

# ST MARY'S CE (A) FIRST SCHOOL POLICY DOCUMENT FOR ASTHMA

## Philosophy

At St Mary's, we ensure that the individual needs of pupils are being met when a child has asthma. We recognise the needs of pupils with asthma and ensure that children with asthma participate as fully as possible in all aspects of school life. It is important that our staff are trained in how to deal with an asthma attack. We recognise that asthma is a widespread, serious, but controllable condition affecting many pupils in school. Through our vision of the Good Samaritan, we ensure we offer the appropriate care to everyone who requires it.

## Aims

To ensure all staff have regular training about asthma and the use of inhalers and have a clear understanding of procedures when a child has an asthma attack.  
To encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by staff, families and pupils.  
To educate all pupils about the condition in order that they are able to support their peers if, and when, necessary.

## Asthma

Asthma is a condition that affects the airways - the small tubes that carry air in and out of the lungs. When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower.

The lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus can be produced. All these reactions cause the airways to become narrower and irritated - leading to the symptoms of asthma.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates their airways (an asthma trigger).

### The usual symptoms of asthma are:

- Coughing,
- Shortness of breath,
- Wheezing,
- Tightness in the chest,
- Being unusually quiet,
- Difficulty speaking in full sentences,
- Sometimes younger children will express a tight feeling in the chest as a tummy ache.

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different and everyone will have different triggers.

Common triggers include: viral infections (colds and flu), house-dust mites, pollen, cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

## Guidelines

### Management of Asthma in school

Early administration of the correct reliever treatment will cause the majority of attacks to be completely resolved. As immediate access is vital to early administration of the inhaler, it should be stored in an easily accessible area in school and in the case of older children in Years 2-4, the reliever inhaler should be carried around with them, where this is appropriate.

All inhalers for children are stored in the classroom in a medication box. For each child with asthma, parents/carers should provide an **asthma plan** along with their child's inhaler with the **dose** to take in the event of an attack. It is also their responsibility to inform school of any changes to their child's treatment. If a child does not carry their own inhaler, a parent/carer should supply the inhaler in its original packaging

with the expiry date clearly labelled. School will take a copy of all children's expiry dates and contact parents when their child's inhaler needs replacing. Inhalers will be sent home at the end of the academic year. School staff may aid a child in administering asthma medications to pupils, although are not required to do so.

### **Emergency inhalers in school**

School keeps an emergency inhaler for use when a child's inhaler is not available or the inhaler they have provided school with has expired. Emergency salbutamol inhalers and spacers for use in emergency are kept along with a register of children who have prescribed inhalers and their parental information in the school office.

### **Asthma Medicines**

At school, most pupils with asthma will only need to take reliever inhaler medicines.

**1) Reliever Inhalers:** Every child with asthma should have a reliever inhaler (usually blue). Relievers are medicines that can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

- Relievers are essential in treating asthma attacks, and are usually blue.
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively.
- Relievers are a very safe and effective medicine and have very few side effects. Sometimes, children do get an increased heart rate and may feel shaky if too much is taken.
- All inhalers have an expiry date. Parents/carers should be responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years. In addition, a named member of staff should be checking the inhalers of every pupil with asthma in school every six months.

**2) Preventer Inhalers:** Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all children with asthma will need a preventer inhaler.

- Preventers are usually prescribed for children who are using their reliever inhaler at least three times a week.
- Preventers reduce the risk of severe attacks and are usually brown.
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child is feeling well.
- At school, children should not normally need to take the preventer inhaler during school hours. If they are needed, they may need to be reminded to take them. This should be written on the School's Asthma Card.

**3) Spacers:** A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other end. Spacers are helped to deliver medicines to the lungs. They make inhalers easier to use and more effective. Spacers are used with aerosol inhalers. At school, spacers may often be needed and used at school. Each pupil, who has been prescribed a spacer by their doctor or asthma nurse, should have their own individually labelled spacer. This should be kept with their inhaler.

