Copthorne C.E. Junior School

Asthma Policy

Approved April 2026
To be reviewed April 2028

School Asthma Policy Copthorne C.E. Junior School

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, PE, science, educational visits and out of hours 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
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensures that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers and spacers of children are kept in the school office, and are taken out with the class for PE and other outdoor activities.

It is advised that the school is provided with a labelled, in date spare reliever inhaler. These are held in case the pupil's own inhaler runs out, and are kept in the School Office. All inhalers must be labelled with the child's name by the parent/carer.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form . Further conversations may be appropriate, at the discretion of the school.

- If the parent/carer fails to supply the inhaler as requested, write to the parent using the example letter. This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable to follow the usual Asthma Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. The letter will be filed with the child's asthma information form.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

Medication and off-site visits and activities

No pupil will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The pupil's reliever inhaler will be readily available to them throughout the trip, being carried by the supervising adult in the case of primary school pupils. It is the responsibility fo the parent/care to provide written information about all asthma medication required by their child for the duration of the trip. Parents are responsible for ensuring an adequate supply of medication, clearly labelled with the prescribed instruction.

Staff attending off site visits must be aware of any pupils on the visit with asthma, have brought their medication, will have appropriate contact numbers, have a copy of their Asthma Information Form and be trained what to do in an emergency. An emergency inhaler kit should also be taken.

Some pupils will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor or nurse. This medication needs to be taken regularly for maximum benefit.

Pupils should not need to bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. If the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

School Environment

The school endeavours to ensure that the school environment is favourable to pupils with asthma. The school will take into consideration, any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

Potential triggers in school

There are other asthma triggers for example house dust mites, viruses, damp, mould and air pollution.

Outdoor air pollution: Idling in cars, which means keeping the engine running while stationary when waiting to drop off or pick-up pupils from schools, increases the number of toxic pollutants in the air which can trigger asthma symptoms. Exposure to these triggers should be limited wherever possible.

Chemicals/fumes: Chemicals and fumes in science, cookery and art have the potential to trigger an asthma response and teachers and support staff should be aware of any pupils who may be at risk from these activities.

Grass/pollen: Pupils with asthma should be able to use their salbutamol every four hours if the pollen count is known to be high or if they are having troublesome hay fever symptoms. Pupils make need to be given an option to do indoor PE if the pollen count is high. Where possible, cleaning and grass cutting should be carried out at the end of the school day.

Training

It is best practice that all staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer of reliever medication (inhaler). Staff will access the tier 1 for children and young people with asthma training least every two years, but preferably annually. Training will be logged on the staff training log.

Asthma Attacks – School's Procedure

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called.

Mild symptoms:

- Cough
- Felling of 'tight chest'
- Wheeze

Ensure that the pupil has access to their reliever (blue inhaler)

- Sit the pupil down in a quiet place if possible. Do not lie the pupil down.
- Younger pupils or those using 'puffer'/aerosol style inhalers should use a spacer
- Allow the pupil to take 2 puffs of their inhalers
- Assess effect and if fully recovered, the child may re-join usual activities
- Document dose and time reliever inhaler given

Moderate symptoms:

- Increased cough and wheeze
- Mild degree of shortness of breath but able to speak in sentences
- Feeling of 'tight chest'
- Breathing a little faster than usual
- Recurrence of symptoms/inadequate response to previous 'puffs'

Ensure that the pupil has access to their reliever (blue inhaler)

- Sit the pupil down in a quiet place if possible. Do not lie the pupil down.
- Younger pupils or those using 'puffer'/aerosol style inhalers should use a spacer
- Allow the pupil to take 2-4 puffs of their inhalers
- Assess effect and if fully recovered, the child may re-join usual activities but a parent/carer should be informed

- Document dose and time reliever inhaler given

Severe symptoms:

- Not responding to reliever medication
- Breathing faster than usual, finding it hard to breathe
- Difficulty speaking in sentences
- Difficulty walking/lethargy
- Pale or blue tinge to lips/around the mouth
- Appears distressed or exhausted

