



Asthma Policy

Last Update: January 2019
Version: 2.0

Document Control

Changes History

Version	Date	Amended by	Recipients	Purpose
1.0	January 2019	Amelia Harding HT	All school staff	Full policy review

Approvals

This policy requires the following approvals:

Governors	HT	Date Approved	Version	Date for Review
✓		5.2.19	2.0	Jan 2021

National/Local Policy

This policy is local to Our Lady of the Angels Catholic Primary School.

Position with the Unions

Does the policy require consultation with the National Unions under the recognition agreement?

Yes/**No**

Distribution

This document has been distributed to:

Position	Date	Version
All OLOTA staff & school website		

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1. Introduction

1.1 Our Lady of the Angels Catholic Primary School recognises that asthma is a widespread, serious but controllable condition affecting many children.

1.2 This school is an inclusive community that aims to support and welcome children with asthma.

1.3 We encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, pupils and their carers.

1.4 Supply teachers and new staff are also made aware of the policy.

2. Record keeping

2.1 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 Medical Needs Form.

2.2 All medical needs are disseminated to school staff.

3. Asthma medicines

3.1 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.

3.2 All parents are required to sign an Emergency Relief Inhaler permission form on behalf of their child if the use of inhalers may be required in school.

3.3 Immediate access to reliever medicines is essential and 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.

3.4 School staff are not required to administer asthma medicines to pupils except in an emergency; at which point the adult will be asked if he/she is happy to administer such medicine. School staff who agree to administer medicines are

insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own asthma medicines when they need to.

4. Exercise and activity

4.1 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 School are aware of which pupils have asthma from the School's Medical Needs Register.

4.2 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.

4.3 Classroom teachers follow the same principles as described above for other games and activities involving physical activity.

5. Off-site activities

5.1 The group leader will consider asthma triggers when planning out-of-school activities and these will be detailed on the trip risk assessment.

5.2 The group leader is responsible for ensuring that children bring the correct inhaler, which must be labelled. Failure to do so may result in pupils not being allowed to attend, if parents/carers cannot be contacted.

6. School environment

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

7. When a pupil is falling behind in lessons

7.1 If a pupil is missing a lot of time at school or is always tired because his/her 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 school nurse and Special Educational Needs and Disabilities Coordinator about the child's needs.

8. Asthma attacks

8.1 In the event of an asthma attack School follows the procedure outlined in Appendix A.

9. Responsibilities

9.1 Governors will:

- seek to ensure the health and safety of all staff and pupils taking part in school activities;
- 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.

9.2 The Headteacher will:

- plan and arrange the implementation of the School Asthma Policy in line with 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.

9.3 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;
- provide pupils with immediate access to their reliever inhaler;
- 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 as necessary.

9.4 PE teachers will:

- seek to 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;
- 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, 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);

- remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler immediately before warming up;
- ensure pupils with asthma always warm up and down thoroughly.

9.5 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 PE teacher 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.

9.6 Parents/carers will:

- ensure school has the correct labelled and in-date inhaler in School;
- 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

Common signs of an asthma attack:

- coughing;
- shortness of breath;
- wheezing;
- feeling tight in the chest;
- being unusually quiet;
- difficulty speaking in full sentences.

What to do

- keep calm and reassure the child;
- encourage the child or young person to sit up and lean slightly forward – do not hug or lay down;
- make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately (preferably through a spacer);
- ensure tight clothing is loosened;

If there is no immediate improvement:

Continue to make sure the child or young person takes two puffs of reliever inhaler every two minutes until the symptoms improve.

Call 999 and the parent/carer urgently if:

- the child or young person's symptoms do not improve in 5–10 minutes;
- the child or young person is too breathless or exhausted to talk;
- the child or young person's lips are blue;

Important things to remember in an asthma attack:

- Never leave a pupil having an asthma attack.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent;
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Contact the pupil's parents/carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- Another adult should always accompany anyone driving a pupil having an asthma attack to hospital.