



St. Luke's Church of England Primary School

'Nurturing the individual as part of our community'

Faith – Wisdom – Aspiration – Community – Compassion

Policy Name	Asthma Policy
Governors responsible for review	Quality of Education
Date Approved By Committee	January 2024
Review Cycle	Annually – Autumn 1
Statutory/Recommended/Optional	Statutory

Our Mission Statement

Our Mission statement is based on the values of empathy and respect for all, diversity, integrity, faith and being proud of who you are.

'Nurturing the individual as part of a caring and sharing community'

INTRODUCTION

St Luke's Church of England Primary School acknowledges that asthma is the most common long-term medical condition in children and recognises that many pupils on roll in this school will have the disease. Asthma sufferers should not be isolated by their disease, therefore asthma awareness should involve ALL members of the school community.

This policy sets out how a school can support students with asthma and how a school can work closely with students, parents, and health colleagues to ensure it has robust procedures in place for the administration, management, and storage of asthma inhalers at school. Parents/guardians are kept informed if their child has had medication during the school day.

THE SCHOOL

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma
- Ensures that all pupils understand asthma
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- Each class has a medical conditions chart with pupil names and condition.



- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/cares, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

ROLES AND RESPONSIBILITIES

Senior Leadership Team

- Plan, monitor and review the School asthma policy.
- Liaise between interested parties – school staff, school nurses, parents/carers, governors and pupils.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply teachers and new members of staff are familiar with the school asthma policy.
- Delegate a member of staff to check that expiry dates of reliever inhalers have been checked annually.
- Report back to the Governing Body about the school asthma policy and any adjustments which are needed.

School Staff

- Understand and adhere to the school asthma policy.
- Know which children they come into contact with have asthma.
- Display a location sign in the classroom to inform school staff the location of the class inhalers.
- Have all inhalers kept in an 'Inhaler and Spacer Bag/Box' in the class room where all children and staff know its location.
- Know what to do in an asthma attack.
- Ensure pupils with asthma gain immediate access to their own reliever inhaler.
- Tell parents/carers if their child has had an asthma attack. Via a phone call or meeting.
- Tell parents/carers if their child has needed to use their reliever inhaler in school (I have used my inhaler today slip).
- Ensure the class asthma bag/box (or contents) are taken on to any school visit or excursion
- Ensure Asthma Plans are completed and updated annually or more regularly when required.
- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When they feel better they can return to school activities. Parents or carers should be informed via a phone call.
- Ensure a log is kept of the name of children and the date they have used their inhaler
- Ensure children take an 'I have had my inhaler today' slip home and encourage them to give it to their parent/family so parents are aware when it has been used.

Sports Coaches

- Be familiar with the schools asthma policy.
- Understand asthma and the impact it can have on pupils. Pupils with asthma



should not be forced to take part in an activity if they feel unwell.

- If a pupil has asthma symptoms while exercising, allow them to stop, 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).
- Take class inhaler box into the hall/ outdoor area
- Pass on any information/concerns to the class teacher. Inform the teacher if the child has used their reliever inhaler so an 'I have used my inhaler today' slip can go home.

School Nurses

- Help plan/update the school asthma policy.
- Provide training as required to the school.

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Parents/Carers

- Tell the school if their child has asthma.
- Must ensure a labelled inhaler (which is in date) and spacer which are kept in school at all times.
- Inform the school of any medicines their child may require during the school day.
- Tell the school of any changes to their child's medicines, what they take and how much.
- Inform the school of any changes to their child's asthma (for example, if the symptoms are getting worse or if they are using their reliever inhaler more regularly)
- Keep the child at home if they are not well enough to attend school.
- Ensure the child has regular asthma reviews with the doctor or asthma nurse (every six to twelve months)
- Complete the Asthma Plan alongside school staff at least annually or after the asthma review with doctor or nurse where any adjustments have been made.
- Complete the emergency inhaler letter to approve/decline consent for the emergency school inhaler to be used in an exceptional circumstance.

Pupils

- Treat all pupils, with or without asthma equally.
- To contribute to their asthma plan.
- To be aware of their own triggers.
- Tell their teacher or any member of school staff when they are not feeling well.
- Treat asthma medicines with respect.
- Know how to gain their medicine in an emergency.
- Know how to take their own asthma medicines.
- Take a 'I have had my inhaler today' slip home if they have had to take their reliever inhaler during the school day.

EXPLANATION OF DISEASE



People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.

Narrowing of air passages produces ONE or ALL of the following:

coughing, breathlessness, wheezing.

SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

IDENTIFICATION OF PUPILS AFFECTED:

All parents of children on roll must notify school of current treatment details. Treatment details should be accessible at all times.

TREATMENT:

Consists of two main forms Reliever inhalers (usually Blue) & preventer inhalers (usually Brown). It is encouraged that only blue inhalers should be in school. Children should have access to their relief inhalers (usually blue) at all times. Kept in class, taken to swimming or when ever pupil leaves school grounds.

PREVENTION

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment, therefore appropriate steps should be taken. Trigger factors include:- coughs & colds, cigarette smoke, furry animals, cold weather, chemical paints - sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

TREATING WORSENING SYMPTOMS OF ASTHMA:

A reliever inhaler (blue) should be given:

- if requested by the child
- If the child is coughing, wheezing or breathless.
- If this is effective, the child can return to normal classroom activity.

What to do in the case of an 'asthma attack':

The main symptoms of an asthma attack are coughing continuously, wheezing, shortness of breath, sore tummy or not as active/quiet.

Be calm and reassuring

Encourage pupil to sit down and loosen clothing

Take 2 puffs of blue inhaler with spacer, 1 puff at a time. Make sure you shake the inhaler between each puff.



Keep doing this every 10 minutes if there are symptoms up to a total of 6 puffs, Encourage a normal breathing rate if the pupil is able.

But remember

- Stay calm - it is treatable
- Sit the child comfortably - do not let the child lie down
- Do not crowd the child
- Speak quietly and calmly to the child - encourage slow deep breaths.
- **Do not put your arms around the child's shoulders - this restricts breathing.**

If this does not work, then the child may be having a severe asthma attack. This constitutes an emergency situation.

An emergency situation is recognisable when:

Blue inhaler does not work,

Or

The child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath.

Or

The child is breathing quickly.

Child can look pale - lips can turn blue.

Plan of Action: DIAL 999 - telephone for an ambulance.

Be calm, confident and reassuring.

Administer 1 puff of blue inhaler every 30 secs through a spacer.

DO inform the paramedic how much inhaler has been used.

OUT OF HOURS

There has been a large 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 children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

SCHOOL ENVIRONMENT

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

WHEN A PUPIL IS FALLING BEHIND IN LESSONS



If a pupil is missing a lot of time at school or is always tired because their 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 special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

ASTHMA ATTACKS

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack

ACCESS AND REVIEW OF POLICY

The Asthma Policy will be accessible to all staff and the school community. Hard copies can be obtained through the school office. The Governors will review this policy every year . This policy reflects the requirements of key legislation and two key documents:

1. [Supporting pupils at school with medical conditions \(2015\)](#)¹
2. [Guidance on the use of emergency salbutamol inhalers in schools \(2015\)](#)²

¹ Department of Health (2014) Supporting Pupils t school with medical conditions - [Supporting pupils at school with medical conditions](#) ([publishing.service.gov.uk](#))

² Department of Health (2015) Guidance on the use of emergency salbutamol inhalers at school - [Guidance on the use of emergency salbutamol inhalers in schools](#) ([publishing.service.gov.uk](#))



How Do I Manage a Pupil Having an Asthma Attack?

