

Date: September 2023
Review: September 2025

Primrose Hill School Asthma Policy



INTRODUCTION

Euxton Primrose Hill Primary School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school will have the disease.

Asthma sufferers should not be isolated by their disease; therefore, asthma awareness should involve ALL members of the school community.

We will generally try to allow pupils to be independent users of their inhalers, but will provide assistance to any child who is not able to administer the medication.

EXPLANATION OF DISEASE

People with asthma have sensitive air passages, which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.

Narrowing of air passages produces ONE or ALL of the following:

- Coughing
- Breathlessness
- Wheezing
- Tight chest

Sudden, severe narrowing of air passages may result in an **asthma attack**.

IDENTIFICATION OF PUPILS AFFECTED

- All parents of pupils on roll must notify the school of current treatment details.
- Treatment details should be accessible at all times.
- Parents should update the school if their child's asthma or medication changes.

TREATMENT

A **reliever (BLUE) inhaler** should be given:

- If requested by the pupil.
- If the pupil is coughing, wheezing, or breathless.

If this is effective, the pupil can return to normal classroom activity.

PREVENTION

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment. Therefore, appropriate steps should be taken.

Trigger factors include:-

- Coughs and colds.
- Furry animals.
- Cold weather.
- Chemical paints – sprays and vapours.
- Grass pollens and spores.

- Extremes of emotion and exercise.

TREATING WORSENING SYMPTOMS OF ASTHMA

A reliever (BLUE) inhaler should be given:-

- (a) If requested by the pupil.
- (b) If the pupil is coughing, wheezing or breathless.

If this is effective, the pupil can return to normal classroom activity.

STORAGE OF INHALERS

- All inhalers for pupils will be stored in a box in the child's classroom (usually on a shelf inside the storage cupboard). Pupils with an inhaler will also have their photographs on display in the classroom.
- Any pupil on a school trip must take their inhaler, which will be in the possession of the class teacher or group leader.
- The school office will have an emergency inhaler. The school bursar will ensure it is always in date, log its usage, and notify parents if a pupil uses it.
- Spacers should be used where possible, particularly in emergencies. If a child has a spacer, parents should ensure it is labelled and in good condition.

RESPONSIBILITIES

School Staff are not required to administer Asthma medicines (except in an emergency)

All school staff have a responsibility to:

- Understand the school asthma policy.
- Know which pupils have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents if their child has had an asthma attack.
- Inform parents if their child is using their reliever inhaler more frequently.
- Ensure pupils have their inhalers on school trips.
- Support children who need help taking their medication.

Pupils have a responsibility to:-

- Know how to access their inhaler in an emergency.
- Take responsibility for using their inhaler when needed.

Parents/Carers have a responsibility to:

- Inform the school if their child has asthma.
- Ensure the school has a complete and up-to-date asthma care plan.
- Provide details of medication needed in school and on trips.
- Inform the school of any changes in their child's asthma or medication.

- Ensure their child's inhaler and any required spacer are labelled and in date.
- Keep their child at home if they are not well enough to attend school.
- Ensure their child has regular asthma reviews with their doctor or asthma nurse.

PREVENTION MEDICINE

A child can take their blue inhaler as they wish as required. However, pupils and staff need to recognise when a mild 'feeling' or prevention becomes an asthma attack.

PHYSICAL EDUCATION AND SPORTS

- Pupils with asthma must always have access to their inhalers during PE and sports activities.
- Staff will encourage pupils to use their inhaler before exercise if needed.
- Warm-up and cool-down exercises should be encouraged to help prevent asthma symptoms.

SCHOOL TRIPS AND RESIDENTIALS

- Pupils with asthma must bring their inhalers on trips.
- Teachers will carry a list of pupils with asthma and their medication.
- Staff leading residential trips will be given extra training in asthma management.

ASTHMA ATTACK

The main symptoms of an asthma attack requiring medication would be when a pupil coughs continually, wheezes or is short of breath.

What to do in an asthma attack

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

Sit up straight - don't lie down. Try to keep calm.

Take one puff of your reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs. Using the inhaler with a spacer device may be easier when the pupil is having an attack.

If they feel worse at any point while you're using the inhaler or they don't feel better after 10 puffs or you're worried at any time, call 999 for an ambulance.

There is also advice to take the inhaler twice every 2 minutes - the main point is- **up to 10 in 5 minutes - if no improvement call an ambulance immediately**

If the ambulance is taking longer than 15 minutes you can repeat step 2.

Remember

Stay calm – it is treatable.

Sit the pupil comfortably – do not let the pupil lie down.

Do not crowd the pupil.

Do not put your arms around the pupil's shoulders – this restricts breathing.

Speak quietly and calmly to the pupil – encourage slow deep breaths.

AN EMERGENCY SITUATION IS RECOGNISABLE WHEN:

BLUE inhaler does not work.

The pupil has difficulty speaking and can only say two or three words before taking a breath.

The pupil is breathing quickly.

Pupil can look pale – lips can turn blue.

PLAN OF ACTION

Dial 999 – telephone for an ambulance.

Do inform the Paramedic how much inhaler has been used.

Do contact the parents/carers and advise of them of current situation

Points to note:

- Euxton Primrose Hill will keep the inhalers ready for use in class.
- The school will keep a school emergency inhaler in school (for example if the inhalers are out of date or cannot be found).
- The pupil needs the inhaler which is nearest to them in an emergency.
- Breakfast Club/ After School Club - use the nearest/ most convenient inhaler.
- Dinner / Break Times - it may be necessary for the inhaler to be taken to the pupil - for example, if a pupil is having an attack on the grass - the pupil must not be sent for their inhaler. The pupil is already distressed and further exercise / contact with triggers (pollen / cold air) could make the situation worse.
- Other pupils will need to access the nearest inhaler or locate the school emergency inhaler.
- Spacers should be used wherever possible.

POLICY REVIEW

School encourages discussion and reflection from staff, parents and pupils and this policy will subsequently be reviewed at the end of each academic year, or at the pupil's Annual Review, if he/she holds an Educational Health Care Plan.

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Signed:

Headteacher