### **In the event of an asthma attack:**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- 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.

**In all emergencies, follow the traffic light system:**

**Mild: If the child is:**

- Requiring to use their inhaler (reliever) regularly throughout the day for cough or wheeze, but is not breathing quickly and is able to continue day-to-day activities.

Always inform parents as to how frequently their child has had to use their inhaler during the day, so they can make the decision to discuss with the GP if necessary.

**Moderate: If the child is:**

- Wheezing and breathless and not responding to usual reliever treatment.
- Immediately contact parents to collect the child from school and advise that the child is taken to see the GP that day.
- Advise parents also to contact 111 for 24 hour advice if unable to contact the GP.

**Severe: If the child is:**

- Drowsy or unable to respond
- Frightened or unable to speak in sentences
- Breathless with heaving of the chest Ring 999 You need help immediately.

If the child has a blue inhaler, use it now.

-10 puffs using the spacer until the ambulance arrives.

-1 puff every minute for 10 minutes.

All staff should be clear that when calling for an ambulance in an emergency situation that a Paramedic is requested.

**Implementing the Policy**

The Headteacher is responsible for the policy for asthma in school. The delegated member of staff responsible for implementing the policy in school is the SENCo.

Asthma awareness training is carried out by the School Health Team on an annual basis for all school staff.

A register of all children with asthma is kept electronically by the SENCO and in a secure file on the school system.

Teachers will have a copy of the pupil's Asthma Plans in their class.

A copy of the Asthma Register is also kept in the First Aid Bags so all staff are aware.

All parents and carers receive a school asthma card to complete with their GP or asthma nurse on an annual basis, and a copy of this information is kept in a central file with the SENCo.

Copies of all school asthma cards are kept in each child's class medical file.

Parents and carers are encouraged to keep the school and the School Nursing teams informed of changes in their child's plan.

**Record Keeping**

At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions. If a child has asthma, school will request that parents complete a school asthma card to inform the school of:

- Reliever treatment - Signs and indications - Triggers - Other medication

**School will ask parents/carers to ensure that their child's inhaler is:**

- Correctly labelled
- In good working order
- In-date
- Cleaned at least once per term

Schools will also ask parents to provide a spacer for their child's use in school. This is particularly important if the child is having an asthma attack.

It is the responsibility of the school to keep parents/carers informed of any differences in their child's condition and treatment and to record this for future reference.

Staff will complete a record when a child uses their inhaler. This can then alert parents to any changes in their child's use of the salbutamol inhaler. Parents will also be informed if their child has had to use the emergency salbutamol inhaler.

A list of expiry dates for all inhalers is kept in a central file by the SENCo. The asthma register is updated by the SENCo on a termly basis and when new children are diagnosed.

### **Exercise and Activity**

Taking part in games, sports and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and this information will be shared with other members of staff who may be teaching or supporting teaching in the classroom.

- Pupils with asthma are encouraged to participate fully in all PE lessons.
- Staff, who are delivering the PE lesson, will need to remind pupils, whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and cool down after the lesson.
- All inhalers need to be taken to the hall or the playground in the medical box for each class for potential use in a PE lesson. If a pupil needs to use his/her inhaler during a lesson, they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

### **Visits, Outings or School Trips**

When pupils are taken out on school trips or on residential visits, it is the responsibility of school staff to ensure that inhalers are taken along for each pupil with asthma. A mobile phone should always be available for any emergency situations. St Mary's CE(A) First School will do all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any animals and has a no-smoking policy. The school works conscientiously to ensure that it does not use any chemicals in products that are potential triggers for pupils with asthma.

### **Monitoring**

Senior Management and Governor's Health and Safety Committee.

All Staff.

Annual update of personal information/ or sooner if necessary.

Latest Asthma Training for all staff: February 2025

**Agreed & Reviewed: April 2024**

**Reviewed: April 2025**

**Next review: April 2026**