



Asthma Policy

The policy is based on advice taken from: The Department for Education, the National Asthma Campaign, the School Nursing Service, Leeds Teaching Hospital Trust, Leeds Health Initiatives Team, Children Leeds Health and Safety Team.

1. The school:

- recognises that asthma is a condition affecting many children;
- welcomes all pupils with asthma to the school community;
- encourages children with asthma to achieve to their full potential
- helps and encourages pupils with asthma to manage their own condition safely and effectively;
- ensures that pupils with asthma have the confidence to ask for support.

The school believes that the Asthma Policy will:

- promote increased attendance, participation and achievement for pupils with asthma;
- enable all pupils to understand, appreciate and encourage the achievements of people with asthma;
- enable all school staff to understand and assist pupils with asthma when necessary and appropriate

2. Training

The school has a regular programme of training and staff consultation which covers all the medical conditions, including asthma, of children in their care. Regular training and updates are given for new staff, trainee teachers and other temporary staff. All staff are made aware of when and where to ask for support in dealing with medical conditions. A comprehensive guide to what to do in the event of an asthma attack has been written to support all staff and is kept in a visible place in each classroom (appendix 1).

3. Using Inhalers and Responsibilities

- The school understands that immediate access to reliever (BLUE) inhalers is vital.
- Children's inhalers are stored safely in the classroom and are available for use on request or when there are specific instructions from the child's doctor to say when the inhaler is needed.
- It is the parent/carer's responsibility to ensure that the child has a labelled inhaler with the issue date and child's name.
- It is the parent/carer's responsibility to ensure that inhalers in daily use by their child are checked termly and renewed when necessary and it is the parent/carer's responsibility to ensure that inhalers are fit for current use.
- Parents/carers must supply the school with a spare inhaler for use if the child's inhaler is lost, runs out or is forgotten. Spare inhalers must also be checked / renewed annually.
- We are formally advised by Asthma UK that reliever inhalers (BLUE) are inherently safe medicines. (Clearly pupils should not be allowed to use each other's inhalers as it is illegal and increases the risk of spreading infection.) Only relievers (BLUE) are allowed to be used in school. Brown inhalers are to be used at home only.
- Trained staff can assist children with inhalers when acting in accordance with this policy. Parents must tell school staff how many doses should be taken in the event of an asthma attack.

- Staff are not required or able to supervise the administration of, or to administer, any other medication associated with asthma.

4. **Medical Information and Responsibilities**

- The school has a system to inform staff of pupils' medical needs and the arrangements in place to meet them. At the beginning of the school year, or when the pupil joins the school, parents/carers have the opportunity to inform staff if their child has asthma
- Parent/carers have the responsibility to inform the school if the medication of their child changes.
- The school will keep sufficient records to facilitate support for the pupil. The school does not undertake to keep definitive records of all asthma incidents.
- All children who have asthma have an action plan in school; recent training outlines that these come from the child's asthma nurse at their GP surgery.

5. **PE/Sport/Off-site activities**

- The school seeks to take all practical steps to encourage and enable pupils with asthma to take part in PE.
- All staff are aware that pupils must use their inhalers when they need to and will give appropriate support to children to take their inhaler before the lesson and/or warm up before exercise.
- When classes take place off-site or away from classrooms, the school will require pupils who need them to have inhalers and make arrangements for the safe transport and storage of inhalers.
- On extended / residential trips the school will require pupils who use inhalers to bring an appropriate supply.
- Risk assessments for school visits must indicate which children need inhalers and that these are taken on the trip.

6. **Triggers for Asthma**

- The school undertakes to do all that it can to ensure the school environment is favourable to children or staff with asthma or other respiratory conditions.

Actions taken include:

- A no smoking policy throughout the school.
- Alternatives will be used to chemicals or art materials which may trigger asthma.
- Where building works may create a dusty environment, remedial action will be taken to prevent asthma attacks.

7. **When a child is falling behind in lessons**

- If a child is absent from school because of asthma, or is tired in class because of disturbed sleep due to the condition, the class teacher will initially talk to the child's parent/carer.
- If appropriate, the class teacher will consult the school nurse and/or special educational needs co-ordinator regarding any action to be taken.
- The school recognises that children with asthma may have special educational needs because of their condition.

8. **Asthma attacks: action to take**

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted

*is going blue

*Has a blue/white tinge around lips

*has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Ensure that tight-fitting clothing is loosened.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

The school follows the above procedure which is appropriately displayed in school (Appendix 1)

9. Emergency procedure/Severe attacks

A severe attack is defined as:

- the inhaler has no effect after five to ten minutes;
- the child is distressed or unable to talk;
- the child is becoming exhausted;
- the child shows signs of rapid deterioration:
- a child is in severe distress, or experiences any loss of consciousness

If there is any doubt at all about the child's condition.....

The procedure is: **CALL AN AMBULANCE!**

Repeat the reliever inhaler every minute until help arrives.

10. Display of Action and Emergency Procedures

The school will prominently display the information given in points 8 and 9 above and in particular the instructions for dealing with a severe asthma attack. The display will be available in the staff room, headteacher's office and school medical room.

11. Minor attacks

- Minor attacks should not interrupt a child's involvement in school. A short rest period may be indicated.
- The child's parent/carer will be told about attacks which are minor but frequent.
- The child's class teacher is expected to have sufficient information to comment on the general nature of the condition and the effect it has on the pupil's educational progress.
- The school will record asthma attacks on CPOMS.

12. Recording of severe attacks

- In the event of a pupil having a severe asthma attack it is the responsibility of the school to inform the parent/carer.
- Severe attacks will be recorded through the school's normal procedure for recording medical incidents and on CPOMS.
- It is the responsibility of the parent/carer to give the school contact telephone numbers in case of a severe attack. These should consist of primary parent/carer workplace and home telephone numbers, plus a further contact number (which could be other parent or relative) in case they are not reachable at workplace or home.

13. Monitoring

The effectiveness of this policy will be monitored in line with the school's monitoring and reviewing of school policy procedures.

This Asthma Policy was formally adopted by Stanningley Primary School in October 2022.

Chair of Governors:



Mrs L Travis - Jones

Headteacher :



Mrs J. Brewer

Next Review : October 2025



IN THE EVENT OF AN ASTHMA ATTACK:

- **Keep calm and reassure the child**
- **Send another adult to fetch the child's Inhaler from the appropriate cupboard in the classroom.**
- **Encourage the child to sit up and slightly forward**
- **Ensure that tight-fitting clothing is loosened.**
- **Use the child's own inhaler – if not available, use the emergency inhaler**
- **Remain with the child while the inhaler and spacer are brought to them**
- **Shake the inhaler and remove the cap**
- **Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth**
- **Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)**
- **If there is no improvement, repeat these steps up to a maximum of 10 puffs**
- **Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.**
- **If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP**
- **If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.**
- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.**

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

ASTHMA ATTACKS: THINGS TO REMEMBER:

- It is **VERY IMPORTANT** that we act quickly in the event of an asthma attack so familiarise yourself with where all Inhalers are located within classrooms; they are kept in the cupboard which has a picture of the Inhaler on it:
- If the spare inhaler is used, this must be replaced – ensure you inform the office staff so they can order another one.