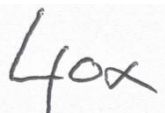



# IMPERIAL AVENUE INFANT SCHOOL

**‘We value and respect the uniqueness of each child and work together to achieve success’**

## ASTHMA POLICY

|                            |                    |  |  |
|----------------------------|--------------------|--|--|
| <b>Policy Date:</b>        | <b>Spring 2026</b> |  |  |
| <b>Policy Review Date:</b> | <b>Spring 2027</b> | <b>Head Teacher</b><br>Miss E Smith/Mr L Fox   | <b>Chair of Governors</b><br>Miss E Harrop   |
|                            |                    | <b>Signature:</b><br> | <b>Signature:</b><br> |

## **Policy statement**

**Imperial Avenue Infant School is an inclusive community that aims to support and welcome pupils with medical conditions. We aim to provide all pupils with all medical conditions the same opportunities as others at school.**

### **We will help to ensure they can:**

- + be healthy
- + stay safe
- + enjoy and achieve
- + make a positive contribution
- + achieve economic well-being.
- + The school ensures all staff understand their duty of care to children and young people in the event of an emergency
- + All staff feel confident in knowing what to do in an emergency
- + This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood
- + This school understands the importance of medication being taken as prescribed
- + All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils

## **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 a favourable to pupils with asthma
- + Ensures that all pupils understand 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 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

## **What is Asthma?**

Asthma is a long-term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Asthma triggers irritate the airways, causing them to react. When a child or young person with asthma comes into contact with an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Often sticky mucus or phlegm is produced. These reactions lead to the symptoms of asthma.

## **Signs and symptoms**

The usual symptoms of asthma are:

- + coughing
- + shortness of breath
- + wheezing
- + tightness in the chest
- + being unusually quiet
- + difficulty speaking in full sentences
- + sometimes younger children will express feeling tight in the chest as a tummy ache

Asthma varies in severity from person to person. While some children and young people will experience an occasional cough or wheeze, others will have severe symptoms. Some pupils may experience symptoms from time to time (maybe after exercise, or during the hay fever season), but feel fine the rest of the time.

However, a pupil should visit their doctor or asthma nurse if experiencing any of the following:

- + regular or frequent daytime symptoms
- + night-time symptoms resulting in poor sleep and daytime tiredness
- + frequent time off school for their asthma

Any of the above can be a sign that a pupil has poor asthma control, this could be for a variety of reasons, including:

- + they have not been prescribed the right medication for their needs
- + they are not using the correct inhaler technique
- + they are not taking their medication as prescribed
- + they are not avoiding, or able to avoid, their asthma triggers

## **Medication and Treatments**

The vast majority of pupils should only need to take reliever medication (usually a blue inhaler) at school.

### **Reliever inhalers**

Every child and young person with asthma should have a reliever inhaler. Reliever medication can be taken immediately when asthma symptoms start. They quickly relax the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again. However, relievers do not reduce the swelling in the airways.

- + Relievers are essential in treating asthma attacks
- + Reliever inhalers are usually blue
- + They come in different shapes and sizes
- + It is very important that a pupil with asthma is given a reliever inhaler that they can use reliably and effectively. The pupil should be shown how to use their reliever inhaler and spacer properly and have their technique regularly checked by their doctor or asthma nurse
- + Reliever medication is very safe and effective and has very few side effects. Some children and young people do get an increased heart rate and may feel shaky if they take a lot. In an asthma attack it is better for the pupil to continue taking their reliever inhaler until emergency help arrives
- + Children and young people with infrequent asthma symptoms will probably only have a reliever inhaler prescribed. However, if they need to use their reliever inhaler three or more times a week, they should see their doctor or asthma nurse for an asthma review as they may also need to take preventer medication

### **Preventer inhalers**

Preventer medication protects the lining of the airways. It help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medication means that a child or young person with asthma is less likely to react badly when they come into contact with an asthma trigger. However, not all pupils with

asthma will need a preventer. Preventers are usually prescribed for people who have been using their reliever inhaler three or more times a week.

- + Preventers reduce the risk of asthma attacks
- + Preventer inhalers are usually brown, beige, orange, red or white
- + The protective effect of preventer medication builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child or young person is feeling well
- + Preventer inhalers are usually corticosteroids
- + Corticosteroids are a copy of steroids produced naturally in our bodies. They are completely different from the anabolic steroids associated with bodybuilders
- + Doctors prescribe the lowest possible dose of inhaled steroid to get a person's asthma under control
- + Low doses of inhaled steroids have minimal side effects and have no significant effect on growth. The benefits of taking the medication far outweigh any potential side effects

### **Spacers**

Spacers are used with aerosol inhalers. A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other. Spacers are used to help deliver medicine to the lungs. They make aerosol inhalers easier to use and more effective.

