Our School Vision

In our school:
we love deeply, respecting everyone and treating them with dignity;
we aspire with confidence, working hard and embracing challenge;
we serve God and our community, following the example of Jesus, to create a better world.

"Live a life filled with love, following the example of Christ. He loved us and offered himself as a sacrifice for us."

Ephesians 5:2 (NLT)

Our School Values: Love, Aspiration, Service

Latymer All Saints C of E Primary School
Asthma Policy 2025

Policy Statement:
This policy has been compiled in collaboration with school staff, parents, School Nurses and Governors to ensure that the individual needs of pupils with asthma, are being met.

This policy:
- Recognises the needs of pupils with asthma.
- Ensures that children with asthma participate as fully as possible in all aspects of school life, including, for example, Physical Education, visits, outings and field trips.
- Ensures staff are trained in how to deal with an asthma attack.

Latymer All Saints C of E Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. Latymer All Saints encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents and pupils.

Guidance:
In order to achieve the above:
- All staff are given basic awareness training on an annual basis about asthma and the use of inhalers.
- All staff have a clear understanding of procedures to follow when a child has an asthma attack.
- The school maintains a register of pupils with asthma and each individual pupil with asthma has an ***asthma care plan**** which details triggers and relevant information.

Asthma:
Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. When a child or young person with asthma encounters 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. Sometimes, sticky mucus can be produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates them (an asthma trigger). 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 a tight feeling in the chest as a tummy ache.

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different, and everyone will have different triggers. Common triggers may include viral infections (colds and flu), house-dust mites, pollen, cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

Management of Asthma in school:
Early administration of the correct reliever treatment will cause the majority of asthma attacks to be completely resolved. As immediate access is vital to early administration of the inhaler, it should be stored in

an easily accessible area in school. All inhalers for children are stored in the Welfare Room. Children with an asthma plan should always be allowed to leave the classroom to access their inhaler.
For each child with asthma, parents/carers should provide a self-management plan along with their child's inhaler with the dose to take in the event of an attack. It is also their responsibility to inform school of any changes to their child's treatment. Parents should provide the plan for school.
A parent/carer should supply the inhaler in its original packaging with the expiry date clearly labelled. School will take a copy of all children's expiry dates and contact parents when their child's inhaler needs replacing. Inhalers will be sent home at the end of the academic year. School staff may aid a child in administering asthma medications to pupils although they are not required to do so.

Emergency inhalers in school:
School keeps an emergency inhaler for use when a child's inhaler is not available or the inhaler, they have provided school with has expired.
Emergency salbutamol inhalers and spacers for use in an emergency are kept along with a register of children who have prescribed inhalers and their parental information in the medical room.

Asthma Medicines:
At school, most pupils with asthma will only need to take reliever inhaler medicines.

1) Reliever Inhalers:
Every child with asthma should have a reliever inhaler (usually blue). Relievers are medicines that can be taken immediately when asthma symptoms start as they work within minutes. They work by relaxing the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

- Relievers are essential in **treating asthma attacks**, pupils using their reliever inhalers two – three times a week will be advised to seek medical assistance
- Reliever inhalers are usually blue.
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively.
- Relievers are a very safe and effective medicine and have very few side effects. Sometimes children do get an increased heart rate and may feel shaky if they take a lot, however, children cannot overdose on reliever medicines and these side effects pass very quickly.
- All inhalers have an expiry date. Parents/carers should be responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years. In addition, a named member of staff should be checking the inhalers of every pupil with asthma in school every six months.

2) Preventer Inhalers:
Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child with asthma is less likely to react badly when they come into contact with an asthma trigger. Preventer inhalers contain a small amount of steroid that reduces inflammation in the lungs and prevents asthma. Preventer inhalers must be taken every day even when the child's asthma is ok.

- Preventers are usually prescribed for children who are using their reliever inhaler at least two - three times a week.
- Preventers reduce the risk of severe attacks.
- Preventer inhalers are usually brown.
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child is feeling well.
- Children should not normally need to take the preventer inhaler during school hours. If they are needed, they may need to be reminded to take them. This should be written on the *School's Asthma Plan.*

3) Spacers:

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

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

In the event of an asthma attack

- Ensure that the reliever is taken immediately. Whenever possible, allow medication to be taken where the attack occurred.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- Help the child to breathe by encouraging them to breathe as slowly and deeply as possible.
- After the attack, and as soon as they feel better, the child can return to normal school activities.
- The child's parent/carer must be informed of the attack by 'Asthma' note home.

