



# **KING'S OAK PRIMARY SCHOOL**

## **ASTHMA POLICY**

**July 2021**

**Policy prepared/reviewed by: Catherine Giles**

**Policy reviewed and approved by: Governing Body**

**Date of approval: 1<sup>st</sup> September 2021**

**Date of next review: July 2022**

**This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment**

# **King's Oak Primary School Asthma Policy**

## **Background**

Our school recognises that asthma is a widespread, serious but controllable condition affecting many pupils. We positively welcome all pupils with asthma and encourage pupils with asthma to succeed in all aspects of school life by having a clear policy that is understood by staff (including adults working in school), pupils and the Governing Body. Supply teachers and new staff are made aware of the policy. This policy should be read in conjunction with the Supporting Pupils With Medical Needs Policy and Children With Health Needs Policy.

## **Record keeping**

When a child joins our school, their parents/carers are required to complete an Admission Form and medical needs that are indicated on this by parents/carers will prompt a separate meeting to discuss a Individual Healthcare Plan. Each year, all parents/carers are asked to update the details we hold about their child via the Data Collection Form.

Parents/carers of children with asthma will be given an Asthma Plan (see Appendix B and 'Policies' Drive for interactive version) to take to their child's asthma nurse or doctor so that this can be completed and returned to school. We ask that this is completed on an annual basis and when dosage or medication changes.

All medical needs are disseminated to school staff on a need to know basis.

## **Asthma medicines**

Medication to treat the symptoms of asthma comes in the form of inhalers. Some children will have 'a preventer inhaler' (brown); these are children who have moderate to severe asthma. This type of inhaler is used daily to try to reduce the number of asthma attacks. All children will have a 'reliever inhaler' (blue). Reliever inhalers work by relaxing the muscles surrounding the airways, therefore, making breathing easier. Reliever inhalers are essential for treating children who have asthma during an attack.

Immediate access to reliever medicines is essential; pupils with asthma in KS2 are encouraged to carry their inhaler and in KS1, an adult is in charge of these. All inhalers are labelled with the child's name and kept in the classrooms unless carried by the pupil. School staff are not required to administer asthma medicines to pupils except in an emergency; however, staff at our school are willing to support children as necessary. School staff who agree to administer medicines are insured by the Local Authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

## **Exercise and activity – PE and games**

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. Pupils with asthma are encouraged to participate fully in all PE lessons and/or out of school activities. If a pupil needs to use his/her inhaler during a lesson

he/she will be encouraged to do so. Teachers follow the same principles as described above for other games and activities involving physical activity.

### **Out-of-School activities, trips and outings**

We will consider asthma triggers when planning out-of-school activities and will ensure there is a member of staff trained in First Aid in attendance. Pupils who do not have their inhaler will be prevented from attending if parents/carers cannot be contacted.

### **School environment**

Our school does all that it can to ensure the school environment is favourable to pupils with asthma. We have a definitive No-Smoking Policy. As far as possible, we do not use chemicals in lessons which are potential triggers for pupils with asthma.

### **If a pupil falls behind in lessons**

If a pupil is missing a lot of time at school or is always tired because asthma is disturbing his/her 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 Educational Needs and Disabilities Coordinator about the pupil's needs. Our 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. In the event of an asthma attack, our school follows the procedure outlined in Appendix A.

### **Responsibilities**

Governors will:

- seek to ensure the health and safety of all staff and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips;
- ensure that an appropriate Asthma Policy is in place;
- make sure the Asthma Policy is effectively monitored and regularly updated;
- provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

The Headteacher will:

- plan an individually tailored School Asthma Policy with the help of school staff, school nurses, local education authority advice and the support of the Governing Body;
- plan the School's Asthma Policy in line with devolved national guidance;
- ensure good communication of the policy to everyone;
- ensure every aspect of the policy is maintained;
- assess the training and development needs of staff and arrange for them to be met;

School staff will:

- follow the School Asthma Policy;

- know which pupils with whom they come into contact, have asthma;
- know what to do in the event of an asthma attack;
- allow pupils with asthma immediate access to their reliever inhaler;
- tell parents/carers if their child has had an asthma attack;
- tell parents/carers if their child is using more reliever inhaler than they usually would;
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom;
- liaise with parents/carers, the school nurse and medical needs coordinator/SENDCo.
- Inform parents/carers if their child has had an asthma attack at school which did not result in needing to call 999 so that they can make an urgent same-day appointment with the child's GP or asthma nurse.

#### PE:

- Staff 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. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled;
- Staff ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed;
- If pupils have asthma symptoms while exercising, staff allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes);
- Staff remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler immediately before warming up;
- Staff ensure pupils with asthma always warm up and down thoroughly.

#### Pupils will:

- treat other pupils with and without asthma equally;
- let any pupil having an asthma attack take his/her reliever inhaler (usually blue) and ensure a member of staff is called;
- tell their parents/carers, teacher or support staff when they are not feeling well;
- treat asthma medicines with respect;
- know how to gain access to their medicine in an emergency;
- know how to take their own asthma medicines.

#### Parents/carers will:

- ensure school has the correct labelled and in-date inhaler;
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name;
- inform school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports;
- inform school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

## Appendix A

### Procedure for treatment to be given during an asthma attack

- Never leave a pupil having an asthma attack;
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent;

### Signs that a child is having an asthma attack:

- Their reliever inhaler (usually blue) isn't helping or they need it more than every four hours, or
- They cannot talk or walk easily, or
- They are finding it hard to breathe, or
- They are coughing or wheezing a lot, or
- Their chest is tight or hurts (young children may express this as tummy pain)
- They appear exhausted
- They have a blue/white tinge around their lips

### What to do:

- Call for help
- Help them to sit up – don't let them lie down. Try to be calm
- Help them take a puff of their reliever inhaler (usually blue), with their spacer, if they have it every 30 to 60 seconds up to a total of 10 puffs
- If they don't have their blue inhaler, it's not helping or if you are worried at any time, call 999 straightaway. The emergency inhaler can be used under 999 direction.
- Ask someone to call the parents
- While you wait for an ambulance, your child can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- If the child goes to A&E, remember to take their written asthma plan with you – either as a photo on your phone or a paper copy.

If you don't need to call 999 because the child's asthma symptoms improved after they used their blue inhaler, parents/carers need to be informed to make an urgent same-day appointment with the child's GP or asthma nurse.







# My Asthma Plan

## 1 My usual asthma medicines

- My preventer inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_  
  
I take \_\_\_\_\_ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



## 2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than \_\_\_\_\_, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

### If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



**URGENT!** "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see section 3)"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

### Other things to do if my asthma is getting worse

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## 3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than \_\_\_\_\_

### If I have an asthma attack, I will:



**Call for help**



**Sit up** — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



**If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.**



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

**Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.**