At school:

- + Spacers may often be needed and used at school, especially by pupils under the age of 12
- + Each pupil with asthma who has been prescribed a spacer by their doctor or asthma nurse should have his or her own individually labeled spacer. This should be kept with their inhaler

### **Nebulisers**

A nebuliser is a machine that creates a mist of medication that is then breathed in through a mask or mouthpiece. Nebulisers are sometimes used to give high doses of medication in an emergency. However, research shows that using a spacer works just as well as a nebuliser in most asthma attacks. Use of nebuliser's in emergency situations is becoming far less common.

At school:

- + Some children and young people with asthma have nebuliser's at home. However, pupils with asthma should not normally need to use a nebuliser at school
- + If a doctor or asthma nurse does advise that a pupil needs to use a nebuliser in school, the staff involved will receive training by a healthcare professional

### **Steroid tablets**

A short course of steroid tablets (usually 3–5 days) is sometimes needed to treat asthma in children. These tablets are very effective at bringing severe asthma symptoms under control quickly. Steroid tablets are usually taken in the morning, before school. They give a much higher dose of steroid than a preventer inhaler. However, children and young people with asthma should not experience any side effects from the occasional course of steroid tablets.

At school:

- + It is rare for a pupil with asthma to have to take steroid tablets during school hours

## **Making the School Asthma Friendly**

### **School Environment - Triggers**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. A trigger is anything that irritates the airways and causes asthma symptoms. There is a wide variety of asthma triggers which can affect people's asthma in different ways. Many people with asthma have several triggers. It is important that children and young people with asthma get to know their own triggers and try to stay away from them or take precautions where possible.

Common triggers include viral infections (colds and flu), house-dust mites, pollen, tobacco smoke, furry and feathery animals, air pollution, laughter, excitement and stress.

Implementing a number of changes at school to minimise asthma triggers may help prevent asthma attacks:

- + Adopt a complete no-smoking policy on the school premises and for school activities and ensure that it is upheld and maintained
- + Wet-dust chalk boards or use white boards
- + Ensure rooms are regularly wet-dusted and cleaned to reduce dust and dust mites
- + Vacuum all areas frequently. Vacuum cleaners should have good suction and a filtered exhaust that does not scatter dust
- + Limit the number of soft furnishings and soft toys in the classroom
- + Be aware of pupils whose asthma is triggered by extreme emotion or fits of laughter
- + Do not keep furry or feathery pets in classrooms or anywhere in the school. Be aware that symptoms could be triggered from the clothing of other pupils with pets at home
- + Ensure classrooms are well aired and avoid condensation
- + Remove any damp and mould in the school quickly
- + Ensure piles of autumn leaves are kept in areas away from pupils and regularly removed from the school grounds
- + Be aware of pupils whose asthma is triggered by scented deodorants and perfumes and encourage staff and pupils not to wear strong perfumes
- + Do not use room deodorisers or air fresheners
- + Avoid keeping pollinating plants in the classroom or playground areas
- + Children with pollen allergies should have the option of remaining indoors on high pollen days (this includes during PE and games/activities)
- + Use non-latex gloves in all areas at school
- + Be aware of pupils whose asthma is triggered by dust from flour and flour grain and avoid spreading dust from flour and grain in cooking classes
- + Avoid isocyanate chemicals. These chemicals are found in spray paint, foam moulding, adhesives, foundry cores and surface coatings
- + Avoid colophony chemicals found in soldering fumes, glues and some floor cleaners
- + As far as possible avoid chemicals and fumes that trigger pupils' asthma in science and craft lessons
- + Be aware of pupils with asthma and their triggers. Before the lesson begins, discreetly offer them the option of using their reliever inhaler or standing towards the back
- + If certain chemicals or fumes are known to trigger pupil's asthma, allow them to leave the room until the fumes are no longer in the classroom
- + Avoid leaving windows open during thunderstorms – thunderstorms can release large quantities of pollen into the air, which can trigger asthma attacks
- + Ensure that pupils with asthma have the option of remaining indoors during very cold or very hot days
- + Give pupils with asthma the option of remaining indoors on days when pollution levels are high. This includes during PE and games/activities
- + Avoid using furniture polish, floor cleaners, carpet cleaners and oven cleaners in school hours. Ensure there is plenty of airing time

### **Exercise and physical activity**

Exercise and physical activity is good for everyone, including children and young people with asthma. The majority of pupils with asthma should be able to take part in any sport, exercise or activity they enjoy, as long as their asthma is under control. For some children and young people exercise is their only trigger (often known as exercise-induced asthma), while for others it is one of many triggers. However, as exercise is part of healthy living, it is one asthma trigger that should be managed, not avoided.

