



Carter's Charity Primary School

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Asthma Policy

1. Rationale

- a. At Carter's Charity Primary School we adhere to the following principles:
 - i. we welcome all pupils, including those who may suffer from asthma, recognising that asthma is a condition affecting many school children;
 - ii. we will encourage and help children with asthma to participate fully in all aspects of school life;
 - iii. we will be sensitive to the feelings of some asthma sufferers, who feel awkward about their condition and about taking medication;
 - iv. we recognise that immediate access to reliever inhalers is vital;
 - v. we will do all we can to make sure that the school environment is favourable to children with asthma
 - vi. we encourage all staff, but especially our trained First Aiders, to have a clear understanding of what to do in the event of a child having an asthma attack;
 - vii. we aim to work in partnership with parents, governors, health professionals, school staff and children to ensure the successful implementation of this Policy

2. Procedures and Protocols

- a. We will keep a register of all children with asthma, which is accessible to all school staff and supply staff, and which is updated regularly.
- b. In line with the Human Medicines (Amendment) (No.2) Regulations 2014, we now provide two emergency Salbutamol inhalers and spacers in school for use in cases of asthma attacks for those children diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- c. Parents have provided written consent for these to be used. This inhaler can be used if the pupil's prescribed inhaler is not available(for example, because it is broken, or empty)
- d. Arrangements for the supply, storage, care and disposal of these inhalers and spacers has been made by the SENCO. The emergency inhalers will be kept on a shelf next to the two First Aid Cabinets.
- e. A register of children in school that have been diagnosed with asthma or prescribed a reliever inhaler is kept in the school office. A copy of this register is kept with the emergency inhalers.
- f. Appropriate support and training for staff in the use of emergency inhalers will be given by a trained professional.
- g. A record will be kept of use of the emergency inhaler as required by Supporting Pupils and parents will be informed that their child has used the emergency inhaler.
- h. The SENCO will be responsible for ensuring the necessary protocol is followed.

3. What is asthma?

- a. We understand asthma to be a condition that causes the airways in the lungs to narrow, making it difficult to breathe. Sudden narrowing produces an attack.
- b. Asthma sufferers have almost continuously inflamed airways and are therefore particularly sensitive to a variety of triggers or irritants. These include:
 - i. viral infections (especially colds);
 - ii. allergies (e.g. grass pollen, furry or feathery animals);
 - iii. exercise;
 - iv. cold weather, strong winds or sudden changes in temperature;
 - v. excitement or prolonged laughing;
 - vi. numerous fumes e.g. from glue, paint, tobacco smoke.
- c. We are aware that psychological stress may sometimes make symptoms worse.

4. How are children affected?

- a. We are aware that children with asthma may have episodes of breathlessness and coughing during which wheezing or whistling noises can be heard coming from the chest. They feel a "tightness" inside their chest, which can be frightening and may cause them great difficulty in breathing. We understand that different children have different levels of asthma and, therefore, may react differently.

5. Precautions to help prevention of asthma attacks in school

- a. We believe in the principle of "prevention rather than cure". So, in school:
 - i. we operate a no-smoking policy (this includes the prohibition of the use of all types of e-cigs);
 - ii. we think carefully before allowing furry pets into classrooms. Our Pet Therapy dog, Honey, a Cockerpoo (hypoallergenic), visits school regularly. Parents are advised to contact school if their child's asthma may be affected by a classroom visit by Honey.
 - iii. we have warm-up sessions at the beginning of PE and Games lessons
 - iv. we are aware of the dangers of glues, spirit pens etc. and of the need for correct use and ventilation

6. Treatment for asthma in school

- a. We understand that treatment takes two forms: relievers and preventers - the former taken when needed and the latter taken regularly as prevention. We are also aware that relievers need to be taken promptly.
- b. We expect that all children needing reliever inhalers will have one on school premises. These are kept in a labelled container in the classroom stock cupboard or in a lidded box on the teacher's desk. These containers are then convenient for trips or lessons held outside. All inhalers must be clearly labelled with the child's full name and date of birth.
- c. We also undertake to inform parents/guardians if we believe a child is having problems taking their medication correctly. We will also discuss with parents/guardians if we feel that there are signs of poorly controlled asthma.
- d. If a child has to use their inhaler as a reliever/emergency we will notify families using our messaging system or in extreme cases via phonecall.

