

# Marus Bridge Primary School



## ASTHMA POLICY

**REVIEWED & ADOPTED AT THE MEETING  
OF  
THE LOCAL GOVERNING BODY  
HELD ON 6<sup>th</sup> MARCH 2019**

Signature of Chair:

Headteacher:

This policy will be reviewed every three years.

## **Background**

This School recognises that asthma is a widespread, serious but controllable condition affecting many pupils. The School positively welcomes all pupils with asthma.

Our School 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, the Governing Body and pupils. Supply teachers and new staff are also made aware of the policy.

## **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 Medical Needs Form. When received, this information is stored on the School Database System (SIMS). The Pastoral Manager completes an Asthma Register and parents are asked to complete an individual 'My Asthma Plan' (attach Practice Nurse Support Plan whenever possible). A copy of the original 'My Asthma' Plan will be returned to parent/carers at the beginning of the school year to see if there are any changes. The Pastoral Manager keeps a copy and a copy is issued to relevant teachers who display them in the classroom.

## **Asthma medicines**

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 experience an asthma attack.

Immediate access to reliever medicines is essential. All inhalers are labelled with the child's name.

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. All school staff will let pupils take their own medicines when they need to, this encourages independence.

## **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 School are aware of which pupils have asthma.

Children with asthma will be encouraged to take their blue inhaler prior to physical activity, if exercise is a known trigger.

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

### **Out-of-School activities, trips and outings**

The School will consider asthma triggers when planning out-of-school activities and will ensure there is a member of staff trained in First Aid in attendance. Parents must ensure they provide school with the correct inhaler, which must be labelled. Failure to do so may result in pupils not being allowed to attend.

### **School environment**

The School does all that it can to ensure the school environment is favourable to pupils with asthma. The School has a No-Smoking Policy.

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

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 SENCO about the pupil's needs. School recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **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 School follows the procedure outlined in Appendix A.

### **Governors will:**

- Seek to ensure the health and safety of all staff and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips;
- ensure that an appropriate Asthma Policy is in place;
- make sure the Asthma Policy is effectively monitored and regularly updated;

**The Headteacher will:**

- plan an individually tailored School Asthma Policy with the help of school staff, school nurses, local education authority advice and the support of the Governing Body;
- plan the School's Asthma Policy in line with devolved 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;

**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;
- 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 SENCO.

**PE teachers will:**

- 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 (playtime/daily mile), to use their reliever inhaler immediately before warming up. Weather, especially cold, wet conditions are often a trigger.
- ensure pupils with asthma always warm up and down thoroughly.

**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.

**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;
- 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 (through a spacer);
- ensure tight clothing is loosened;
- reassure the child.

#### **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. Upto 10 puffs, unless directed otherwise by emergency services. (NB 10 puffs will make the child feel dizzy and shakes will occur).

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;
- you are in doubt.

#### **Important things to remember in an asthma attack:**

- Never leave a pupil having an asthma attack;
- 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.

- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- 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.