



Stukeley  
Federation

## **Asthma Policy**

**in support of**

**William Stukeley CE Primary School**

**and**

**Deeping St. Nicholas Primary School**

**Policy reviewed: November 2023**

**Policy to be reviewed: November 2024**

## **ASTHMA POLICY and GUIDANCE**

### **A POSITIVE APPROACH**

The Stukeley Federation welcomes pupils with asthma in their schools. Children will be encouraged to take a full part in all activities of the school.

### **ASTHMA EDUCATION**

The schools have a responsibility to advise all staff, teaching and non-teaching staff, on practical asthma management.

### **PARENTS / CARERS**

The schools will ask all parents/carers whether their son/daughter has asthma (or is ever wheezy). A record of all pupils with asthma will be maintained. Details of treatment will be obtained from parents, together with clear guidance on correct usage. These details will be kept together with contact information. Parents / carers must keep the school updated about any changes to their child's asthma.

### **ACCESS TO INHALERS**

If the pupil uses a reliever inhaler, they will need to have one reliever inhaler to keep at home and must have an additional reliever inhaler (and spacer if necessary) to be kept at school. This inhaler must be in the original box, in date and labelled clearly showing the child's name. Parents / carers to keep a note of the expiry date so the inhaler can be changed when needed.

Common reliever inhalers are Ventolin, Bricanyl and Salbutamol. Reliever inhalers are of particular importance.

If the pupil uses a preventative inhaler and this has to be taken during the school day, the pupil will also need two preventer inhalers (e.g. Intal, Becotide, Pumicort) one for use at home and one for use at school.

**At school, children using inhalers will know where the inhalers are kept** the inhalers will be kept within the classroom or designated classroom storage space, not under lock and key, by the teacher. If appropriate, older pupils may keep asthma relievers on their person (in-line with our Administering Medicine Policy).

## **IT IS ESSENTIAL THAT THE PUPIL HAS IMMEDIATE ACCESS TO THEIR RELIEVER INHALER AT ALL TIMES.**

Staff will ensure that each pupil has easy access to their reliever inhaler at all times; in the classroom, on the sports field, at the swimming pool, at break and lunchtimes and on school trips.

If a child uses their inhaler in school, details will be recorded on the Asthma section within the Accident Reporting Booklet. A copy of the report will be sent home to inform parents / carers.

## **PHYSICAL EDUCATION**

The aim of total normal activity should be the goal for all but the most severely affected pupil with asthma. However, nearly all young people with asthma can become wheezy during exercise.

During PE, teachers should be aware that a number of pupils with asthma will need to take a dose of their reliever inhaler and / or preventer inhaler before exercise. This helps to prevent exercise-induced asthma. If the pupil does become wheezy or breathless, a further dose of the reliever inhaler should be taken. Pupils who are normally active should not be forced to participate in games if they say they are too wheezy to continue.

### **The teacher must ensure that the reliever inhaler is available for all outside activities or at the swimming pool.**

A pupil who is noted to be over-reliant on their reliever inhaler has poorly-controlled asthma and needs to consult their doctor (non-urgently).

This follows the recommendations of the National Asthma Campaign.

## **HOW TO RECOGNISE AN ASTHMA ATTACK**

- \* Persistent cough (when at rest)
- \* A wheezing sound coming from the chest (when at rest)
- \* Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- \* Nasal flaring
- \* Unable to talk or complete sentences. Some children will go very quiet.
- \* May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

## **ASTHMA ATTACK - WHAT TO DO**

If an asthmatic pupil shows any of the above symptoms:

1. Keep calm and reassure the child.
2. Help the pupil to sit down in the position they find most comfortable and stay calm. Do not make them lie down.
3. Remain with the child while the inhaler (and spacer) are brought to them. Let the pupil take his/her usual reliever treatment - normally a blue inhaler.

