



ST PETER'S CATHOLIC PRIMARY SCHOOL

Asthma Policy and Guidelines

MISSION STATEMENT

St Peter's Catholic School is at the heart of a Christ-centred community where every person's uniqueness is celebrated with joy and truly valued.

We foster caring, supportive relationships based on mutual respect and love.

We embrace the different communities to which we all belong – home, school and parish, as well as our local, national and global families.

When we welcome the child, we welcome the family.

We strive for excellence in all we do; to be the best that we can be.

Introduction

School recognises that asthma is a widespread, serious but controllable condition affecting many children in our school.

This policy is aimed at an audience of parents and staff, seeking to:

- offer practical advice about the problems which asthmatic children face in school
- make clear the importance for the school to be well prepared to assist in the management and control of asthma in children
- Underline parental obligations in letting the school know if a child has asthma and the relative seriousness of their child's case

A Positive Approach

This school:

- welcomes all pupils with asthma
- will help children with asthma to participate fully in all aspects of school life
- recognises that immediate access to inhalers is essential
- will do all it can to make sure that the school environment is favourable to children with asthma
- has a clear understanding of what to do in the event of an asthma attack
- will ensure that staff are made aware of this Asthma Policy
- Make the policy available to parents via the school website and on request.
- will offer training as appropriate

Record Keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked to complete a medical form on their enrolment.

From this information the school keeps its asthma register, which is available to all school staff. Parents/carers are asked to inform school if their child's medicines change or the dosage/frequency changes during the year. Should a child no longer require medication, parents will be required to sign a declaration confirming that school no longer need to record their child on the asthma register. As a courtesy, school will contact parents if their child's asthma medicine expires. This information is recorded on school's asthma register.

Asthma medicines

We recognise that access to reliever medication is essential. With this in mind, reliever inhalers are kept in a medical box in each classroom. Asthma medication is taken by the adult in charge when children are leaving the classroom for a significant period of time, or when they leave the school site.

Parents/carers are asked to ensure that the school is provided with a labelled reliever inhaler (and spacer where necessary). All inhalers must be labelled by the parent/carer with the child's name and class.

The school will request an additional inhaler to hold one centrally for when the pupil attends an afterschool club. Reply slips for children to participate in after school activities and residential visits will have a space for parents to record whether or not their child has asthma. School staff are not obliged to administer asthma medicines to pupils but all school staff will let pupils take their own asthma medicines when they need to. School staff who agree to administer medicines are insured by the Local Authority when acting in agreement with this policy. Parents/carers are responsible for ensuring that children always have an inhaler with them in school for out of hours events (e.g. discos).

The Asthma Attack

The following guidelines will be used if a known asthmatic pupil becomes breathless, wheezy or coughs continually.

1 Keep calm. The attack is treatable.

2 Pupil to sit in a position they find comfortable. Lying down is not necessary.

3 Allow pupil to take their usual reliever, giving help if necessary. The reliever inhaler can be repeated up to 10 times, every 30-60 seconds if no improvement.

4 If there is no relief of symptoms after second dose ring parents.

5 If parent cannot be contacted, and the attack is severe, ie. (relief inhaler has no effect at all/ symptoms worsen/ child does not feel better after 10 puffs) then call an ambulance to take the pupil to the nearest hospital, (accident and emergency department). Inform parents.

6 Step 3 can be repeated if the ambulance has not arrived after 15 minutes.

In the case of a suspected first attack for the pupil, the pupil should be kept calm, an ambulance should be called and parents informed.

PE, games, after school clubs, PTFA events

Taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that all adults teaching PE are aware of which children have asthma. Pupils with asthma are encouraged to participate fully in all PE lessons whether inside or outdoors.

The person responsible for school clubs off site will take the centrally held reliever inhalers with them and return them to the office staff the next day.

Sports coaches from outside are responsible for ensuring that they are able to deal with an asthma crisis. If they are unhappy to take responsibility for this, they must inform the headteacher.

School will identify which children have problems with asthma when liaising with providers of after-school clubs; therefore all outside providers will have permission slips and the register highlighting the children with asthma.

Residential stays/school visits

Risk assessments are carried out prior to any visits. Where there is the potential of children coming into contact with animals (e.g. farm visits) parents/carers will be made aware of this in the "visit" letter. They should contact school if any extra precautions need to be taken or, indeed, if they would prefer their child not to take part in the visit.

The school environment

The school has a non-smoking policy throughout the building and grounds both within and outside normal school hours.

The school does not keep live furry or feathery animals, and as far as possible does not use chemicals in science or art lessons that are potential triggers for pupils with asthma.

Emergency Inhaler held centrally in school

From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can only be used if the pupils' inhaler is not available (for example, because it is empty or broken.)

Emergency procedures:

- one salbutamol inhaler and two spacers, which are all clearly labelled (stored in school office and nursery unit if applicable)
- Register of Parental Consent (kept in Medical and Asthma file)
- Asthma Emergency slip – to go home (form kept in Asthma Emergency Bag – red file)
- School Emergency inhaler usage logbook (back of Medicines Administered) – Staff must record usage

Emergency bag and logbook are kept in School Office and in (Nursery Unit -if applicable)

Conclusion and Summary

Asthma is a very common illness in children and it is important that it is recognised and that it receives optimum treatment. Modern medical practice is designed to allow a normal quality of life which means taking part in all normal school activities.

Because of the make up of the school day staff can become aware of possible asthma symptoms which may otherwise go unrecognised. Should this arise we will undertake to inform parents/carers in order that they may seek professional advice.

This policy should be read in conjunction with the Managing Medicines in School Policy.

**Katherine Ryan
September 2024**

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