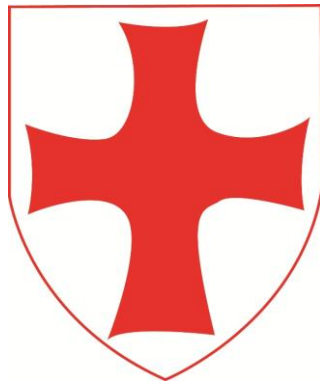


**St. Robert Southwell Catholic  
Primary School**  
**A school in the trusteeship of**



Diocese of Westminster



**ASTHMA POLICY**

- **Last Review: November 2023**
- **Next Review: September 2024**
- **Responsible Person: Asthma Lead – Caroline McEvoy**

## **MISSION STATEMENT**

Our mission is to create an educating Christian community which reflects the values of the Gospel within the traditions of the Roman Catholic Church;

- a community which will develop the whole person
- a community which works closely with parents and parish
- a community which values each child as a unique individual with particular gifts and needs
- a forward-looking community which serves its members and the wider society
- a community in which we will lead those in our care to grow in their faith whilst benefiting from an enriching education.

### **Summary:**

**Following Jesus' footsteps and inspired by St Robert Southwell we work hard, aim high and treat everyone with honesty and gentleness.**

## **Vision Statement**

***Aiming for Excellence – Being The Best We Can Be***

- At School, At Home and in the Community.
- Developing children who achieve well, are confident and are happy.
- Young people who live their faith positively and contribute to the common good.

## **Wellbeing & Mental Health Vision**

To support everyone's wellbeing and mental health, so that they can be the best they can be, are happy together, resilient, ready to learn and succeed.

- Empowering everyone in the community to be emotionally literate
- Enabling stakeholders to develop strategies to manage their emotional wellbeing and mental health.

# ASTHMA

As a school, we recognise that asthma is a serious, but controllable condition. The school welcomes all children with asthma and aims to support these children in participating fully in everyday school life.

School will take on a whole school approach to Asthma to support the children/ young people.

We aim to actively involve parents & carers children/ young people in the management of asthma within school. This policy has been developed within the North-West London Health and Care Partnership following National guidelines for the management of children/ young people (CYP) with asthma.

## **Indemnity statement**

School staff should be willing to assist with inhaler administration when it has been recommended by an appropriate healthcare professional.

## **The importance of Asthma**

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma. Every September, more children are rushed to hospital due to asthma than at any other time of the year. Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence improved asthma control improves school attendance and performance.

## **What is Asthma?**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

## **Medication and inhalers**

There are many forms of treatment for asthma. All children with asthma will have some form of inhaled treatment.

## **Preventer and reliever inhalers:**

The 'preventer inhalers' take time to build up in the system. They help stop asthma symptoms developing by protecting the airways. They can also reduce the risk of a potential life-threatening asthma attack. They are taken every day and usually at home.

The 'reliever inhalers' help symptoms to go away once they have started. These are the inhalers used during an asthma attack. It is important that in school the reliever inhaler is administered in the correct way if needed.

## **Arrangements at St. Robert Southwell Catholic Primary School**

- All Asthma inhalers are kept in the Medical Room, boxed by year group and easily accessible – children know where they are kept. Inhalers for children in the Nursery and Reception are kept in Nursery and Reception respectively.
- Children should know how to use their inhaler and spacer with support from an adult and should be encouraged to take responsibility for their own asthma management.
- All children with Salbutamol inhalers in School must have a current Asthma Action Plan, Wheeze Action Plan or School Asthma Card and an age-appropriate spacer. Parents/carers sign a consent to administer. Children without an up-to-date Asthma or Wheeze Action plan will be referred to the Brent School Nursing team.
- Parents/carers must inform the school/nursery of any relevant changes to their child's Asthma status or changes to medication and provide a revised Asthma or Wheeze Action Plan.
- Parents/carers must communicate any concern about their child's asthma care in school/nursery to the Asthma Lead/Welfare Officer. If other members of staff are advised, this information must be passed on to the Asthma Lead/Welfare Officer.
- Inhalers must be supplied boxed and with a prescription label affixed.
- There is a log with each inhaler to be completed when an inhaler is administered, and an app message is sent to the parent. A master and daily log is also completed.
- A register of inhaler expiry dates is kept and maintained by the Asthma Lead/Welfare Officer. Inhalers are checked half termly to ensure they have adequate medication within. It is the parent/carer's responsibility to ensure school have an inhaler that is in date.
- Asthma inhalers accompany children whenever they leave the premises for local walks, outings or trips.
- If an inhaler is administered by any member of staff, the Asthma Lead/ Welfare Officer must be informed to log and send an app message to the parent/carer.
- Spacers are washed after each use and left to air dry.
- All staff receive annual asthma training (at least 85% attainment).

Emergency Asthma kits are located: -

- Medical room – 1 x emergency & 1 x portable kit
- New Building 1<sup>st</sup> Floor

### **How to use a Salbutamol inhaler**

Only use the Salbutamol inhaler when needed, or when the child asks for it. This may be when you notice symptoms such as coughing, wheezing, shortness of breath and tightness in the chest or when that child is going to do an activity that can make them breathless, for example climbing stairs or sport.

The normal way for adults and children to use their inhaler is: -

- 1 or 2 puffs of Salbutamol when needed (sometimes through a spacer)
- Up to a maximum of 4 times in 24 hours (regardless of whether 1 or 2 puffs given. If given twice in a school day, parents are to be called and the child sent home

Salbutamol is sometimes prescribed to prevent breathing difficulties happening in the first place. This could be before a trigger, such as exercise or exposure to pets. In this situation, the normal dose is still 1 or 2 puffs at a time. However, always refer to the individual's Asthma or Care Plan for full details and triggers.

### **Signs that a child is having an asthma attack:**

- Their reliever inhaler (usually blue – Salbutamol) is not helping or they need it more than every four hours.
- They cannot talk or walk easily.
- They are finding it hard to breathe or shortness of breath when exposed to a trigger. or exercising.
- Wheeze (a 'whistle' heard on breathing out) often when exercising.
- They are coughing (dry) or sneezing a lot.
- Their chest is tight or hurts.
- Tummy ache in younger children

### **If a child under 12 has an asthma attack:**

- Help them sit up straight and stay calm.
- Help them take one puff of their reliever inhaler (usually blue – Salbutamol) every 30-60 seconds up to 10 puffs – using their spacer.

Call 999 for an ambulance if: -

- They do not feel better after 10 puffs.
- Their symptoms get worse – e.g., Cough, breathlessness, wheeze, tight chest, or tummy/chest ache.
- You are worried at any time.

Repeat step 2 if the ambulance takes longer than 15 minutes.



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