*If the pupil's inhaler is unavailable or unusable, we have a school emergency inhaler.*

*\* Check asthma register that permission has been given by parent/carer to use.*

*\* If no consent given / first attack / asthma not known, call 999 and get permission to use school emergency inhaler and follow ambulance controller instruction.*

*\*Call the parents if necessary.*

4. Stay calm and reassure the child. If the symptoms disappear, the pupil can go back to what they were doing.
5. If the symptoms have improved, but not completely disappeared, call the parents and give another dose of inhaler while waiting for them.
6. If there is no immediate improvement, continue to give two puffs at a time, every two minutes, up to a maximum of 10 puffs and see how to deal with a Severe Asthma Attack.

## **WHAT IS A SEVERE ASTHMA ATTACK?**

**Any** of these signs mean severe:

\* Their reliever inhaler (usually blue) isn't helping.

\* If the child does not feel better, or you are worried at ANYTIME before you have reached 10 puffs, call 999 and ask for an ambulance.

\* Symptoms get worse while using their inhaler.

\* The child appears exhausted, has a blue/white tinge around lips, is going blue call 999 for an ambulance.

## **HOW TO DEAL WITH A SEVERE ATTACK**

1. Call 999 for an ambulance and follow ambulance controller instructions.
2. Inform the Executive Head Teacher, if unavailable inform the Assistant Head.
3. Get someone to inform the parents.
4. If the pupil has an emergency supply of oral steroids (prednisolone, prednesol) give them the stated dose **now**.
5. If an ambulance does not arrive in 10 minutes, give another 10 puffs in the same way.

This advice conforms with that given by the National Asthma Campaign.

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The school has two inhaler kits to be used **only** in the case of an emergency. If a child uses the school emergency inhaler, details will be recorded on the Asthma section within the Accident Reporting Booklet. A copy of the report will be sent home to inform parents / carers. Two staff members (volunteers) must be responsible for ensuring the inhaler protocol is followed.

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The emergency inhaler kit includes:

- A salbutamol metered dose inhaler;
  - A single-use plastic spacer compatible with the inhaler;
  - Instructions on using the inhaler and spacer/plastic chamber;
  - Instructions on cleaning and storing the inhaler;
  - Manufacturer's information;
  - A record of monthly checks including the batch number and expiry date;
  - A record of administration (i.e. when the inhaler has been used).
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Dear Parent/Carer

### Asthma and Wheezy Conditions

Our school has an Asthma Policy for use by all staff. We take our responsibilities for the health and safety of all pupils very seriously. Our Asthma Policy is available for you to read, if you so wish. If your child has asthma or is wheezy in cold weather, we ask that you complete the details below.

#### We need this information to enable us to help your child.

If your child has asthma, a **spare inhaler MUST remain in school**; the doctor will prescribe a second inhaler to keep in school. **It is important that we have an inhaler for your child in school in case of emergency.** Please ensure that the inhaler is in date and replace when necessary; the inhaler must also be in the original box and labelled clearly showing your child's name.

Yours sincerely

Mrs C Underwood  
Acting Executive Head Teacher

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**Child's name:** .....

[ ] has **asthma** and requires:

\* Regular treatment in school time: YES / NO

If YES please state treatment required: .....

.....  
[ ] is sometimes **wheezy** in cold weather and requires the following relief treatment:

.....  
[ ] a spare reliever inhaler (and spacer if necessary) will be provided to keep in school (please hand to your child's teacher).

Signed: ..... Parent/Carer

Print Name: ..... Date: .....

CONSENT FORM  
USE OF EMERGENCY SALBUTAMOL INHALER

**Child showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma\* / has been prescribed an inhaler\* [\*delete as appropriate].
  
2. My child has a working, in-date inhaler, clearly labelled with their name, in school.
  
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler.

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

Email : .....

Signed: .....

Name (print)..... (parent / carer)

Date: .....

## **Parental consent for KS2 child to personally use asthma inhaler**

**Name of child**

**Year group**

**Class**

**Name of asthma medication**

**Dosage and frequency (as per prescriber's instructions)**

**Emergency Procedures**

**Emergency contact telephone number**

Signed

Print name

Date

(Parent/Carer)

Signed

Print name

Date

(Executive Head Teacher/SLT)