



## DINGLE COMMUNITY PRIMARY SCHOOL

### ASTHMA POLICY

The school aims to promote equality in all aspects of school life and with regard to all matters embraced by this policy will comply with the provisions of the **Equality Act 2010** and the **Special Educational Needs and Disability Act 2014**.

Date adopted:	14 <sup>th</sup> September 2023
Date reviewed:	17 <sup>th</sup> October 2024
	11 <sup>th</sup> February 2025
	20 <sup>th</sup> January 2026
Next review due:	Spring 2027
Reviewed by:	Governing Body
Signed:	 (Headteacher)
Signed:	 (Chair of Governing Board)
Date:	20 <sup>th</sup> January 2026

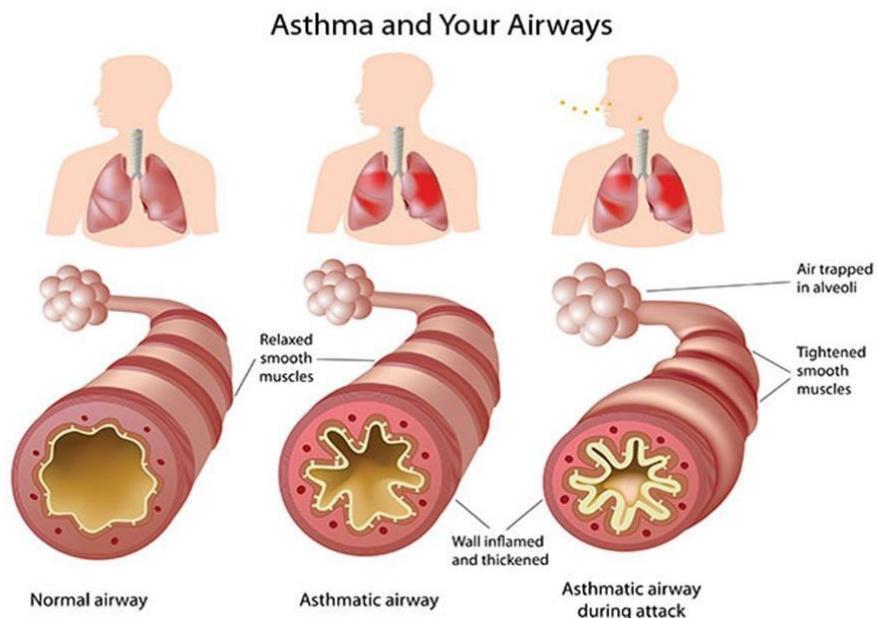
## **Safeguarding**

Dingle Community Primary School fully recognises the contribution it can make to protect children and support pupils in school and beyond. We are fully committed to safeguarding our pupils through prevention, protection and support. We are also committed to actively promoting the fundamental British values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different faiths and beliefs; the pupils are encouraged to develop and demonstrate skills and attitudes that will allow them to participate fully in and contribute positively to life in modern Britain. It is our duty to protect children and young people against the messages of all violent extremism and to prevent terrorism. Any concerns should be referred to the Designated Safeguarding Lead who has local contact details for PREVENT and Channel referrals.

## Asthma

Asthma is a physical condition in which the air passages in the lungs become narrowed, making it difficult to breathe.

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).



In the UK, one in 11 children (1.1 million) has asthma.

It is the most common long-term medical condition and the predominant reason for children to take medication at school. Asthma causes more absence from school than any other condition. In the UK on average there are three children with asthma in every classroom.

The UK has among the highest prevalence rates of asthma symptoms in children worldwide. Every 20 minutes a child is admitted to hospital in the UK because of their asthma.

All children have a right to manage their own asthma as best they can and be educated in an environment sensitive to their needs and supported by people who understand their condition.

Well controlled asthma does not usually cause problems at home or at school.

Emergency treatment may be required in ANY child with asthma when they are having an exacerbation.

## Rationale

At Dingle Community Primary School we recognise that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We ensure 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.

We recognise that pupils with asthma need immediate access to reliever inhalers at all times and keep a record of all pupils with asthma and the medicines they take.

We ensure that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma and that all pupils understand asthma.

We provide annual update training to ensure that all staff (including support staff) who come into contact with pupils with asthma know what to do in an asthma attack.

At Dingle Community Primary School, we work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

#### Accountabilities

The School Health Nursing team will:

- offer asthma training to staff in schools on an annual basis.
- receive an annual update on developments in asthma.
- assist in the completion of additional planning forms for asthma where appropriate.
- audit the asthma process in schools.

