

Brough Primary School



Asthma Policy

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Policy statement

This policy has been written with advice from Asthma UK and the Department for Education in addition to advice from healthcare and education professionals.

Brough Primary School recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

Brough Primary School encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and by pupils.

All staff who have contact with these children are required to receive training from the specialist nurses. Updates for training are offered at regular intervals and this school will encourage attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, some staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour.

Immediate access to reliever inhaler is vital.

Children aged 7 years and over who are considered sufficiently mature are encouraged to carry their own inhaler with them, at the discretion of the parent/carer and teacher. Otherwise the inhaler must be kept wherever the child is at any time e.g. class, hall, playground etc.

N.B. Inhalers should not be stored in the school office or similar as this will not allow quick enough access in an emergency.

KEY STAGE 1

Inhalers and spacers will be kept by the teacher in the classroom in a designated place, of which pupils will be made aware. However, if the child or class moves to another area within the school, the inhaler will be taken too. A spare inhaler is kept in the school office for use if the original runs out or is lost.

KEY STAGE 2

Inhalers are kept in the child's drawer in the classroom. However, if the child or class moves to another area within the school, the inhaler will be taken too. A spare inhaler is kept in the school office for use if the original runs out or is lost.

Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a child with asthma joins this school, parents/carers will be asked to complete an asthma form, giving details of the condition and the treatment required. Information from this form will be used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully. Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after.

School Trips/Residential Visits

No child 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 child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided. A spare inhaler

will be available for use if the original runs out or is lost.

Group leaders will have appropriate contact numbers with them.

Training.

On a bi-annual basis, **all** staff will receive training or guidance on signs and symptoms of asthma and how to treat it.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer.

Storage of Inhalers

1. Inhalers will **NEVER** be locked away or kept in the school office.
2. All children with asthma will have rapid access to their inhalers as soon as they need them
3. Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.

N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Colds/ Viruses

When a child has a cold it is sometimes necessary for him/her to have regular Ventolin for a few days. Therefore, a parent/carer may ask you to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 2 and 8 puffs. The parent/carer must write explicit instructions, sign and date the document.

This does not replace using the inhaler as and when needed – it is in addition to this.

Children should not be taking Ventolin every break/lunch time 'just in case' of symptoms.

Emergency Procedures

A flow chart is displayed in the main school office, staff room and midday supervisors room outlining the action to be taken in an emergency.

In an **emergency**, where a child, who is a **known asthmatic, is experiencing significant symptoms and** has not got their own blue inhaler with them or it is found to be empty, it is acceptable to use the school emergency inhaler and spacer. This emergency inhaler will be kept in the main school office, where staff can access it with ease and will be used as per the asthma flow chart.

This should then be recorded in the child's records and parent/carer informed.

Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff have a responsibility to:

- Understand the school asthma policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, SENCO, etc. if a child is falling behind with their work because of asthma

Signs of Asthma Attack

Signs & Symptoms

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

NB Not all symptoms need to be present for a child to be having an asthma attack

Signs of Asthma Attack



Administer 2 puffs of **blue Reliever** medication
STAY CALM



After 2-3 minutes

Improved



Return to normal activities



Document episode in child's medical record.
Dose may be repeated if symptoms return.
Inform parent/carer at end of day.

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.

No Improvement



Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute



No Improvement/
Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/
Collapse

DIAL 999 IMMEDIATELY



Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help

Improved



Contact Parent/Carer

