HOLY SOULS RC PRIMARY SCHOOL

Pride in our achievements

Asthma Policy

Vision Statement

Holy Souls School is a Catholic School where we share our life in Christ in the growing knowledge that Jesus loves us. Our school is a place where everyone is able to feel welcomed, valued, secure, loved and happy. Everyone who comes into our school will be treated with respect. We remember that Jesus said, 'Treat others as you would like them to treat you'

Date Agreed by Governors: 2nd April 2025

Governor Review Date: Spring 2027

Holy Souls RC Primary School

Policy for Asthma

Introduction

This document is a statement of the policy for Asthma at Holy Souls R.C. Primary School. It was developed during the spring term 2025, through a process of consultation with the School Nurse, Staff and Governors. The next review will be in the spring term of 2027.

Mission Statement

"To love one another as I have loved you," is at the heart of our Mission Statement. Holy Souls School is a place where we share our life in Christ, in the growing knowledge that Jesus loves us. We therefore endeavour to provide a safe and welcoming environment where everyone is able to feel valued, safe, secure, loved and happy.

Pupils with asthma are welcome in school and will be encouraged to take a full part in the activities of the school.

The school accepts the responsibility of advising all its staff (teachers, teaching assistants and lunch time welfare assistants etc.) in practical asthma management. Indeed, NICE guidelines (2000; 2002) state the importance of carers being trained in the correct use of inhaler devices.

Asthma - Details of Condition:

Asthma is a condition that affects the airways - the small tubes 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 start to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways.
These reactions cause the airways to become irritated - making it difficult to breathe and leading to symptoms of asthma.

Common Asthma Triggers (this list is not exhaustive)

Dust mites	Perfumes
Animal fur/feathers	Pollution
Exercise	Stress/Anxiety
Smoking/passive smoking	Moulds/Fungi
Moving from extremes of temp.	Colds/ Viral infections
Weather conditions	

The school will seek to make close links with the school nursing service. The school nursing service play an important role in educating the staff in asthma management and the school will encourage their involvement. Staff have regular annual training every autumn term about asthma from the school nursing service.

The school will undertake to ask all parents if their child has asthma and if they need to use an inhaler. The school will maintain a record of all pupils with asthma (asthma register) and will endeavour to obtain details of every child's treatment from their parents. A letter is sent out via email at the start of each academic year to ascertain if there have been any changes to their child's asthma. School will endeavour to obtain Asthma Action Plans from parents.

There is a list of pupils who suffer from asthma in each classroom in a medical file. Medical information about each pupil is recorded on Arbor and each teacher has an individual password to access this. All staff who come into contact with a pupil with asthma for example, teaching assistants or welfare assistants should be informed by the class teacher of their needs. Supply teachers are made aware of where the list of children's medical needs is kept as well as the location of the emergency inhaler.

There are 2 classes of inhaler for asthma, these are 1) reliever inhalers 2) preventer inhalers. Relievers are medicines that are taken immediately to relieve asthma symptoms. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. Reliever inhalers will be required in school thus the family should be encouraged to have 2 inhalers, one for at home and one for in school.

Preventers control the swelling and inflammation in the airways, stopping them from being so sensitive and reducing the risk of severe attacks. Not everyone with asthma will be prescribed preventer medicine. Preventer inhalers are generally given morning and night, it would be unusual for a child to have a preventer inhaler in school, however if they require to take it during the day then again, the family should be encouraged to have 2 inhalers.

Examples of reliever inhalers:

Reliever inhalers are often blue – Ventolin.

Examples of preventative inhalers:

Preventer inhalers are usually brown, red or orange - Becotide; Pulmicort.

Pupils need instant access to their reliever inhalers at all times. Delay in taking their inhalers can lead to worsening of the condition. The school will endeavour to ensure that any pupil with an inhaler has easy access to his/her inhaler at all times whether they are in the classroom, on the playground or taking part in sports. Pupils will also need easy access to their inhalers whilst on school trips.

If a child needs their inhaler (having an asthma attack), the inhaler needs to be brought to the child, not the child to the inhaler. Following advice from the school nurse service it is advisable that children needing an inhaler also have a spacer in school.

School keeps an emergency inhaler in an unlocked drawer in the staffroom. This is for use in an emergency if the child's inhaler is not available or is broken. Parental permission is obtained for the use of this inhaler and there is a list with the emergency inhaler of parents who have consented to this. If the inhaler is used at a time that is different to usual, a letter/text/message sent home to inform parents and it is logged on the medical administer sheet with the emergency inhaler. The spacer and plastic inhaler housing should be cleaned dried and returned after use. Staff check if the inhalers are in date each term. If they are due to expire a message will be sent to parents to ask them to order a new inhaler.

The school will liaise with individual parents about whether the child or the teacher is the best person to hold the inhaler dependent upon age and cognitive ability. Unless the pupil is severely affected and thus unable to take part in in school activities, he/she will be encouraged to take a full part in activities.

A child with 'brittle' asthma would need a health care plan written by the school nurse.