The School:

- will supply an emergency salbutamol inhaler and at least one Volumatic spacer device from a pharmacy and complete appropriate documentation if administered.
- will replace the emergency salbutamol inhaler prior to the inhaler expiry date.
- recognises the needs of pupils with asthma.
- recognises that immediate access to the pupil's inhalers is vital.
- will encourage and help children with asthma to participate fully in all aspects of school life.
- will do all it can to ensure that the school environment is favourable to all children with asthma.
- will have the expectation that all children with asthma will have their own inhaler in school including a spacer device. In exceptional circumstances the child may have access to the emergency inhaler and spacer following this guidance and procedure.
- will take responsibility for the safekeeping of the emergency salbutamol inhaler. If the emergency salbutamol inhaler is misplaced it is the responsibility of the school to purchase a replacement from a pharmacy.

In order to achieve the above:

All staff at Dingle Community Primary school will receive training on the basic awareness of asthma and the correct use of inhalers on an annual basis

All staff will have a clear understanding of what procedures to follow if a child has an exacerbation of their asthma including the use of the emergency salbutamol inhaler with spacer.

All pupils with asthma will have clear understanding of what they need to do if they are symptomatic including exacerbations.

In line with DfE guidance on supporting pupils with medical conditions, the school ensures that all pupils' inhalers are easily accessible at all times. Inhalers are stored in the pupil's classroom in a clearly identified red grab bag, which also contains the pupil's individual asthma care plan completed by the parent/carer. These grab bags are portable and must accompany the class teacher to all areas of the school, including during PE lessons, educational activities outside the classroom, and emergency evacuations, to ensure pupils have immediate access to their inhalers at all times.

The school will maintain an up to date register of pupils with asthma and individual pupil health care plans (where appropriate) with emergency treatment detailed, via MediTracker.

#### **Management Of Asthma at Dingle Community Primary School**

Early administration of the correct reliever treatment will cause the majority of exacerbations to resolve completely. Immediate access to reliever medicines is essential. The reliever inhalers of individual children are kept in the classroom.

Each child should have own inhaler & spacer in school - Pupils are generally responsible for their own treatment with support as required. 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.

Parents/carers need to provide the school with a copy of the asthma action plan provided by the GP/Consultant/Practice Nurse. Information is to be dated and signed by the parent/carer. Parent/carers must notify school in the event of any changes as soon as possible.

Salbutamol aerosol inhaler and one spacer will be supplied by the school. These are intended to be an emergency spare inhaler, to be used for a child with asthma where there isn't access to his/her own salbutamol inhaler.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to. Parents/carers need to provide the school with a completed consent form for use of the emergency inhaler.

### **Inhalers**

There are many types and colours.

Reliever inhalers are usually blue in colour and contain salbutamol.

These are the inhalers normally seen in schools.

#### *Aerosol Inhalers (Metered Dose Inhaler – MDI)*

Aerosol inhalers or MDI's should ALWAYS be administered using an Aerochamber/Volumatic spacer device (clear plastic chamber).

The emergency inhaler in school is supplied with an Aerochamber/Volumatic spacer device.

An inhaler should be primed when first used or used after a period of non-use (e.g. spray two puffs) Use without a spacer should not be encouraged in ANY person as the delivery of the medication to the lungs is poor. This has even demonstrated in adults assessed with 'good technique'.

#### *Dry Powder Inhalers e.g. Turbohaler, Accuhaler.*

These require greater co-ordination than the Aerochamber/Volumatic spacer device and may make the child cough. These devices should usually only be given to children over 8years of age where the technique has been assessed prior to prescription.

### **How To Recognise Asthma Exacerbation Signs:**

- A wheezing (whistling noise on breathing out) sound coming from the chest
- The child complains of shortness of breath,
- The child may complain of feeling tight in the chest (younger children may express it as tummy ache)
- Difficulty breathing ( fast and deep respiration including nasal flare)
- Unable to talk or complete sentences
- Persistent cough (when at rest and known to have asthma) Being unusually quiet

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

### **Trigger Factors**

- House dust mite
- Smoke/Second hand smoke
- Pollution/Fumes (perfume, deodorants, chlorine etc.)
- Infections
- Animals

- Pollen/Grass cuttings/Moulds/Spores
- Temperature change/ Weather
- Exercise
- Some drugs/ Recreational drugs
- Anxiety/Stress/Emotions
- Hormones

#### Signs and Symptoms

- Cough especially at night
- Wheeze
- Breathlessness
- Tight chest/chest hurting
- Unusually quiet.
- Difficulty speaking in full sentences
- Younger children may express above as 'tummy ache'

#### To consider:

- Everyone is different.
- Rare to see all symptoms together

#### **In The Event Of An Asthma Exacerbation:**

- Keep calm and reassure the child or young person.
- Whenever possible have the emergency medication brought to you. Do not move the child or young person. (own medication where possible, emergency medication when not).
- Sit the child up and encourage the child to breathe slow and steady breaths.
- Give the child/young person 1 puff at a time of their reliever medication (usually salbutamol) via a spacer device. With each puff get them to breathe normally for 5 breaths. Repeat the inhalation up to 10 puffs until symptom improvement. Remove MDI from spacer between each alternate puff, shake and replace.
- Stay with the child/young person until the symptoms have resolved.
- Always inform school staff involved with the child during the school day regarding the need for emergency treatment.
- If the child has had an emergency treatment in school, school staff to notify the parent/carer via email through MediTracker.

