



St Mary's Catholic Primary School

ASTHMA TOOLKIT

**Approved Spring 2023
Next Review Spring 2025**



Asthma

Asthma is a condition that affects the small tubes (airways) 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breathe and leading to symptoms of asthma. Triggers can include, hot or cold weather, increased humidity, fumes, powders, physical exercise and stress.

Asthma is a widespread, serious but controllable condition and as a school we ensure that pupils with asthma can and do participate fully in all aspects of school life and that pupils with asthma have access to reliever inhalers and in an emergency, a spacer as when and they need it.

St Mary's provides each member of staff with a Pupil Allergies/ Medical Conditions chart at the start of each academic year to ensure that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and the procedure they need to follow in the event of an asthma attack.

Symptoms of asthma

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not everyone will get all of these symptoms. Some people experience them from time to time; a few people may experience these symptoms all the time and occasionally some may not experience any symptoms.

Asthma medicines

Immediate access to reliever medicines is essential and all-time sensitive medication at St Mary's is kept in the school office for ease of access. Those deemed competent to do so may self-administer their asthma medication.

Asthma Toolkit – Next Review Spring 2025



The school also keeps three in date emergency inhalers/spacers for all pupils who are asthmatic. Those pupils whose parents/carers have given their consent for them to use these can do so in an emergency if theirs has run out, is lost or forgotten and these are kept in the school office in clearly labelled blue bum bags.

All individual inhalers/spacers are kept in individual medical boxes clearly labelled with the child's name and class.

It is recommended that emergency asthma medication is delivered via a spacer device and schools should ensure they have a spacer on site. Spacers should be cleaned between uses and washed in warm soapy water, rinsed with clean running water and left to dry naturally.

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 St Mary's 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. **(See appendix 1)**.

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.

Records must be kept for the administration of asthma medication as done so for any other prescribed medication.

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. Staffs are fully aware of the importance of thorough

Asthma Toolkit – Next Review Spring 2025



warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

School Environment

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

Training

It is best practice that all school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer reliever medication (inhaler).

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 (**See appendix 2**)
- 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.

Asthma Traffic Light Advise

Mild Symptoms:

- **Cough**
- **Feeling 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**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 2 or 4 puffs of the inhaler**
- **Assess effect and if fully recovered, the child may rejoin usual activities**

Moderate Symptoms:

Asthma Toolkit – Next Review Spring 2025



- **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 and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 4 or 6 puffs of the inhaler**
- **Assess effect, if fully recovered the pupil may rejoin activities but a parent/carer should be informed**

Severe symptoms:

- **Not responding to reliever medication**
- **Breathing faster than usual**
- **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**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 6 puffs of the blue inhaler**
- **Assess effect, If the child still feels wheezy or appears to be breathless they should have a further 4 puffs of the blue inhaler**

Reassess:

- **If 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 5 minutes**



Appendix 1

Individual protocol for Mild Asthma

Please complete the questions below, sign this form and return without delay.

Name of School	St Mary's Catholic Primary School	Picture
Pupil's name:		
Tutor Group/Year		
Date of Birth:		

Nature of Allergy	
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Family Contact Information		
Relationship to Pupil:		
Phone Numbers		

- Does your child need an inhaler in school? Yes/No (delete as appropriate)
- 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?

4. It is advised that pupils 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. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

My child carries their own inhaler YES/NO

My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office

Asthma Toolkit – Next Review Spring 2025



I am aware I am responsible for supplying the school with in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

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

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

- 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 via a spacer**
- 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**

Please sign below to confirm you agree the following:

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

I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.

- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name..... 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>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1 st inhaler		With pupil/In classroom			
2 nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					



Appendix 2

How is your asthma / wheeze? (traffic light advice)

	Symptoms
Mild	If you / your child is: <ul style="list-style-type: none">• Requiring to use 2-6 puffs of their reliever less than 4 hourly throughout the day for cough or wheeze but is not breathing quickly and is able to continue day to day activities and is able to talk in full sentences.
Moderate	If you / your child is: <ul style="list-style-type: none">• Wheezing and breathless and the usual reliever treatment is not lasting 4 hours• Having day-time and night-time symptoms of cough or wheeze
Severe	If you / your child is too breathless to: <ul style="list-style-type: none">• Talk / eat or drink• Run and play• Having symptoms of cough/wheeze or breathlessness which are getting worse• Or reliever not lasting 4 hours or does not help
Life Threatening	If you / your child is: <ul style="list-style-type: none">• Having severe and persistent symptoms of cough / wheeze or breathlessness• Confused or drowsy• Is not responding to their reliever (blue) inhaler