/breathlessness or sudden chest tightness)

MEDICATION NAME	STRENGTH	DOSAGE

<b>In an emergency, do you give your permission for your child to use the school's emergency inhaler?</b>	<b>YES/NO</b>
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<b>Parent/Carer Name</b>			
<b>Signature</b>			
<b>Date</b>		<b>Review Date</b> (Office Use Only)	

## ADVICE FOR PARENTS

Remember:

- It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications
- It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer device with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher
- It is your responsibility to ensure that your child's asthma medication has not expired