#### **Always Seek Medical Assistance If:**

- There is no significant improvement 5 – 10 minutes after taking the medication.
- There are any doubts about child's condition.
- The child has difficulty in speaking.
- The child is getting exhausted.
- The child is pale, sweaty and has blueness around the lips.
- The child is drowsy.
- The child is distressed and gasping.
- If an ambulance does not arrive within 10 minutes repeat administration of the medication (2 puffs every 2 minutes up to 10 puffs).
- Details of the medication administered must be documented in school by the member of staff who treated the child. This will be completed on MediTracker.

#### **Information to be documented:**

- Child's Name
- Date of Birth
- Medication
- Dose taken
- Time
- Date

- Signature

An email will be sent to parent/carer, via MediTracker, by the end of the school day.

### **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 or when asked to update their details.

### **Exercise and activity PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All 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 lessons.

### **Out of Hours**

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite 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. Pupils with asthma are encouraged to leave the room if particular fumes trigger their asthma. Class teacher will be required to radio for assistance to support the pupil leaving the room.

### **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 school nurse and special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

### **Safety And Hygiene (Of Emergency Inhaler)**

The drug for relief for asthma in blue inhalers is very safe. Someone determined to take an over-dose will not harm themselves if they tried. If too much of the relief inhaler is taken, the worst that will happen is trembling –this will wear off in a short period.

If a non-asthmatic child takes a few doses from a reliever (blue) inhaler, or an asthmatic child takes doses when not needed, they will not harm themselves in any way.

Whilst asthma drugs are not dangerous, the school should take reasonable care to store the emergency inhaler in a safe place, accessible to teachers but not normally accessed by children. The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°C, protected from direct sunlight and extremes of temperature.

Following use, the plastic inhaler housing (which holds the canister) and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry and the cap replaced, and then the inhaler returned to the designated storage space. Once the spacer has been used it is advised that the school ask the parent of the user of the emergency inhaler to replace the spacer via the GP as the emergency spacer will be given to the pupil who has used it.

**DO NOT IMMERSE THE AEROSOL INHALER IN WATER**

## **Review**

This policy will be reviewed annually by staff and governors and take into consideration guidance received from The NHS. The Governors may however review the policy earlier than this in Government introduce new regulations or if the Governing Body receive recommendations about how the policy may be improved.

## **DUDLEY SCHOOL ASTHMA POLICY**

### **ASTHMA RECORD FORM**

PUPIL'S NAME:	D.O.B:
NAME OF SCHOOL:	MOBILE:
HOME ADDRESS:	WORK:
	HOME:
GENERAL PRACTITIONER:	SURGERY:
HOSPITAL CONSULTANT:	HOSPITAL:
SCHOOL HEALTH ADVISOR:	

What makes your son's/daughter's asthma worse (triggers)?

Any other allergies? Specify below: YES/NO

Does your son/daughter tell you when they need to use their inhaler? YES/NO

Does your son/daughter need to use their inhaler before exercise? YES/NO  
Please specify dose and when to be taken:

### **RELIEVER INHALER (BLUE) TREATMENT**

For cough, wheeze, breathlessness, or tightness of the chest your child can take the blue reliever inhaler as per your instruction below. When your son/daughter feels better they can return to normal activities.

Name of Reliever Inhaler		Dose and when to be taken
1 <sup>st</sup>	Spare	
Date of Expiry	Date of Expiry	Date of Expiry
1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>
Spare	Spare	Spare

### **IN AN EMERGENCY SCHOOL WILL:**

- Continue to give (blue) reliever inhaler **one puff every minute**
- Inform Parents/Guardian
- Call an ambulance if symptoms do not improve after 5-10 minutes

**I consent for my child to receive their blue reliever inhaler as above if they have asthma symptoms whilst in the care of the school.**

Date:

Print name:

Sign:

**CONSENT FORM**  
**USE OF EMERGENCY SALBUTAMOL INHALER**  
**DINGLE COMMUNITY PRIMARY SCHOOL**

Child showing symptoms of asthma/having an 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, which they will bring with them to school every day.
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 held by the school for such emergencies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Class/Year: \_\_\_\_\_

Parent's/Carer's address and contact details:

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Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