Teachers will be aware of pupils with asthma during games, PE sessions and swimming lessons and encourage any pupils who needs to, to take their inhaler either before or during exercise. Any sports coaches or visiting staff will be made aware of any asthma sufferers at the beginning of the lesson or training session. Pupils, dependant on age, should also be encouraged to tell their teacher when they require use of their inhaler. Pupils will not be forced to participate in physical activity if they are too breathless or wheezy to continue. If teachers feel any pupil is becoming over-reliant on their inhaler or has asthma which appears to be poorly controlled, they should report their feelings to the parents or the head teacher who will contact parents.

The school has a no smoking policy in place thus recognising the effects that passive smoking can have on children and in particular, children with asthma.

If a child has severe asthma and is required to use a nebuliser in school, the teacher will liaise with both parents and school nurse to ensure correct management of the nebuliser.

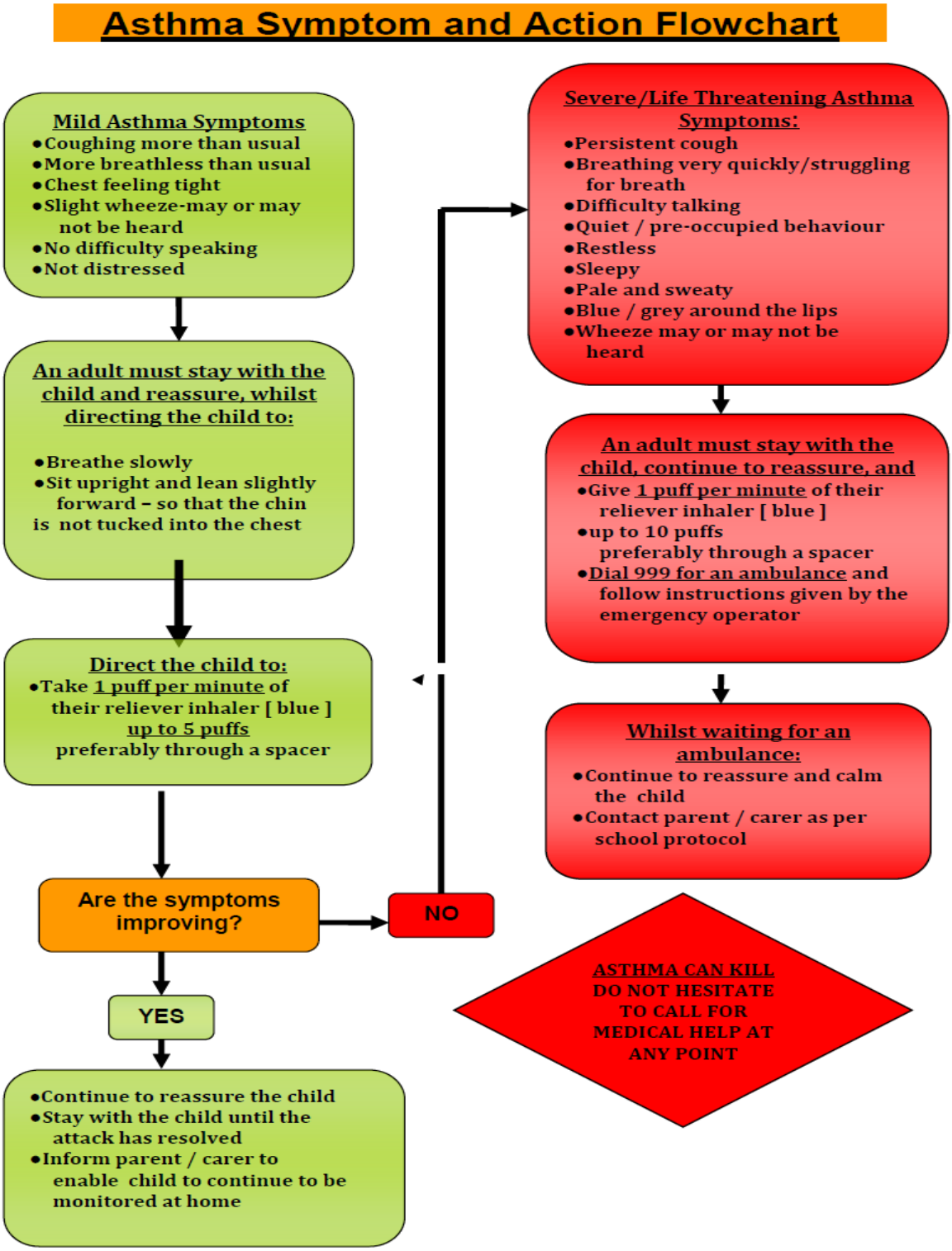
If classroom pets are likely to cause problems for children with asthma, the school will ensure that the asthma sufferer does not come into contact with the pets.

Health Care Plans

On some occasions, should the child meet the criteria, an Individual Health Care Plan (IHCP) may be required to ensure that specific treatment needs, not covered by the standard asthma protocol, are organised and in place. This is usually completed by the school nurse with input from parents, school and any additional specialist service

involved. It is the responsibility of the parents to inform school where there are changes to the IHCP, to ensure the child's support in school remains up to date''.

If a child has an asthma attack in school follow the flow chart below:



References:

NICE guideline TA10; www.nice.org.uk/TA10

NICE guideline TA38; www.nice.org.uk/TA38

Asthma.org www.asthma.org.ukNhs Direct www.nhsdirect.nhs.uk