7. Parent/Guardian responsibilities

- a. It is the responsibility of the parent(s) to :
 - i. complete all the necessary documentation giving all information to school for the correct administration of asthma medication
 - ii. inform us if a child suffers from or develops asthma;
 - iii. ensure that the child is provided with appropriate medication and correct dosage, to notify us of this medication and the appropriate action for its use;
 - iv. ensure that there is sufficient medication in the inhaler(s) and that they are not being used beyond their shelf life;
 - v. notify us of any change in medication or condition;
 - vi. inform us if sleepless nights have occurred because of asthma;
 - vii. take inhalers/spacers/nebulisers home regularly for cleaning and checking, especially inhalers that use powder capsules, for example Ventolin Rotahaler.
 - viii. take all inhalers home at the end of each term.

8. Procedure in the event of an asthma attack in school

- a. We expect that older children will be aware of what to do in the event of a threatened attack. However, we adhere to the following guidelines with all children:
 - i. we will endeavour to remove the child from the source of the problem, if known;
 - ii. we will ensure that the child's reliever medicine is taken promptly and a second dose taken if necessary;
 - iii. we stay calm, reassure the child and listen carefully to what the child is saying;
 - iv. it may be comforting to hold the child's hand but we try not to put an arm round their shoulders as this is restrictive;
 - v. we help the child to breathe by encouraging slow and deep breaths;
 - vi. we encourage others around to carry on with their normal activities;
 - vii. we encourage the child to sit upright and lean slightly forward - hands on knees sometimes helps; we do not allow the child to lie down;
 - viii. we loosen tight clothing, offer a drink of water and open windows or doors to give a supply of fresh air;
 - ix. we encourage a return to gentle activity when the child is recovered.
- b. We will call for an ambulance if:
 - i. the reliever has no effect after five to ten minutes;
 - ii. the child is either distressed, unable to talk or very pale;
 - iii. the child is getting exhausted;
 - iv. the condition is deteriorating;
 - v. we have any doubts at all about the child's condition.
- c. At this point we will also notify the parent or guardian. We will repeat doses of reliever as needed while awaiting help, being aware of the possibility of overdosing.

9. Asthma and Sport in school

- a. Full participation in all sport for all asthma sufferers is our aim, unless the pupil is a very severe sufferer and we are notified as such by the parents/guardians.
- b. We bear the following in mind when planning sports lessons, with asthma sufferers in mind:
 - i. if a child has exercise induced asthma, they may take a dose of medication before exercise;
 - ii. inhalers need to be speedily available when the child is out of the school building;

- iii. any child complaining of being too wheezy to continue in sport, will be allowed to take reliever medication and to rest until they feel better;
- iv. we aim to ensure a warm-up period before full exercise;
- v. we realise that we can help to identify undiagnosed asthma by spotting children who cough or wheeze a lot after exercising;
- vi. we realise that long spells of exercise are more likely to induce asthma than short bursts and that exercise with arms or legs alone is less likely to trigger an attack than exercise using both.

10. Some implications of implementing our Policy

- a. We are aware that, if medication is to be readily available in classrooms, there is always the possibility of another child, perhaps a non-sufferer, taking a dose. Since the medication simply dilates the airways, we understand this would not be harmful, though we would discourage the practice. We have put in place measures to securely store inhalers in boxes in the Walk In cupboards in Reception, Year 1 and Year 2.
- b. Medication for Key Stage 2 children is kept in a labelled bag in a lidded box on the teacher's desk. If self-administering, the child must inform their class teacher or TA if they have used their inhaler and a letter will be sent home to parents informing them of this matter that day.

Policy renewed

September 2022