



# Dovecot Primary School

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Reviewed by	<i>Staff</i>
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*Learning together, growing together*

# Asthma Policy

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## Asthma Policy

### **What is Asthma?**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register overseen by an asthma lead practitioner
- up-to-date asthma policy
- all pupils have immediate access to their reliever inhaler at all times
- all pupils have an up-to-date asthma action plan
- an emergency asthma pack
- ensure all staff have regular asthma training
- promote asthma awareness to pupils, parents and staff

### **Record keeping**

At the beginning of each school year or when a child joins the school, parents are asked if their child has any medical conditions including asthma on their data collection form

All parents of children with asthma are consequently sent an Asthma UK school asthma card to give to their child's doctor or nurse to complete. Parents are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. School asthma cards are then sent to parents of children with asthma on an annual basis to update. Parents are also asked to update or exchange the card for a new one if their child's medicines or how much they take, changes during the year

When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan
- their reliever (salbutamol/terbutaline) inhaler and spacer in school
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost

## **Asthma Lead**

Dovecot Primary School has an asthma lead. It is the responsibility of the asthma lead to:

- manage the asthma register
- update the asthma policy
- manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015)
- ensure measures are in place so that children have immediate access to their inhalers.

## **Medication and inhalers**

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parents or carer.

Some children may have a number of other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken regularly for maximum benefit.

Children **should not** bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.

## **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma.

As a school, we recognise that having to attend hospital can cause stress for a family and interrupt children's educational activities. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions (Source: Asthma UK).

## **Staff Training**

- Staff will have annual asthma awareness training from school health. Staff are responsible for reading and understand the school asthma policy and know which pupils they come into contact with have asthma. Staff are responsible in making sure they know what to do in an asthma attack by following procedure in place.

## **The school environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals
- Exercise, Laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK)

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible

The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE

## **Exercise and Activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers, including outside PE coaches, know which children in their class have asthma and all teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons and physical activities. 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. Pupil's inhaler should be labelled and kept at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

It is important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE (Source: Asthma UK).

## **When Asthma is affecting a Pupil's Education**

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on the pupils' lives, and they are . **However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of 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. This procedure is visibly displayed in every classroom and around the school environment.

The school follows the following procedure:

- Ensure that the reliever inhaler is taken immediately
- Stay calm and reassure the child
- Help the child to breathe by ensuring tight clothing is loosened
- If the child is in extreme distress, call an ambulance.

### **Emergency procedure/Severe attacks**

A severe attack is defined as:

- The inhaler has no effect after five to ten minutes;
- The child is distressed or unable to talk;
- The child is becoming exhausted;
- The child shows signs of rapid deterioration;
- There is any doubt at all about the child's condition;

**call an ambulance!**

Repeat the reliever inhaler every few minutes until help arrives.

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

- Cannot speak /short sentences
- Symptoms getting worse quickly
- Appears exhausted
- Has a blue/white tinge around lips
- Has collapsed

