

# **Limehurst Primary School**



## **Asthma Policy**

Last Reviewed: September 2024  
Next Review: September 2025

## Overview

The School recognises that asthma is an important condition affecting many school children. This policy will help pupils with the management of their asthma whilst they are at school. This policy supplements the "Supporting Pupils with Medical Conditions" Policy and the "Health and Safety" policy.

## What is asthma?

Asthma is a condition that affects the airways. When a person with asthma comes into contact with something that irritates their airways the muscles around the airways tighten so that the airways become narrower and the lining of the airways become inflamed and starts to swell, which makes it difficult to breathe, leading to the symptoms of asthma (Asthma UK).

## Intent

1. To ensure that pupils with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities.
2. To recognise that pupils with asthma need immediate access to reliever inhalers at all times.
3. To ensure all pupils have an up to date asthma action plan.
4. To endeavour to make the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma.
5. To ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.
6. Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack and To ensure these staff members have regular asthma training.
7. We 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

## Implementation

1. At the start of every school year or when a child joins the school parents/carers are asked to declare any medical conditions (including asthma) that require care within the school, for the school's records. Parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.
2. All parents/carers of children with asthma are given a medical form to complete and return to school. From this information school keeps its asthma records. All teachers know which children in their class have asthma.
3. Children with more severe asthma will be asked to bring an Asthma Care Plan into school which will have been completed by their medical practitioner and parents to ensure the correct support is provided.
4. All parents/carers of children with asthma are expected to provide an inhaler (usually blue) and a spacer if required, at all times. If a child does not have their inhaler in school, the parents will be contacted immediately and asked to bring the inhaler to school. If possible the child should have an inhaler which can be left in school.
5. The inhaler will be checked for the child's details and expiry date before being accepted as a child's medication.

6. **In Early Years and Key Stage 1** inhalers are kept in a named box in their classrooms.
7. **In Key Stage 2** children have more responsibility for their own inhalers and keep them in their desk whilst they are in their classrooms or on their person for outdoor activities and when moving around the school.
8. Inhalers will accompany the child when taking part in any off site activities, or residential trips. Inhalers will also be taken outside for fire drills, PE lessons (including in the hall), swimming and any other playground activities (excludes playtime).
9. Parents will be informed if an inhaler is used during the day, **above and beyond** the child's normal dosage.
  - i. **In Early Years and Key Stage 1** - the additional use of the inhaler is recorded in school on the class medical form and parents are notified of additional usage upon collection of their child.
  - ii. **In Key Stage 2** - an electronic notification will be sent via the school gateway and will be recorded on the child's file in our management information system.
10. An asthma "flow chart" with detailed guidance will be displayed in the first aid room.
11. Staff will have regular asthma training delivered by school health professionals, this policy will be reviewed annually in conjunction with the training.

## **School Environment**

The school does all it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's triggers will be recorded on their asthma action plan and school will do their best to ensure pupils will not come into contact with their triggers, wherever possible.

## **Exercise and Activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE is supported either by the class teacher or a TA familiar with the group of children.

Pupils with asthma are encouraged to participate fully in all activities. Children with asthma are encouraged to take their inhaler before a lesson. Key Stage 2 pupils carry their own inhalers and spacers with them for PE and swimming. For the younger children staff will have easy access to the inhalers.

## **"Day to Day" Symptoms of Asthma**

Children who have asthma should have an asthma action plan which can be provided by their doctor/nurse. These plans inform us of the "day to day" symptoms of each child's asthma and how to respond to them on an individual basis. These should be updated at the start of every school year when medical information is updated.

The most common symptoms of asthma are;

- A dry cough
- A wheeze (a "Whistle" heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of child's inhaler and rest (e.g. stopping exercise.) As per the Department of Health Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

## **STAFF AWARENESS AND ACTION IN EMERGENCIES**

**All staff need to be able to manage attacks. Staff will do what a “reasonable parent” would do in the circumstances prevailing at the time.**

For mild attacks children should take their usual reliever inhaler, as per instructions, they will be monitored closely and parents will be informed.

For severe attacks the child’s inhaler will be used initially and close monitoring will establish if the child:

- Shows no signs of recovery  
Is distressed or exhausted
- Is unable to talk in sentences
- Has blue lips
- Has a persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Has difficulty breathing (the child could be breathing fast and with effort, using all of the muscles in the upper body).
- Nasal flaring
- Some children will go very quiet
- Many children say that their chest “feels tight”. Younger children may say that they have a tummy ache.
- Or if you have any doubts

If any of the above is evident then the action required is:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child’s inhaler, following the instructions on the asthma care plan.
- Take one puff of the blue inhaler every 30 to 60 seconds up maximum of 10 puffs. Call 999 for an ambulance and state that the child is having an asthma attack requiring immediate attention.
- A second round of blue inhaler for every 30-60 seconds can be given if the ambulance takes more than 15 mins.
- A member of staff will accompany a child taken to hospital by an ambulance and stay with them until the parent or carer arrives.
- Inform parents of the situation and the actions taken
- The incident should be recorded in the main office by the person who dealt with the attack, and the entry should be signed and dated by them.

### **Policy impact**

The implementation of this policy will ensure that the staff are provided with clear guidelines on the storage and use of inhalers, that the children’s medical needs are met effectively and what to do in the event of an asthma emergency.