

**St Mary’s Catholic Primary School**

**Asthma Policy**

**Policy Date: September 2024**

**Review Date: September 2025**

## Asthma Policy

**Asthma Policy**

* The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
* Ensures that children with asthma participate fully in all aspects of school life including PE
* Recognises that immediate access to reliever inhalers is vital
* Keeps records of children with asthma and the medication they take
* Ensures the school environment is favourable to children with asthma
* Ensures that other children understand asthma
* Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
* Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils

1. This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
2. This school encourages children 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 local education authority) and pupils. Supply teachers and new staff are ALSO MADE AWARE OF THE POLICY. All teachers, and at least one member of staff in each class is provided with asthma training on a regular basis. Mrs Pryce has a list of school staff trained in this area. This training is provided by the School Nursing Service and also covers Severe Allergic Reactions, Epilepsy and Asthma. Training may also be provided by the National College.

## Medication

Immediate access to a reliever inhaler is vital. Children are encouraged to carry their inhaler as soon as their parents, carer, doctor, nurse or class teacher agree they are mature enough to manage their own medication. Children should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used outside of their regular care plan. The reliever inhalers of younger children are kept in their individual classroom in a designated first aid area marked with a green and white first aid sign.

All inhalers must be labelled with the child’s name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff our happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when needed in accordance with the child’s asthma plan.**

## Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a School Asthma Card (Asthma UK) 9Appendix 3) and return it to the school. From this information the school keeps its asthma register which is displayed in the staff room. If any changes are made to a child’s medication it is the responsibility of the parents or carer to inform the school.

St Mary’s Primary School does now hold an emergency inhaler and spacer as per ‘Guidance on the use of Emergency Salbutamol inhalers in schools’ March 2015. This medication can only be administered to children on the Asthma Register. Specific staff have been trained to administer the emergency inhaler and there are pictorial and written instructions around the school.

Parents of children with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. See Appendix 1 attached. Parents will be informed by letter if their child has used the emergency inhaler (Appendix 2).

Asthma inhalers for each child are regularly checked for expiry dates by a named member of staff (N Pryce – Asthma Lead). Each child’s inhaler is kept in their own classroom in a medication box containing their individual medication and asthma card, in their class designated first aid area.

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their asthma medication plan along with their medication.

## PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child’s inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept every time a child uses their inhaler outside of their plan. Two members of staff countersign the medical administration form.

## School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their inhaler should accompany them and be made available to them at all times.

## The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not currently keep furry and feathery pets and has a non- smoking policy. Full consultation will be made should the school consider a school pet. On occasion, the Key Stage One classes may take part in the egg/chick scheme. Teachers will be aware of any child who has a fur or feather allergy and will act appropriately. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the breakout area if particular fumes trigger their asthma.

## Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of

the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website [www.asthma.org.uk.](http://www.asthma.org.uk/)

## When a child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nursing team and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

## Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms.

1. **Ensure that the reliever inhaler is taken immediately.**
2. **Stay calm and reassure the child.**
3. **Help the child to breathe by ensuring tight clothing is loosened.**

**After the attack**

Minor attacks should not interrupt a child’s involvement in school. When they feel better they can return to school activities.

The child’s parents must be informed about the attack on the day.

## Emergency procedure

If the pupil does not feel better or you are worried **at any time** before reaching 10 puffs from the inhaler, **call 999 for an ambulance**.

If the ambulance has not arrived after 10 minutes, give an additional 10 puffs as detailed above.

In the event of an ambulance being called, the pupil’s parents or carers should always be contacted.

In the event of a pupil being taken to hospital by ambulance, they should always be accompanied by a member of staff until a parent or carer is present.

## Appendix 1

# Consent Form:

**Use of Emergency Salbutamol Inhaler**

Child showing symptoms of asthma/having asthma attack

* 1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
	2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school.
	3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, \*I do/ \*do not consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

\*Please mark as appropriate

Signed: ……………………………………………………….. Date: ……………………

Name: (print) ………………………………………………………………………….….. Child’s Name: ………………………………………………………………………..….. Class: ……………………………………………………………………………………. Parent’s address and contact details:

…………………………………………………………………………………………………….

…………………………………………………………………………………………………….

…………………………………………………………………………………………………… Telephone: ………………………………………………………………………………………. E-Mail:

……………………………………………………………………………………………..

Please return to the school office as soon as possible c/o Mrs S Palin

**Appendix 2**

# Emergency Salbutamol Inhaler Use Form

Child’s name: ………………………………………………………………. Class: ……………………………………………………………………….. Date: ……………………………………………………..

Dear ……………………………………………….

This letter is to formally notify you that has had problems with

his/her breathing today. This happened when …………………………………………..

\*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given

……. Puffs.

\*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

Nicola Pryce

Asthma Lead

\*Delete as appropriate

**Appendix 3 (copy of an original)**