Ensure that the pupil has access to their reliever (blue inhaler)

- Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck. Try to keep calm.
- Younger pupils or those using 'puffer'/aerosol style inhalers should use a spacer
- Help the child to take one puff of their reliever inhaler every 30-60 seconds with a spacer, up to a maximum of 10 puffs.
- If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
- Contact the child's parents/carers.
- If symptoms are no better step 3 can be repeated and if the ambulance has still not arrived, call 999 immediately and seek advice from the call operator.
- Remember to document any use of reliever inhaler and inform the pupil's parent or carer of the dose given and time.

Emergency Inhalers

Emergency inhalers and spacers are kept in the school in case the child's inhaler fails or runs out. Once the inhaler has been used, all removal parts of the emergency inhaler are washed out, leaving the canister intact. The child is then to replace their one and the school retains the emergency inhaler.

Access and Review of Policy

The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed on a two yearly cycle.

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME …… Age …… Class ……

1. Does your child need an inhaler in school? Yes/No
2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?

……
……
……

3. What triggers your child's asthma?

……
……

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed:…….
Date……
I am the person with parental responsibility

Tick the appropriate statements

- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

……

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
  Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

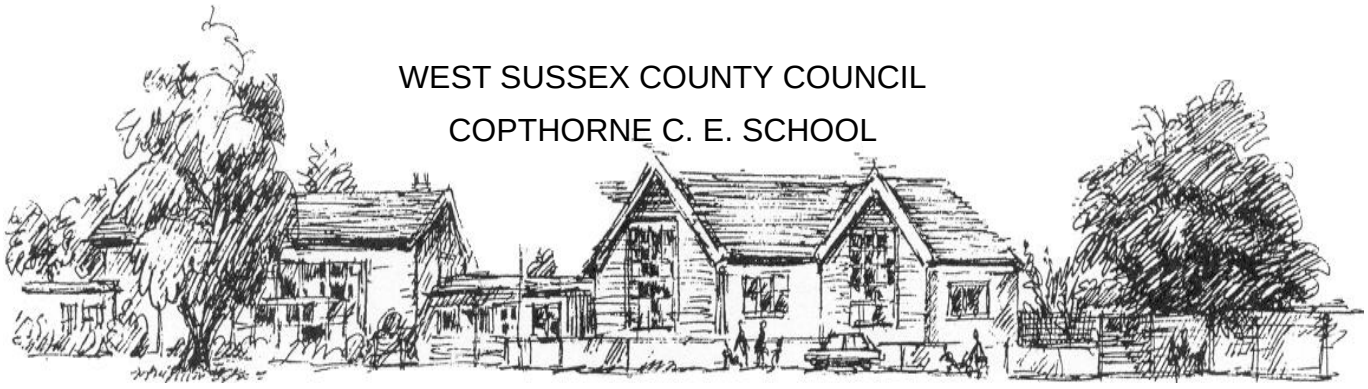
Signed:……
Date……
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.

Parental Update (only to be completed if your child no longer has asthma) My child …….. no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed *I am the person with parental responsibility*	Date

For office use:

	Provided by parent (Yes/No)	Location	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1st inhaler		In School Office			
2nd inhaler Advised		In School Office			
Spacer (if required)					
Record any further follow up with the parent/carer:					



WEST SUSSEX COUNTY COUNCIL

COPTHORNE C. E. SCHOOL

Dear

Following today's phone call regarding ..... asthma inhaler, I am very concerned that an inhaler has not been provided. You have stated on ..... Asthma Information Form that..... requires an inhaler in school and you have agreed to provide an inhaler [and spacer]. Please ensure that:

- an inhaler
- a spacer

are provided without delay.

If..... no longer requires an inhaler, please request his/her Asthma Information form from the school office and complete the parental update section.

Please be aware that in the absence of an inhaler, should ..... suffer an attack, staff will not be able to follow the usual Asthma Emergency inhaler procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely