



# Marriott Primary

Achieving Together

## ASTHMA POLICY

<b>Approved</b>	<b>7<sup>th</sup> December 2021</b>
<b>Signed</b> <b>(Chair of Governors)</b>	<b><i>Steve Wilson</i></b>
<b>Reviewed (Due: Dec 2023)</b>	
<b>Signed</b> <b>(Chair of Governors)</b>	

## **The Principles of our school Asthma Policy**

### The School

- recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital and ensures that spare inhalers are accessible at all times, in school and out of school
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all first aiders who come into contact with children with asthma know what to do in the event of an asthma attack
- Ensures parents are informed if their child is having problems breathing or has had an asthma attack.
- Will 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

This policy has been written with advice from the Department for Education and Employment, National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils

1. This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
2. This school encourages children 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. All staff who come into contact with children with asthma are provided with training on asthma regularly, from the appropriate training providers.

## **Medication and Storage**

Immediate access to reliever is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. All classrooms have an easily accessible medical cabinet where inhalers are located.

### **All school staff will let children take their own medication when they need to.**

All inhalers must be labelled with the child's name by the parent. All school staff are expected to follow the correct procedure when a child is suspected of having breathing difficulties potentially leading to an asthma attack. First Aiders are insured by the local education authority when acting in accordance with this policy.

## **Procedure**

See Appendix D

## **Record Keeping**

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma on the school's medical data form and complete the letter at Appendix A giving permission for emergency inhaler to be used if required. If medication changes in between times, parents are asked to inform the school.

The school holds inhalers for each child and they are checked monthly by the lead first aider for expiry dates and fullness of content.

## **PE**

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. A spare inhaler and spacer will be available at all times in the office in the event that an inhaler fails to work or is empty. If there is no teaching assistant available to collect the spare inhaler and spacer, two children should be sent with the red triangle from the inhaler box to the office to collect the spare inhaler and spacer. Office staff must call a first aider to attend the child. The Office Manager is responsible for recording any use of the emergency inhaler used from the office on the asthma form, see Appendix C and parents must be informed by phone and letter, See Appendix B.

## **Daily Mile**

Children with asthma are encouraged to participate fully in the daily mile. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each

child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. A spare inhaler and spacer will be available at all times in the office in the event that an inhaler fails to work or is empty. If there is no teaching assistant available to collect the spare inhaler and spacer, two children should be sent with the red triangle from the inhaler box to the office to collect the spare inhaler and spacer. Office staff must call a first aider to attend the child. The Office Manager is responsible for recording any use of the emergency inhaler used from the office on the asthma form, see Appendix C and parents must be informed by phone and letter, See Appendix B.

### **Swimming**

Children with asthma are encouraged to participate fully in Swimming Lessons. Teachers will remind children to take their reliever inhaler before the lesson if required. Each child's inhaler will be labelled and kept in a box at the site of the pool. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. A spare inhaler and spacer must be signed for and collected from the office and taken as part of the first aid kit taken to the swimming pool. If the spare inhaler and spacer are used, this must be recorded on the asthma form located in the first aid kit, see Appendix C. The inhaler, spacer and form must be returned to the Office Manager and parents must be informed by phone and letter, See Appendix B.

### **School Trips**

The teacher and first aider on the trip will ensure that inhalers are taken for all children with asthma participating on the trip. A spare inhaler and spacer must be signed for and collected from the office and taken as part of the first aid kit for the trip. If the spare inhaler and spacer are used, this must be recorded on the asthma form located in the first aid kit, see Appendix C. The inhaler, spacer and form must be returned to the Office Manager and parents must be informed by phone and letter, See Appendix B.

### **Lunchtimes**

Each play zone will have a spare inhaler and spacer which will be stored in the nominated first aid bum-bags which will be kept in the staff room in the marked locker. If the spare inhaler and spacer are used, this must be recorded on the asthma form located in the bum-bag, see Appendix C. The form must be returned to the Office Manager and parents must be informed by phone and letter, See Appendix B.

### **Making the School Asthma Friendly**

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children can be accessed from the following website [www.asthma.org.uk](http://www.asthma.org.uk).

### **The School Environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep feathery pets and has a non-smoking policy. The school has a therapy dog and all parents have been asked to inform school if their child has an allergy to dogs.

As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

### **When a Child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the special educational needs coordinator or school nurse about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

### **Responding to asthma symptoms and an asthma attack**

#### **Common 'day to day' symptoms of asthma are:**

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention. When they feel better they can return to school activities.

The child's parents must be told about any persistent asthma symptoms by the class teacher or teaching assistant covering the class (phone call home).

### **Asthma Attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the procedure shown at Appendix A, which is clearly displayed in all classrooms.

#### **Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying any of the above signs of an asthma attack, the guidance below on responding to an asthma attack must be followed.

**CALL AN AMBULANCE AND THE PARENTS IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Is unable to complete sentences
- Doesn't respond to the reliever after five to ten minutes
- Gives you any doubts at all about their condition
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed
- Stops breathing

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate

**Appendix A**

NOTIFICATION OF ASTHMA AND USE OF INHALER IN SCHOOL  
CONSENT FORM:  
USE OF EMERGENCY SALBUTAMOL INHALER  
**Marriott Primary School, Broughton Road, Leicester, LE2 6NE**

I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.

My child has a working, in-date inhaler, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.

I will inform the school of any medical changes and obtain replacement inhalers when required.

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Parent's Name  
(print).....

Signed:..... Date: .....

Child's name: .....

Class: .....

Parent's address and contact details:  
.....  
.....  
.....

Telephone: .....

E-mail: .....

## Appendix B

# LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

.....

### **Use of Inhaler (Tick as appropriate)**

- A member of staff helped them to use their asthma inhaler.
- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs. .

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Mrs V Power  
Office Manager





## **HOW TO RECOGNISE AN ASTHMA ATTACK**

### **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)

### **CALL AN AMBULANCE AND PARENTS IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- Is unable to complete sentences
- Doesn't respond to the reliever after five to ten minutes
- Gives you any doubts at all about their condition
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed
- Stops breathing

# WHAT TO DO 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 inhaler
- Immediately help the child to take two puffs of salbutamol via the inhaler and spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, for 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- There is no maximum to the number of puffs that can be given, continue with the puffs in the same way until the ambulance arrives.