



The Coppice Primary School Asthma Policy

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Approved by Trustees	March 2021
Date for Review	March 2023



The Coppice Primary School Asthma Policy

Rationale

The school:-

- ❖ Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma*
- ❖ Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities*
- ❖ Recognises that pupils with asthma need immediate access to reliever inhalers at all times*
- ❖ Keeps a record of all pupils with asthma and the medicines they take
- ❖ Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma*
- ❖ Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack*
- ❖ Understand that pupils with asthma may experience bullying and has procedures in place to prevent this
- ❖ Will work in partnership with all parents/cares, school staff and pupils to ensure the policy is planned, implemented and maintained successfully.

Inclusion (regarding children with asthma)

Overwhelmingly, this policy focuses on ensuring that children with asthma are properly catered for so that they can have the same opportunities as children in school without asthma. The sections of this policy pertinent to inclusion have an asterisk next to them.

Asthma medicines

Immediate access to reliever medicines is essential. Children with asthma are encouraged to administer their own medication, when their parents and health

specialists think they are able to start taking responsibility for their condition. The reliever inhalers of younger children are kept in the classroom.

Parents/carers are asked to ensure that the school is provided with a labelled reliever (blue) inhaler. 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 many of the staff at this school are happy to do this.

School staff who agree to administer medicines are insured when acting in agreement with this 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 enrolment form.

The parents/carers are responsible for:

- ❖ Informing staff, either upon enrolment or on initial diagnosis, that their child has asthma.
- ❖ Keeping school updated with relevant information regarding the pupil's asthma by providing up to date Asthma Care Plans.
- ❖ Notifying staff of any changes.
- ❖ Providing adequate medication that's labelled with the child's name and the expiry date has been checked.

Emergency Inhaler

In the event of an emergency, when a child's inhaler is unavailable, school does have an emergency inhaler as advised by the school nurse.

P.E. / Sporting Activities

Taking part in sports, games and activities is an essential part of school life for all pupils. Teachers know which children in their class have asthma and 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 and will be supported if they need their inhaler during P.E. Staff will ensure that they have all children's inhalers and care plans with them for any sporting activities off school premises.

Out of Hours

For all trips and other class visits off-site the class teacher or TA will ensure that they have all children's inhalers and asthma care plans with them at all times. Risk assessments are carried out on all trips taking into consideration the children with asthma care plans.

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, as far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. If a child's asthma has been triggered, the child will be removed from the immediate setting, accompanied by an adult and medication administered accordingly, following the necessary procedures.

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 special education needs coordinator about the pupil's needs. It may be necessary to have your child's asthma plan reviewed.

Storage of Inhalers at school

- All inhalers are kept clearly labelled with a copy of the child's asthma care plan in a plastic container, in the class room.
- All inhalers are sent home with children at the end of the school year. Inhalers are not kept in school over the summer holidays.
- It is the parent's responsibility that on the first day of the academic year new and in date inhalers are sent into school.
- Parents are asked to collect out of date inhalers from the school office.
- If out of date inhalers are left in school at the end of the school year they will be taken to the local pharmacy for safe disposal.

Asthma Attacks

Signs of an asthma attack include:

- A persistent cough (when at rest).
- A wheezing sound coming from the chest (when at rest).
- Being unusually quiet.
- The child may complain of shortness of breath, the chest feeling tight (younger children may get a feeling of having a tummy ache).
- Difficulty in breathing (fast and deep respiration).
- Nasal flaring.
- Being unable to complete sentences.
- Appearing exhausted.

- A blue/white tinge around the lips.
- Going blue.

Emergency Procedure Responding to signs of a severe asthma attack:

- Keep calm and reassure the child.
- Get the child to sit up and slightly forward.
- Use the child’s own inhaler (or the designated school spare inhaler, as required)
- Remain with child while the child and spacer is brought to the child.
- Help the child take 2 puffs of the reliever inhaler immediately.
- If there is no improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs, or until the symptoms improve. The inhaler must be shaken between puffs.
 - 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 any better or you are concerned at any time before they have had 10 puffs. CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive within 10 minutes give another 10 puffs in the same way.
- Call the child’s parents after the ambulance has been called.
- A member of staff should always accompany a child being taken to hospital by ambulance and stay with them until a parent arrives.

A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child’s condition may deteriorate quickly.

Access and Review of Policy

The Asthma Policy will be accessible to all staff and the community through school’s website. Hard copies can be obtained through the school office. This policy will be reviewed on a two yearly cycle.

Data Protection Statement

The procedures and practice created by this policy have been reviewed in the light of our GDPR Data Protection Policy.

All data will be handled in accordance with the school’s GDPR Data Protection Policy.

Name of policy	Content	Reason for policy	Who does it relate to?	Where is it stored?
	Procedures, administration	To ensure a consistent and	Adults linked to a child with	

Asthma	and responsibilities linked to Asthma	effective approach to supporting children with asthma in school.	asthma as well as affected children themselves	P-Drive (Full Trustees policies section)
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As such, our assessment is that this policy:

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
	✓	

