

St. Mary's and St. Benedict's RC Primary School



ASTHMA POLICY

'With Jesus, we learn as a joyful family and flourish to be the best that we can be.'

1. Introduction

Our School Mission Statement of *'With Jesus, we learn as a joyful family and flourish to be the best that we can be'* underpins everything we do at St. Mary's and St. Benedict's Primary School. Our school endeavours to provide a safe and welcoming environment where everyone is able to feel valued, safe, secure, loved and happy.

2. Background

Our school recognises that asthma is a widespread, and can be a serious but controllable, condition affecting many pupils. The school positively welcomes all pupils with asthma.

Our school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the Governing Body) and pupils. Supply teachers and new staff are also made aware of the policy.

3. Asthma - Details of Condition

Asthma is a condition that affects the airways - the small tubes 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 start to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become irritated - making it difficult to breathe and leading to symptoms of asthma.

Common Asthma Triggers (this list is not exhaustive):

Dust mites	Perfumes
Animal fur/feathers	Pollution
Exercise	Stress/Anxiety
Smoking/passive smoking	Moulds/Fungi
Moving from extremes of temp	Colds/ Viral infections
Weather conditions	

4. Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma, on their Medical Needs Form. All medical needs are disseminated to school staff. Our SENDCo is Mrs Natalie Hackett and she oversees updates and distributes the Medical Register at the start of the school year to all teaching staff. The Medical Register is updated and reviewed when a new child joins the school with a medical condition or when a new medical condition is diagnosed.

5. Asthma medicines

Medication to treat the symptoms of asthma comes in the form of inhalers. Some children will have 'a preventer inhaler' (brown); these are children who have moderate to severe asthma. This type of inhaler is used daily to try to reduce the number of asthma attacks.

All children will have a 'reliever inhaler' (blue). Reliever inhalers work by relaxing the muscles surrounding the airways, therefore, making breathing easier. Reliever inhalers are essential for treating children who have asthma during an attack.

Immediate access to reliever medicines is essential. Pupils with asthma in Key Stage 2 are encouraged to carry their inhaler and in Key Stage 1 an adult is in charge of these (normal practice is to keep the inhaler in a safe place in the classroom). All inhalers are labelled with the child's name and all adults working with the child are aware of the location. The school will endeavour to ensure that any pupil with an inhaler has easy access to his/her inhaler at all times whether they are in the classroom, on the playground or taking part in sports. Delay in taking their inhalers can lead to worsening of the condition.

School staff are not required to administer asthma medicines to pupils except in an emergency; at which point the adult will be asked if he/she is happy to administer such medicine. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own inhalers when they need to.

6. Emergency Inhaler

School keep an emergency inhaler in a medicine cupboard in the school office. This is for use in an emergency if the child's inhaler is not available or is broken. Parental permission is obtained for the use of this inhaler and there is a list on the cupboard door of parents who have consented to this. If the inhaler is used, there is a letter to send home to inform parents. The spacer and plastic inhaler housing should be cleaned, dried and returned after use.

7. Exercise and Activity – PE and Games

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

Pupils with asthma are encouraged to participate fully in all PE lessons and/or out of school activities. If a pupil needs to use his/her inhaler during a lesson, he/she will be encouraged to do so. Classroom teachers follow the same principles as described above for other games and activities involving physical activity.

Teachers understand that asthma can impact pupils during exercise. If pupils have asthma symptoms while exercising, teachers will allow them to stop, pupils will take their reliever inhaler and as soon as they feel better, allow them to return to the activity (most pupils with asthma should wait at least five minutes). Pupils whose asthma symptoms are triggered by exercise, should use their reliever inhaler immediately before warming up.

8. Out-of-school activities, trips and outings

The school will consider asthma triggers when planning out-of-school activities and will ensure there is a member of staff trained in First Aid in attendance. Pupils must ensure they bring the correct inhaler, which must be labelled. Failure to do so may result in pupils not being allowed to attend, if parents/carers cannot be contacted.

9. School environment

The 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. As far as possible, school does not use chemicals in Science and Art lessons which are potential triggers for pupils with asthma.

10. When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because his/her asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and SENDCo about the pupil's needs. School recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

11. Asthma attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. If a child is having multiple asthma attacks, school staff will tell parents/carers that their child is using more reliever inhaler than they usually would.

In the event of an asthma attack, school follows the procedure outlined in **Appendix A and B**.

12. Health Care Plans

On some occasions, should the child meet the criteria, an Individual Health Care Plan (IHCP) may be required to ensure that specific treatment needs, not covered by the standard asthma protocol, are organised and in place. This is usually completed by a health professional with input from parents, school and any additional specialist service involved. It is the responsibility of the parents to inform school where there are changes to the IHCP, to ensure the child's support in school remains up to date.

13. Parental Responsibility

Parents should ensure school has the correct labelled and in-date inhaler in school. They should ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name. If pupils are taking part in a visit, outing or field trip, parents should inform school of any medications the child requires. School must be informed of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma). Parents should also ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months).

Date of Policy: January 2021

Date Review Due: January 2022 (or sooner if appropriate)

Appendix A

Procedure for treatment to be given during an asthma attack

Common signs of an asthma attack:

- coughing;
- shortness of breath;
- wheezing;
- feeling tight in the chest;
- being unusually quiet;
- difficulty speaking in full sentences.

What to do:

- keep calm;
- encourage the child or young person to sit up and lean slightly forward – do not hug or lay down;
- make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately (preferably through a spacer);
- ensure tight clothing is loosened;
- reassure the child.

If there is no immediate improvement:

Continue to make sure the child or young person takes two puffs of the reliever inhaler every two minutes until the symptoms improve.

Call 999 and the parent/carer urgently if:

- the child or young person's symptoms do not improve in 5–10 minutes;
- the child or young person is too breathless or exhausted to talk;
- the child or young person's lips are blue;
- you are in doubt.

Important things to remember in an asthma attack:

- Never leave a pupil having an asthma attack;
- In an emergency situation, school staff are required under common law, duty of care, to act like any reasonably prudent parent;
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing;
- Send another pupil to get another teacher/adult if an ambulance needs to be called;
- Contact the pupil's parents/carers immediately after calling the ambulance/doctor;

- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives;
- If staff have to take pupils to hospital in their own car, they must be accompanied by another member of staff and have the appropriate car insurance. However, in some situations, it may be the best course of action;
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

Appendix B – What to do in an Asthma Attack.

