ST MARGARET'S CE PRIMARY SCHOOL

Asthma POLICY

Reviewer: Rosie Davut (School Business Manager)	**Renewal Date:** 01/06/2027

Key Changes:

- Addition of "How to recognise an asthma attack"
- Addition of "confidentiality" section
- Addition of Training paragraph
- Additions to Asthma Medications section

Living Our Values: Our values of Love and Aspire underpin our commitment to supporting pupils with asthma. We provide a caring, inclusive and supportive environment where every pupil feels safe, valued and understood embodying. We are committed to meeting the individual needs of pupils with asthma, ensuring they receive appropriate care and support so that they can participate fully and confidently in all aspects of school life. We encourage every pupil to achieve their full potential. We believe that asthma should not be a barrier to learning, attendance, participation or achievement. By working in partnership with pupils, families and healthcare professionals, we strive to empower pupils with asthma to develop independence, resilience and confidence, enabling them to make the most of every opportunity available to them.

Contents

1.The School
As a school we recognise that asthma is a widespread, serious but controllable condition and welcome all children with asthma. As an inclusive school, we ensure that children with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities.

The school is mindful that children with asthma need immediate access to reliever inhalers at all times. We therefore keep a central record of all children with asthma and the medicines/dosage that they take ensuring ease of access to these throughout the school day. We endeavour to ensure that the whole school environment, including physical, social, sporting and educational environment, is favourable to children with asthma. All staff (including supply teachers and support staff) who have children with asthma in their care, know who those children are and know the school's procedure to follow in the event of an asthma attack.

2. Asthma medicines
Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. Those deemed competent to do so may self-administer their asthma medication but should let a member of staff know if they are needing it more than every 4 hours. The reliever inhalers of younger children are kept in the classroom in a designated, accessible area. The school holds a generic inhaler in case of extreme emergencies e.g. an inhaler has run out and the parents have not yet provided a new one. Parents are also advised to provide the school with a labelled, in date spare reliever inhaler. These are held in case the child's own inhaler runs out, or is lost or forgotten and are kept in the school office. All inhalers must be labelled with the child's name by the parent/carer.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate children to take their medicines when they need to.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will consider taking the following action:

Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the child's Asthma Information Form (reverse side "For Office Use" box) (Appendix A). Further conversations may be appropriate, at the discretion of the school.
If the parent/carer fails to supply the inhaler as requested, the school will write to the parent using the example letter (Appendix B). This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable to follow the usual Asthma Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. The letter will be filed with the child's Asthma Information Form.

3.Exercise and activity – PE, games and daily mile
All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

4.School environment
The school endeavours to ensure that the school environment is favourable to children with asthma. The school will take into consideration, any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

5. Record Keeping
When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. Once a year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an Asthma Information Form (see Appendix A) to complete and return to the school. From this information the school updates its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment as soon as possible.

The school will gain consent from a parent/guardian to administer the school's emergency inhaler and a register will be kept with the inhaler that details which parents/guardians have given permission for the school inhaler to be administered. The school will ensure the register is kept up to date.

6. Confidentiality
As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or pupil if appropriate, as to who else should have access to their asthma records and other information about the pupil's medical needs. It is expected that staff with contact to a pupil with asthma needs will be informed of the pupil's condition and know how to respond in a medical emergency.

7. Training
School staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer of reliever medication (inhaler).

7.Asthma attacks – School's Procedure
In the event of an asthma attack, staff will follow the school procedure:

- Encourage the child to use their inhaler.
- Summon a First Aider who will bring the child's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form.
- If the child's condition does not improve or worsens, the First Aider will follow the "Emergency Asthma Treatment" procedures (see Emergency Asthma Treatment sheet – Appendix C).
- The First Aider will call for an ambulance if there is no improvement in the child's condition. If there is any doubt about a child's condition an ambulance will be called.

7. Access and Review of Policy
The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed on a two-yearly cycle.

For Early Years and Primary Schools

HOW TO RECOGNISE AN ASTHMA ATTACK

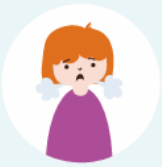
It is important to recognise the signs and symptoms of an asthma attack in a child/ young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack

BREATHING HARD AND FAST

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)

WHEEZING



This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.

COUGHING

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.

BREATHLESSNESS

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.

TUMMY OR CHEST ACHE

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.

INCREASED USE OF THE RELIEVER INHALER

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognise that if the reliever inhaler is not helping that it is time to seek medical help.

www.beatasthma.co.uk

APPENDIX A

Dear Parent/Carer,

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME …….. Age …….

Class ……

1. Does your child need an inhaler in school?
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

……..

……..

3. What triggers your child's asthma?

……..

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out, is lot or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed: …….. Date …….
I am the person with parental responsibility

Circle the appropriate statements

- My child carries their own inhaler
- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible.

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……..

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialist in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further 4 puffs of the blue inhaler
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed:…….. Date …….

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.
Thank you

Parental Update (only to be completed if your child no longer has asthma) My child …… no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed I am the person with parental responsibility	Date

For office use:

	Provided by parent (Yes/No)	Location (delete as appropriate)	Expiry Date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1st inhaler		With child/In classroom			
2nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

APPENDIX B

Example letter to send to parent/carer who has not provided an in-date inhaler. Please amend as necessary for the individual circumstances.

Dear [Name of parent]

Following today's phone call regarding [Name of child]'s asthma inhaler, I am very concerned that an inhaler has not been provided. You have stated on [name of child]'s Asthma Information Form that [name of child] requires an inhaler in school and you have agreed to provide an inhaler [and spacer]. Please ensure that:

- an inhaler
- a spacer

are provided without delay.

If [name of child] no longer requires an inhaler, please request his/her Asthma Information form from the school office and complete the parental update section.

Please be aware that in the absence of an inhaler, should [name of child] suffer an attack, staff will not be able to follow the usual Asthma Emergency inhaler procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely,

APPENDIX C

Emergency asthma treatment

Asthma attacks and wheeziness

Signs of worsening asthma:

- Not responding to reliever medication
- Breathing faster than usual
- Difficulty speaking in sentences
- Difficulty walking/lethargy
- Pale or blue tinge to lips/around the mouth
- Appears distressed or exhausted

Give **6 puffs of the blue inhaler via a spacer**

Reassess after 5 minutes

If the child stills feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**

Reassess after 5 minutes

If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed a s a serious attack:

CALL AN AMBULANCE and CALL PARENT

While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes

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