In all emergencies, follow the traffic light system:

MILD	*If the child:* Requires using their inhaler (reliever) regularly throughout the day for cough or wheeze but is not breathing quickly and is able to continue their normal day-to-day activities.	• Ask the parents to make contact with their GP to be seen the next day. • Always inform parents as to how frequently their child has had to use their inhaler during the day.
MODERATE	*If the child is:* Wheezing, coughing, breathless and not responding to usual reliever treatment.	• Immediately contact parents to collect the child from school and advise that the child is taken to see the GP that day. • Advise parents also to contact 111 for 24-hour advice if unable to contact the GP.
SEVERE	*If the child is:* • Drowsy or unable to respond • Frightened • Unable to speak in sentences • Breathless with heaving of the chest	• Ring 999 • Inform them you need immediate help. • Follow the school emergency asthma plan. • Give 10 puffs of reliever inhaler using the spacer every 15mins until the ambulance arrives.

All staff should be clear that when calling for an ambulance in an emergency situation that a Paramedic is requested.

Implementing the Policy
The Deputy Headteacher/Member of SLT is responsible for the policy for asthma in school. The delegated member of staff responsible for implementing the policy in school is Annwara Chowdhury who is the Asthma Champion.

Asthma awareness training is carried out by the School Health team on an annual basis for all school staff.
A register of all children with asthma is kept electronically by the Welfare Assistant and Asthma Champion in a secure file on the school system. All classes have a SEND file, which contains a copy of the school's asthma register. A copy of the asthma register is also kept in the First Aid room.

All parents and carers receive a school asthma care plan to complete with their GP or asthma nurse on an annual basis and a copy of this information is kept in a central file with the Welfare Assistant. Copies of all school asthma care plans are kept in each child's class medical file. Parents and carers are encouraged to keep the school and the School Nursing teams informed of changes in their child's plan.

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.

If a child has asthma, school will request that parents complete a school asthma care plan and provide the most recent/ **up to date asthma care plan** to inform the school of:

- Reliever treatment
- Signs and indications
- Triggers
- Other medication

School will ask parents/carers to ensure that their child's inhaler is:

- Correctly labelled
- In good working order
- In-date
- Cleaned at least once per term

Schools will also ask parents to provide a spacer for their child's use in school. This is particularly important if the child is having an asthma attack.

It is the responsibility of the school to keep parents/carers informed of any differences in their child's condition and treatment and to record this for future reference. A child who has had to visit welfare because they needed their reliever inhaler with get an 'Asthma Note' to take home to their parents. This can then alert parents to any changes in their child's use of the salbutamol inhaler. Parents will also be informed if their child has had to use the emergency salbutamol inhaler.

School Nurse will be informed if a child is constantly using their reliever inhaler more than twice a week as this is sign of poorly controlled asthma. Parents will be advised to arrange an asthma review with the child's General Practitioner.

A list of expiry dates for all inhalers is kept in a central file by the Asthma Champion.
The asthma register is updated by the Asthma Champion on a termly basis and when a child is newly diagnosed.

Exercise and Activity

Taking part in games, sports and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and this information will be shared with other members of staff who may be present teaching or supporting teaching in the classroom.

Pupils with asthma are encouraged to participate fully in all PE lessons. **Staff, who are delivering the PE lesson, will need to observe/ monitor pupils, whose asthma is triggered by exercise, and support/ encourage them to take their reliever inhaler during the lesson if and when needed**. All inhalers need to be taken to the hall or the playground in the medical box for each class for potential use in a PE lesson. If a pupil needs to use his/her inhaler during a lesson, they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Visits, Outings or School Trips

When pupils are taken out on school trips or on residential visits, it is the responsibility of school staff to ensure that inhalers are taken along for each pupil with asthma. The same principles are used as for exercise where outdoors activities are involved.

A mobile phone should always be available for any emergency situations.

The School Environment

Latymer All Saints C of E Primary School will do all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a no-smoking policy. The school will work to ensure that it does not use any chemicals in products that are potential triggers for pupils with asthma.

Monitoring arrangements

This policy will be reviewed annually by the Finance and Premises Committee. Any amendments will be presented at a meeting of the Full Governing board.

Reviewed and Approved by: The Finance and Premises Committee **Date:** September 2025
Ratified by Full Governing Board **Date:** September 2025
Next review due: **Date:** July 2026

Latymer All Saints C of E Primary School is committed to the safeguarding of our pupils and staff.