St Hilda's C.E. Primary School

Asthma Policy

2024

At St Hilda's Church of England Primary School, we nurture children to become respectful British citizens and achieve their potential. Together we unite to discover, value and develop the aspirations of each individual within a trusted, caring community.

Teach me knowledge and good judgement for I trust your commands. Psalms 119:66

St Hilda's C.E. Primary School recognises that Asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with Asthma. St Hilda's C.E. Primary 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 Local Education Authority) and pupils. Supply teachers and new staff are also made aware of the policy. Training is provided through the Pediatric First Aid course that is offered to all permanent staff. Staff who join the school part way through the academic year will receive Asthma training as part of their induction process with the School Business Manager.

Asthma Symptoms

An Asthma attack is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air in and out of the lungs. Characteristics symptoms of Asthma include:

- Cough
- Wheeze
- Shortness of breath
- Chest tightness
- Difficulty speaking in sentences

These symptoms are usually reversible with appropriate medication – reliever inhalers. Only when symptoms fail to be reversed (relieved) does medical attention need to be sought.

Asthma medicines

Types of treatment for Asthma:

Relievers: These inhalers give immediate relief and are called bronchodilators. They open up the narrowed airways quickly. Reliever inhalers are blue in colour. They are the only inhaler children should have in school / nursery.

Preventers: Preventers are a group of medicines that are designed to reduce the inflammation in the airways and prevent Asthma symptoms. **These medicines are taken once or twice a day and there is no need for them to come to school / nursery with the child.**

The best way to take Asthma medicines is to inhale them. There are a variety of devices available. Younger children tend to use a pressurised aerosol inhaler through a spacer device. Some older children use breath activated inhalers. The spacer device is the most effective way of giving the reliever inhaler during an Asthma attack.

- Immediate access to reliever medicines is essential. Pupils with Asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or Asthma nurse and class teacher agree they are mature enough. In the Nursery environment, all reliever inhalers are kept in the classroom in a plastic wallet, attached to the Health and Safety board. Pupils from Reception to Year 6 carry their inhalers with them using a lanyard. Class teachers ensure that a bag/box containing the spacers accompanies them when moving around the school. When leaving the classroom, the member of staff leading the lesson will ensure that children have their inhalers with them. During lunch and breaktimes, a box/bag will be made available for the children to put their spacers in whilst they are on the playground.
- Asthma medications should not be locked up – this can cause delay in administrating them.
- Parents/carers are responsible for providing a reliever inhaler for their child. This must be clearly labelled with the child's name.
- All inhalers and spacers should be prescribed by their General Practitioner / Non-Medical Prescriber and be labelled with the child's name.

- The decision to administer medication by teachers remains voluntary. However, teachers are reminded they have a duty care to the children in their school. Taking no action could be interpreted as a failure of that care.

Record Keeping

• When a child joins the school, parents/carers are asked if their child has any medical conditions including Asthma on their admissions form. This information is then checked and updated annually on Parent Review Day in October.

• The school keeps an Asthma Register, which is available to all school staff. Parents/carers are also asked to update information at the School Office, as and when necessary. Regulation of the School Asthma Register will be carried out by the SENCO – Kate Graham. Any pupils with Asthma who join the school during the academic year, will be placed on the Asthma Register. The office staff will bring them to the attention of SLT/SENCO.

- If a member of staff administers or supervises a child taking their reliever inhaler, a record will be kept and the child's parent/carer informed – see Asthma Record Sheet.
- The class teacher(s) will check the expiry dates on the medication during the last week of every half-term. They will inform parents/carers if a new medication is required and complete the **Medication Monitoring** form in the appendix. On the last day of the Summer term, all medication will be returned to parents/carers.

Exercise and activity, PE, games and break times

• 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 who deliver sports in school are aware of which pupils have Asthma and are on the school's Asthma register. Staff leading PE sessions, including outside agencies, are given this information.

• Pupils with Asthma are encouraged to participate fully in all PE lessons. It is agreed that all inhalers are labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a session, they will be encouraged to do so.

• Those children whose Asthma is triggered by exercise will be encouraged to take their reliever inhaler a few minutes before exercise and to warm up and warm down with sports sessions (Asthma UK 2009)

• Children who have Asthma will be reminded to take their inhalers to any activity which involves physical exertion.

• The same principles as described above are to be followed by staff, for any games and activities involving physical activity.

• Visiting sports coaches are made aware of all children with Asthma and are given a copy of the Asthma Policy.

Excursions and out of school activities

• Children with Asthma will need to take their reliever inhaler on trips. Older children, deemed mature enough by staff, will carry their inhaler with them. Younger children will have their reliever inhaler (and spacer) at hand, held by supervisory staff.

• Residential trips may necessitate the inclusion of a preventer inhaler, supervision of this and a plan of care will be negotiated with the parents and staff, as part of the preparation for the residential excursion.

Pupils with Special Educational Needs

Children with Special Educational Needs who may also have Asthma will have special requirements to ensure that they take their Asthma medication appropriately and that they are appropriately treated in the event of an Asthma attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the statement.

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 and any visits including animals are risk assessed by class teachers. Class Teachers will also discuss with parents/carers of children with severe Asthma whether any additional precautions are required. These will be added onto the Risk Assessment.

Making the school Asthma friendly:

The school ensures that a pupils understand Asthma at an age appropriate level. Asthma can be included in the National Curriculum KS1 and 2 in Science, Design and Technology, Geography, History and PE.

Attendance

- 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 and the parents/carers will liaise to work together to put strategies to minimise the child falling behind. If appropriate, the class teacher will speak to the school nurse and the SENDCO
- The school recognises that it is possible for pupils with Asthma to have Special Educational Needs.

Asthma attacks

- All staff who come into contact with pupils with Asthma know what to do in the event of an Asthma attack.
- Any child with severe Asthma will have a Medical Health Care Plan drawn up by the school nurse, in conjunction with the parents/carers and school (class teacher).
- In the event of an Asthma attack the school follows the procedure outlined by Asthma UK in the School Asthma Pack – 'What to do in an Asthma attack.' See appendix. This procedure is visibly displayed in the staff room, the front offices and in every classroom.

Information for parents/carers

Parents/carers have the responsibility to:

- Inform staff that their child has Asthma;
- Ensure that their child has a reliever inhaler and spacer in school, labelled and that it is within the expiry date;.
- Inform staff of any changes in their child's Asthma or to their medication.

Schools have the responsibility to:

- Ensure parents are aware of how the school will manage a child with Asthma;
- Assess and address the training needs of staff in relation to Asthma;
- Ensure all staff understand Asthma and know what to do in the event of an Asthma attack.

Appendices

Sources of information:

Asthma UK;
www.Asthma.org.uk;
Department of Education and Skills/Department of Health;
Managing Medicines in schools and Early Years setting, March 2005;
www.dh.gov.uk;
Medical Conditions at school: Policy and Asthma, 2007;
www.medicalconditionsatschool.org.uk

Management of an Asthma attack

All staff who supervises children with Asthma should be able to recognise the signs of an Asthma attack and know what to do if a child has an Asthma attack.

What to do

1) Make sure that the child takes 2 puffs of their reliever inhaler **(BLUE)** immediately – (through a spacer where appropriate)
2) Stay calm and reassure the child.
3) Help the child to breathe slowly and deeply – loosen any tight clothing.
4) Encourage the child to sit up and slightly forward – do not hug them or lie them down.

If there is no immediate improvement after 5 to 10 minutes

Ensure the child takes 1 puff of their reliever **(BLUE)** inhaler every minute for 5 minutes or until their cough, wheeze, shortness of breath or chest tightness improves.

Emergency procedure - if no improvement after a further 5 to 10 minutes

This should be implemented if the following occurs:

- The reliever inhaler has had no benefit in relieving the child's cough, wheeze, shortness of breath or chest tightness;
- The child is distressed or too breathless to talk;
- The child is getting exhausted;
- There is any doubt at all about the child's condition.

Action to be taken:

- Dial 999 and request an ambulance – staff should not take children to hospital in their own car as a child's condition can deteriorate very quickly.
- Repeat the reliever **(BLUE)** inhaler giving 1 puff every minute until the ambulance arrives.
- Inform the child's parents.

If at any point you are unsure or concerned about a child's condition and their response to treatment, **DO NOT HESITATE TO DIAL 999**

After minor attacks

Minor attacks should not interrupt a child's involvement in school / Early Years setting. When they feel better the child can return to normal activities. Staff will keep a record each time a child has an Asthma attack and needs their inhaler and inform parents / carer that day.

Important things to remember

- Never leave a child unsupervised while they are having an Asthma attack
- If the child doesn't have their inhaler and / or spacer with them send someone else to get it.
- A member of staff should always accompany a child taken to hospital and stay with them until their parent / carer arrives.
- In an emergency situation staff are required under common law duty of care, to act like any reasonably prudent parent.

Child's Name:_____

Parental agreement

I agree that the information in this plan is accurate at the time of writing and give my consent for school / setting staff to administer my child's inhaler in accordance with the school / setting Asthma guidelines.

I will provide the school / setting with a reliever inhaler within its expiry date and where necessary, a spacer.

Child's name: _____

I will inform the school / setting immediately, in writing of any change in dosage or frequency of the inhaler or if it is stopped.

Parent's signature: _____

Print Name:_____

Date: _____

Head teacher agreement

It is agreed that school staff will administer the child's inhaler in accordance with the agreed Asthma health care plan and in line with the school / setting Asthma guidelines.

Parents will be informed if their child has required their inhaler that day.

Head teacher signature: _____

Print Name: _____

Date: _____

St Hilda's C.E. Primary School: Asthma Record

Date	Name of Child	Time	Name of inhaler	No of puffs given	Signature of staff	Print name	Date & time parent informed

Midday Supervisor – Asthma slip

Child's name: _____

Your child has used his/her inhaler today.

Time	Number of puffs

Medication Monitoring

Name of Pupil: _____

Class and Year Group: _____

School Year: _____

Name of medication	Checked by	Date	Actions taken