



## *The Catholic Schools of The Waveney Valley*

# Asthma Policy

Policy Status: Statutory Reviewed By: Local Governing Body  
This Policy was agreed in: March 2024 It will be reviewed in: March 2025

**Our Mission Statement** We see Christ in everyone

As we journey together, teaching and learning.

We believe every day matters,

As we challenge ourselves to be all that we can be.

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# 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 IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

## 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 own inhaler – if not available, use the emergency inhaler
- Ring 999 if you do not have parental permission to administer the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 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

## 1. Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. And encourages pupils 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. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with information and guidance and first aid team members receive training on asthma.

## 2. Asthma Medicines

Immediate access to reliever medicines is essential.

Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse agree they are mature enough.

- The reliever inhalers of pupil's are stored by their teacher in their classroom.
- All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however named staff (first aiders) at this school are able to do this.
- School staff who agree to administer medicines are insured through the SJB CMAT when acting in agreement with this policy.
- All school staff will let pupils take their own medicines when they need to.

## 3. 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 including asthma on their enrolment form.

- All parents/carers of children with asthma are consequently sent a medical consent form
- If a child has severe and/or complex medical needs, Parents/carers are asked to complete and return to the School Office an Individual Health Care Plan (see medical needs policy).
- Using the above information, the school maintains a register of medical needs, which includes details of pupils diagnosed with asthma, and is available to all school staff.
- The forms are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the form for a new one if their child's medicines, or how much they take, changes during the year.

## 4. 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 and all PE teachers at the school are aware of which pupils have asthma from the school's medical needs register.

- Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson.
- It is agreed with PE staff that, where necessary, each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their 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.

## **5. Out-of-hours sport**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

PE teachers, classroom teachers and out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. All staff and sports coaches are provided with appropriate advice and guidance.

## **6. School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma.

- The school does not keep furry or feathery animals and has a definitive no-smoking policy.
- As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.
- Pupils with asthma are encouraged to leave the room and go to the School Office, if particular fumes trigger their asthma.

## **7. Making the School Asthma-Friendly**

The school ensures that all pupils understand asthma through information displayed on posters around school.

## **8. When a Pupil is Falling Behind in Lessons**

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their 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 Head of Year and/or special education needs coordinator about the pupil's needs.

- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

## 9. 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 the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*. This procedure is visibly displayed in the staffroom and every classroom (see appendix 3).

## 10. Spare Emergency Kit Inhalers

- Spare inhalers with spacers are kept in the School Office in case a child or member of staff requires an inhaler, but does not have theirs with them.
- Emergency Inhalers should be clearly labelled to avoid confusion with a child's inhaler.
- A Spare inhaler is to be taken on activities that take place off site as part of the First Aid kit.
- Mrs Hunter is responsible for checking on a monthly basis that the emergency inhalers and spacers are present and in working order. She will ensure that replacement inhalers are obtained when the expiry dates approach.
- A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

## 11. Associated Policies and Other Documentation

- [Videos on how to administer an inhaler](#)
- [Supporting Pupils at School with Medical Conditions](#)
- [Guidance on the use of emergency salbutamol inhalers in schools](#)
- [Asthma awareness in schools guidance \(Asthma UK\)](#)
- <https://www.supportingchildrenshealth.org/asthma-module/>
- [SJB CMAT Health and Safety Policy](#)
- [SJB CMAT Learning Beyond the Classroom Policy](#)

## **Appendix 1 – Accompanying letter**

Dear Parent/Carer

Re: Medicine Consent Form

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from the Department for Education, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this policy, we are asking all parents and carers of children with asthma to help us by completing a school medicine consent form for their child. Please complete and return to the School Office.

The completed form will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The form will help school staff to better understand your child's individual condition. Please ensure the school is kept informed about changes to your child's medication, including how much they take and when.

If you would like to discuss further please don't hesitate to contact me on 01986 892502 or via email [office.stedmunds@cpswv.org](mailto:office.stedmunds@cpswv.org)

I look forward to receiving your child's completed form.

Thank you for your help.

Yours sincerely

Veronica Short  
Headteacher  
St Edmund's RC Primary

**Appendix 2**

## Parental Consent Form for Administration of Medicine (including for Asthma)

This form must be completed **in full** and **signed**. Any medication to be administered **must have been administered previously by the parent** to minimise the risk of adverse or allergic reaction to any new medication. All medication must be stored in its original container and be clearly labelled with the child's name. Please refer to the Medical Needs Policy for more information.

Name of Child:	
Date of Birth:	Class:
Medical Condition / Illness and triggers:	
Symptoms:	
Name of Medicine (as described on container):	
Is the medicine prescribed? <b>Yes / No</b>	Is the medicine to be self-administered? <b>Yes / No</b>
Will the pupil keep the medicine with them? <b>Yes / No</b>	Is it taken before exercise? <b>Yes / No</b>
Dosage and method:	
Timing(s):	
Duration of course:	
Special Precautions:	
Are there any side effects that you know of?	
Procedures to take in an emergency:	

### EMERGENCY CONTACT

Name:	
Telephone Number(s):	
Relationship to Child:	
SIGNATURE:	
PRINT NAME:	




DATE:								
<b>Where is medication stored</b> (Office Use only) Medicine Cupboard		Fridge		With pupil		School Office		

### Appendix 3 – How to deal with asthma poster to be displayed in classrooms


## What to do if a child is having an asthma attack

- 1** Help them sit up straight and keep calm.
- 2** Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3** Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - they don't feel better after 10 puffs
  - you're worried at any time.
- 4** You can repeat step 2 if the ambulance is taking longer than 15 minutes.



(Use a spacer if you have one)

**IMPORTANT!** This asthma attack information is not designed for children using a SMART or MART regime. If they do not have a reliever inhaler, call an ambulance. Then speak to their GP or asthma nurse to get the correct asthma attack information for the future.



**Any asthma questions?**  
Call our friendly helpline nurses  
**0300 222 5800**