Asthma and Medication Policy

St Chad's Catholic Primary School

Approved by:	Martina Parker	**Date:**	September 2026
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What is Asthma?

Asthma is a physical condition affecting approximately 1 in 10 children. It is an allergic response within the lungs causing difficulty in breathing due to narrowing of the airways.

Policy

This policy has been drawn up following the school's health service guidelines in consultation with staff, governors and school nurse, to respond to the needs of children with asthma in school. When a child joins the school, parents/carers are asked if their child has any medical conditions, including asthma, on their Admissions Form.

St. Chad's Catholic Primary School:-

- welcomes all pupils with asthma
- will encourage and help children with asthma to participate fully in all aspects of school life, including PE lessons and school clubs
- recognises that asthma is a widespread, serious but controllable condition affecting many school children
- recognises that immediate access to inhalers at all times is vital
- will do all it can to ensure that the whole school environment is favourable to children with asthma
- awareness of triggers, things like physical activity, changes in the weather, dust and pollen
- will work in partnership with parents/carers, school governors, health professionals, school staff and children to ensure the successful implementation of a school asthma policy
- Ensures that all staff, including support staff and supply teachers, who come into contact with pupils with asthma know what to do in an asthma attack.

Medication and Inhalers

There are two types of treatments, both of which come in an inhaler:

Relievers - taken quickly to open up the airways and help the child to breathe. They are usually in **blue** containers.

Preventers - taken daily to make airways less sensitive to triggers. They are usually in **brown** or **white** containers.

Reliever inhalers are crucial for the successful management of asthma. Delay in taking reliever treatment, even for a few minutes, can lead to a severe attack and, in rare cases, has proven fatal. Some children, especially younger ones, use a plastic spacer to help take their inhaler more effectively. A few children with severe asthma may use a nebuliser to take their medication. Experimenting with another child's asthma medication is **not** harmful but should be discouraged. Inhalers act simply to open up the airways, and will not have an adverse effect on a child who does not have asthma.

Managing Asthma Medication in School

- Children should **keep their inhaler with them at all times** as soon as they are able, in their pocket or in an inhaler pouch. The child's parent/carer and doctor should decide when they are old enough to do this.

- Younger children's inhalers, clearly marked with the child's name, should be kept in the classroom by the Class Teacher. The inhaler must continue to be accessible at break times.
- Delay must not be caused by keeping the inhalers in a room away from the children.
- Inhalers must always be taken on school trips and to swimming lessons.
- Children cannot overdose on an inhaler - the medication is not harmful however much is used.
- A record of each child's medication will be kept using the Pupil Medication Request Form. This should be completed by the child's doctor/parent/carer. One copy will be kept in the School.
- Parents/carers will be asked to ensure that their child has at least one labelled inhaler in school.

PE and Exercise

- All staff should understand the needs of children with asthma whilst taking part in physical education.
- All Class Teachers should know which children in their class have asthma.
- Children with exercise-induced asthma should be given the opportunity to take a puff of their inhaler before they start exercise, and to thoroughly warm up and down before and after the lesson.
- Children should bring their inhalers to the hall, field and swimming pool.
- If children say they are too wheezy to continue, they should take their reliever inhaler and rest until they feel better.
- All staff should familiarize themselves with children's medical needs and ensure inhalers are with the children at any club and returned to the classroom at the end of the session.

What to do in the Event of an Asthma Attack

In the event of an asthma attack, the school follows the procedure outlined by Asthma UK in its School Asthma pack.
In brief:-

- Ensure that the child's blue reliever medicine is taken.
- Stay calm and reassure the child. Hold the child's hand but do not put your arm around the child as this can be restricting.
- Help the child to breathe. Encourage slow, deep breathing. Most children find it easier to sit upright. Lying down is not recommended.
- The attack should then subside and the child can carry on with normal activity.
- In the event of an emergency, phone for an ambulance immediately and contact the child's parent/carer.
- An emergency situation exists when:-
    - the reliever has no effect after 5 – 10 minutes
    - the child is distressed or unable to talk
    - the child is getting exhausted
    - there are any doubts about the child's condition has not improved

When a Pupil Falls 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/carer to work

out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse about the pupil's needs.

- The school recognises that it is possible for pupils with asthma to have additional education needs due to their asthma.

- Guidelines on what to do in the event of an asthma attack are displayed in the Healthy Schools (Red folder) in Family Support /HLTA office.

- New staff will be informed about the policy, and training reinforced when necessary.

- All staff should familiarise themselves with children's medical needs and ensure
  - inhalers are with the children at any club and returned to the classroom at the end
  - of the session.

Indemnity

The Local Authority offers full indemnity to its staff against claims for late negligence, providing they are acting within the scope of their employment and have received adequate training and are following appropriate guidelines.

Medication Policy

Policy Statement

- We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day.
- However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.
- We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this Policy.

Children with Special Medical Needs

- Should we be asked to admit a child to school with special medical needs we will, in partnership with the parents/carers discuss individual needs.
- Where appropriate an individual Care Plan will be developed in partnership with the parents/carers.
- Any resulting training needs will be met.

1. <u>On Admission to School</u>

1.1 All parents/carers will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital Consultants, allergies, special dietary requirements etc.

2. Administration & Storage of Medication in School

2.1 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to the school office staff.

2.2 The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.

2.3 The form 'School Medication Consent Record' (see appendix 1) should be completed and signed giving consent for a qualified first aider to administer medicine by the parent/carer. This will be kept at the first aider main station in the Family Support/HTLA's office.

2.4 A record of the administration of each dose will be kept on the 'School Record of Medication' form (see appendix 2), which will be signed by a first aider who has administered the medication. A copy will be sent home to ensure that parents are notified of times and dosages.

2.5 Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept a medication. "Wasted doses" (e.g. tablet dropped on floor) should also be recorded.

2.6 Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible and a new medical form will be required to be completed by the parent/carer.

2.7 If medication needs to be replenished this should be done in person by the parent/carer.

3. Storage and Disposal of Medication

3.1 All medication with the exception of Emergency Medication and inhalers will be kept in a locked cupboard in the main first aid station (Family Support's office/Y6 cupboard).

3.2 A regular half-termly check will be made of the medication cabinet, and parents will be asked to collect any medication which is out of date or not clearly labelled. If parents/carers do not collect this medication it will be taken to the local pharmacy for disposal.

APPENDIX 1

SCHOOL MEDICATION CONSENT FORM

CHILD'S NAME ……..

D.O.B ……

CLASS/ YEAR GROUP ……

ANY ALLERGIES ……

NAME and STRENGTH OF MEDICATION

……..

HOW MUCH TO GIVE (i.e dose to be given) ……..

TIME TO BE GIVEN ……..

ANY OTHER INSTRUCTIONS ……..

NUMBER OF TABLETS/ QUANTITY GIVEN TO SCHOOL

……..

NB: Medication must be given in the original container, as dispensed by the pharmacy with clear instructions on how much to give.

TELEPHONE NO. OF PARENT/CARER ……..

NAME OF G.P ……..

G.P's TELEPHONE NUMBER ……..

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

PARENT's/ CARER'S SIGNATURE ……..

DATE ……

PRINT NAME ……

St Chad's Catholic Primary School

APPENDIX 2

SCHOOL RECORD OF MEDICATION ADMINISTERED

NAME OF CHILD ……..

CLASS/ YEAR GROUP ……..

D.O.B ……..

NAME AND STRENGTH OF MEDICATION ……..

DATE							
TIME GIVEN							
DOSE GIVEN							
STAFF SIGNATURE							
PRINT NAME							

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