

SS Peter & Paul Catholic Primary School



Policy on Asthma

Policy Written & Agreed: Ratified by Full Governing Body: To be reviewed:

September 2022

September 2023



SS Peter & Paul Whole School Policy on Asthma

This asthma policy:-

- reflects the consensus of opinion of the whole staff;
- was discussed, written and agreed by the whole staff;
- has been approved by the Governing body.

The implementation and ownership of this policy is the responsibility of the whole staff.

The overall accountability and effectiveness of the policy will be the responsibility of the Head Teacher and Senior Leadership Team.

At SS Peter & Paul Catholic Primary School we take a professional approach to health care. We believe that asthma should not prevent or hinder any child in school from participating in any part of their education and will do everything in our power to ensure this.

As a Catholic school we regard every individual as unique and special in God's family. This asthma policy is designed to support every member of our school, taking into account their unique and special nature as part of God's family.

At SS Peter & Paul School we:

- Welcome all pupils with Asthma and recognise their needs.
- Will encourage and support children who have asthma to participate fully in all aspects of school life.
- Recognises that pupils need to have immediate access to their reliever inhaler.
- Expect and encourage parents/carers to share appropriate information to the school regarding their child's asthma.

1.0 Admission to school

All parents/carers will be asked to complete an admission form giving full details of their child's asthma including the triggers, regular medication, emergency contact numbers, family GP and any relevant hospital details.

If there is a need to administer asthma medication on a regular basis to children who are registered with school as being asthmatic, parents/carers will be asked to complete to a consent form in the event of them requiring the use of their medication or the schools 'emergency inhaler'.

Every child with an asthma diagnosis must have an in date blue reliever inhaler and a spacer device if normally used available in school and clearly labelled with the child's name.

Details of children with Asthma will be held on a central Asthma Register within school.

2.0 Storage and disposal of medication

All inhaler devices need to be clearly labelled with the child's name.

In Reception/Key stage 1 and Key Stage 2 these will be kept in the classrooms under the supervision of the class teacher.

In Key Stage 2 - pupils at this age are encouraged to become self-managing by the end of Year 6 by carrying their own inhaler and using it when needed.

Most children will not need to use their blue inhaler on a daily basis therefore if the child has experienced symptoms or an attack and has needed to use their inhaler parents and carers will be informed.

Parents/Carers are asked to check the reliever inhalers on a termly basis to ensure they are in date and full working order.

Any medication that is found to be out of date will be returned to parents for them to dispose of responsibly. Spacers for inhalers are to be sent home to Parents/Carers at the end of every half term so that they can be washed following manufacturer's instructions and returned when school recommences.

3.0 Access to all

Pupils with asthma are encouraged to participate in all aspects of school life; PE lessons, residential trips, school visits and after school clubs.

Inhalers will be carried with the teacher when activities are off school site.

Where exercise is a trigger, those pupils will be encouraged to use their inhalers before exercising.

Relievers must be taken to the hall/playground/ wherever exercise is taking place.

If a pupil is missing a lot of time from school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers. If appropriate, the teacher will then talk to the school nurse and SENCo about the pupil's needs.

Staff are responsible carrying out checks, ensuring protocol is followed.

4.0 Use of Emergency Medication and Inhalers in school

From the 1st October the Human Medicine (amendment) (No 2) regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. This will be kept centrally in the **Staff Room**. The *Emergency Inhaler* will be kept in the First Aid cupboard.

The emergency Salbutamol inhaler should only be used by children, for whom written parental consent for use of the *emergency inhaler* has been given, who have either been diagnosed with asthma and prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Parents/carers of children who are registered with school as being asthmatic will be asked to complete a consent form in the event of them requiring the use of the 'emergency inhaler'.

There will be two named volunteers who will have responsibility for ensuring that on a monthly basis the 'emergency inhaler' and spacer are present and in working order and the inhaler has sufficient number of doses available. Replacement inhalers should be obtained when expiry dates approach. The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use or that replacements are available if necessary.

5.0 Training

All staff will access asthma awareness training annually and receive regular updates so that they recognise how to deal with a child having an asthma attack.

In the event of an asthma attack the school follows a clear 'Schools Asthma Attack Flow Chart' procedure visibly displayed in the staffroom, hall, ICT suite and in every classroom throughout school.

6.0 Access and Review of Policy

The Asthma Policy will be accessible to all staff and the whole school community through school's website and prospectus. Hard copies can be obtained through the school office. This policy will be reviewed on a yearly cycle.

This policy has been written in line with the Department of Health guidance on the use of emergency salbutamol inhalers in school.

'Guidance on the use of Emergency Salbutamol Inhalers in School – September 2014'

At SS Peter & Paul Catholic Primary School, Staff and Governors are committed to the safety and welfare of all pupils and will ensure that, through the robust implementation of all safeguarding policies, that all pupils are protected from any potential exposure to extremism and radicalisation.

We will ensure that all our pupils, especially those with SEND, will be fully supported academically and socially to ensure that no pupil is at risk of bullying or any other form of discrimination.

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Asthma Information Form

1. Does your child have Asthma? YES	(Proceed to section 2)
NO	(You do not need to fill in this form!)
2. Personal Information	
Child's Name	
Date of Birth	
Home Address	
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Parent(s)/Carer(s)	
Name(s)	
Home Phone No. Work Phone No.	
Mobile Phone No.	
Doctor's Name	
Doctor's Phone No.	
Doctor 31 Hone No.	
3. Medical Information	
Does your child tell you when she/he	
needs their asthma medicine?	
Does your child need help taking her/his	
asthma medicine?	
What things make your child's asthma worse?	
Does your child need their medicine	
before exercise/playtime?	
If so, how much?	
Does your child need an inhaler in school?	
Does your child need any other type of	
asthma medicine whilst in the school's	
care? If so, how much and how often?	
What signs and symptoms can indicate	
that your child is having an attack?	
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4. Instruction/Declaration	
For wheezing, coughing, shortness of breath or sudden tightness in the chest, please allow my child to take	
the asthma medicine specified above. I give permission to use the schools 'emergency inhaler' if required.	
After treatment and when they feel better they can return to normal activity.	
Signed	Date

Schools Asthma Attack Flow Chart

Mild Asthma Attack

- Increase in coughing
- Slight wheeze
- May complain of tight chest
- No difficulty in speaking
- Not distressed



- Help the child to take their reliever inhaler (usually blue) preferably through a spacer device
- Give two to four puffs, (one puff every minute) shaking the inhaler in between puffs

Encourage the child to:

- Breathe slowly
- Sit upright or lean forward
- Loosen tight clothing



Are the symptoms resolving?

Is the reliever inhaler lasting at least 4 hours?



- Stay with the child until the attack has completely resolved
- Inform parents/carers

Reliever inhaler is not lasting 4 hours or you are worried at any time:

Contact parents/carers immediately, child needs same day medical review. Monitor child closely and be prepared for emergency action

Severe Asthma Attack

Symptoms are not resolving **OR** the child is:

- Distressed/gasping/struggling to breathe/unable to complete a sentence
- Fatigued/unusually quiet
- Pale, sweaty or clammy
- Blue/white tinge around the lips
- Showing reduced level of consciousness



Dial 999 for an ambulance

- Continue to give reliever inhaler, shake between puffs
- One puff every minute for up to ten puffs



- This should be repeated until the child's condition improves or the ambulance crew arrives
- Contact parents/carers

Medical Needs in Schools & Early Years Service Children & Families Division Birmingham Community Healthcare NHS Trust Review January 2022

NO