### **PE, school sport, games and activities**

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

- + Pupils with asthma should be encouraged to participate in all PE and activity-based lessons

- + Pupils with asthma should be encouraged to become involved in after-school clubs and sport activities
- + If exercise and physical activity makes a child or young person's asthma worse, always ensure that they use their reliever inhaler (usually blue) immediately before they warm up
- + Always start a session with warm up exercises
- + Try to avoid things that trigger asthma during exercise (egg dust, cold air, smoke, pollen, cut grass)
- + Always make sure they have their reliever inhaler with them
- + If a pupil has asthma symptoms while exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again
- + Always end a session with warm down exercises
- + If a pupil needs to sit out for five minutes, try to keep them involved as much as possible, for example by asking them to take notes on the match or getting them to do some ball work (if they are feeling well enough to do so)

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.

### **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.

### **Responsibility of Parents/Carers**

Parents/carers have a responsibility to:

- + tell the school if their child has asthma
- + ensure the school has a complete and up-to-date school asthma card for their child
- + inform the school about the medicines their child requires during school hours
- + inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- + tell the school about any changes to their child's medicines, what they take and how much
- + inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- + ensure their child's reliever inhaler (and spacer where relevant) is labeled with their name
- + provide the school with a spare reliever inhaler labelled with their child's name
- + ensure that their child's reliever inhaler and the spare is within its expiry date ensure spacers are washed monthly ensure spacers are replaced every 6 months
- + keep their child at home if they are not well enough to attend school
- + ensure their child catches up on any school work they have missed
- + ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- + ensure their child has a written personal asthma action plan to help them manage their child's condition (available from their doctor or asthma nurse)
- + all inhalers/asthma medication is to be taken home with the child at the end of an academic year. Any medication left at school will be collected and taken to a local pharmacy for safe disposal

### **Use of Asthma Medicines in School**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. Reliever medicines should not be locked in a drawer. Parents should send a spare inhaler to school. It should be clearly labelled with the pupil's name. All pupils are encouraged to have their own-labelled inhaler with them at all times. They must also take the inhaler with them into the Gym, onto the sports field and on any school trip or journey.

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 by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Record Keeping**

When a child joins the school, parents/carers are asked to inform us if their child has any medical conditions, including asthma, on their enrolment form. It is also important that parents inform the school if their child subsequently develops asthma. All parents/carers of children with asthma are consequently sent a School Asthma Card to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return this card to school.

From this information the school keeps its asthma register, which is available to all school staff. School Asthma Cards are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines change, or the dosage/frequency changes during the year.

### **Access and Review of Policy**

The Asthma Policy will be accessible to all staff through school's computer network. Hard copies can be obtained through the school office.

### **How to Deal with an Asthma Attack Emergency procedures**

#### **Common signs of an asthma attack**

- + coughing
- + shortness of breath
- + wheezing
- + feeling tight in the chest
- + being unusually quiet
- + difficulty speaking in full sentences
- + sometimes younger children express feeling tight in the chest as a tummy ache

#### **Do . . .**

- + keep calm
- + encourage the pupil to sit up and slightly forward – do not hug them or lie them down
- + make sure the pupil takes two puffs of their reliever inhaler (usually blue) immediately – preferably through a spacer
- + ensure tight clothing is loosened
- + reassure the pupil

If there is no immediate improvement

- + Continue to make sure the pupil takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve

#### **999**

**Call an ambulance or a doctor urgently if any of the following:**

- + the pupil's symptoms do not improve in 5–10 minutes
- + the pupil is too breathless or exhausted to talk
- + the pupil's lips are blue
- + you are in any doubt

Ensure the pupil takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

After a minor asthma attack:

- + Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities
- + The parents must always be told if their child has had an asthma attack

**Important things to remember in an asthma attack**

- + Never leave a pupil having an asthma attack
- + If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer
- + In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- + Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- + Send another pupil to get another teacher/adult if an ambulance needs to be called
- + Contact the pupil's parents immediately after calling the ambulance/doctor
- + A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent arrives
- + Staff should not take pupils to hospital in their own car