Asthma Policy

Northfield Road Primary School

Approved by:

Date: March 2024

Last reviewed by: January 2024

Next review: January 2025

Asthma Policy

Background

This policy has been written with advice from the Department for Education, Asthma UK, the Local Education Authority, local healthcare professionals, the School Health Service, parents/carers, the governing body and pupils.

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school 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, their employers (the Local Education Authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff, who come into contact with pupils with asthma, are provided training on asthma from the school nurse. Training is updated once a year.

Asthma Medicines

- Immediate access to reliever medicines is essential. Parents/carers are asked to ensure that their child has a working, in-date inhaler, clearly labelled with their name for use in school. This inhaler will be securely kept in the child's classroom in a green First Aid bag within the cabinet inside their designated classroom.
- In the event that the child's inhaler is not available or is un-useable, the school emergency inhaler will be used.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however, many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will allow pupils to take their own medicines when it is needed.

Record Keeping

- When a child joins the school, parents/carers are asked, on the enrolment form, if their child has any medical conditions.
- All parents/carers of children with asthma are consequently provided with a 'Consent Form' which requests consent for both the child's own prescribed asthma inhaler and the use of the emergency inhaler. Parents/carers are asked to return these forms to the school. The school maintains an asthma register, which is made available to all school staff in electronic format on the staff shared area. Parents/carers are requested to inform the school immediately of any changes to their child's medication or dosage. On an annual basis parents/carers are provided with a copy of their child's 'Student Update Form' on which all currently held personal and medical information is shown.

Parents/carers are requested to review the data and advise the school of changes.

Exercise and activity

- Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers and teaching assistants are aware of which pupils, in their class, have asthma or may require the use of an asthma inhaler.
- Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers and sports coaches will remind pupils, whose asthma is triggered by exercise, to take their reliever inhaler before the lesson, and to thoroughly warm up and cool down before and after the lesson.
- Class teachers and sports coaches will ensure that the bag, containing the children's inhalers, is taken from the classroom to the site of the PE lesson, whether that is in the hall, playground or off-site. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- Classroom teachers follow the same principles as described above for all games and activities involving physical activity.

Out-of-Hours Sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and sports coaches are aware of the potential triggers for pupils with asthma when exercising, how to minimise these triggers and what to do in the event of an asthma attack. All school staff are provided with asthma training from the school nurse, who is also trained in asthma.
- After school sports coaches are made aware of the medical conditions of the pupils they are coaching and are provided with a list of medical conditions for the pupils attending their activity.

School Environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy which includes e-cigarettes. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

When a pupil is falling 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, our Attendance Officer and/or our Pastoral and Safeguarding Lead will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the Attendance Lead and/or the Pastoral/Safeguarding Lead will then talk to the school nurse and SENDCo about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- In the event of an asthma attack the school follows the procedure outlined in this policy.
  This procedure is visibly displayed in the staffroom, halls and every classroom. See **Appendix 1**.

Roles and Responsibilities

The school will ensure that:

- A member of staff is designated to take a link role between school and the school health service. In this school the designated link is the SENDCo (Special Educational Needs and Disability Co-ordinator) Mrs Gemma Merrix.
- A register of pupils with asthma is maintained and shared amongst staff.
- All school staff attend annual basic awareness training on asthma awareness and the use of the common inhaler devices
- Posters "What to do in the event of an Asthma Attack" are displayed at appropriate sites such as staffroom, halls and classrooms (Appendix 1)
- all staff are aware of the procedure to follow when a child has an asthma attack
- Pupils' inhalers are accessible and visible at all times within the classroom. These are currently held in a green bag on the back of each classroom door
- Pupils' inhalers will be checked once a month by school staff to ensure they are in both good working order and in-date. School staff will contact parents/carers to notify them if the inhaler needs to be replaced – see **Appendix 4**
- Pupils' inhalers are taken with them for off-site activities
- emergency inhalers are stored at various points in school and that these locations are known to staff and accessible throughout the site
- Disposable spacer devices are made available

Parents/Carers will ensure that:

- The school is notified if their child has been diagnosed with asthma or prescribed with an asthma inhaler
- The school is notified of any changes to their child's asthma needs. This includes notifying the school when their child no longer needs to be on the asthma register, for example, when a child has been prescribed an inhaler as reliever medication, as a oneoff, when they have had a heavy cold or chest infection.
- Their child has a reliever inhaler, prescribed by a doctor, available for them to use in school and that the inhaler is clearly labelled with their child's name and date of birth
- Provide a spacer (labelled with their child's name and DOB) if their child has a metered dose inhaler
- Their child's inhaler is in good working order **and** in-date. It is the responsibility of the parent/carer to keep track of the expiry date of their child's inhaler and to ensure that a replacement is available at that time

- Their child's inhaler is correctly labelled from the dispensing pharmacy clearly giving the child's name and correct dose
- Their child's inhaler is taken home to clean at the end of each term and returned at the start of the following term.

The School Health Service will ensure that:

- Asthma Awareness Training for all School Health Advisors is provided annually by the Paediatric Asthma Society and/or our Designated School Nurse Jacqui Potter.
- Asthma Awareness Training is offered to all Dudley schools annually by the School Health Service.

Managing Asthma at School

School Health Advisors and School Nurses will work together and implement the guidance by:

- Compiling an asthma register
- Completing asthma record forms in conjunction with parents
- Ensuring every child on the asthma register has access to their own blue reliever inhaler whilst at school and participating in school activities
- Providing asthma awareness sessions for all school staff

Use of Emergency Inhaler

From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 has allowed schools, if they wish, to buy salbutamol inhalers, without prescription, for use in emergencies. Northfield Road Primary School has chosen to keep emergency inhalers in school and we have, therefore, established a protocol for the use of the emergency inhaler based on the guidance issued in these regulations.

The emergency salbutamol inhaler will only be used by children, for whom written parental consent, for use of the emergency inhaler, has been given AND who have been diagnosed with asthma and prescribed an inhaler, OR, who have been prescribed an inhaler as reliever medication. The emergency inhaler cannot be used if these conditions are not met.

The emergency inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The protocol for keeping the emergency inhaler in school includes the following:

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-
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-
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Arrangements for the supply, storage, care and disposal of the inhaler and spacers in line with the school's asthma policy – see **Appendix 5**

A register of children in school that have been diagnosed with asthma or prescribed a reliever inhaler is maintained and kept up-to-date, a copy of which is kept with the emergency inhaler

The emergency inhaler is only used by children who have been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as a reliever medication and for whom written parental consent for its use has been given

Appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler – see **Appendix 2** and
Appendix 3

Having at least two member of staffs responsible for ensuring the protocol is followed. In this school this is designated to the Headteacher or SENDCo.

Appendix 1

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack can include the following but are not limited to these:

• Persistent cough (when at rest) • A wheezing sound coming from the chest (when at rest) • Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body) • Nasal flaring

- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

• Appears exhausted • Has a blue/white tinge around lips • Is going blue • Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward

- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE and then contact the parents
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix 2

Asthma Medication Issue

This note is to advise you that:

Child's name _____ Class _____

Needed to use _____ Emergency Inhaler _____

Why _____

Signed _____ Time _____

Print Name _____

Date _____

Asthma Medication Issue

This note is to advise you that:

Child's name _____ Class _____

Needed to use Emergency Inhaler

Why _____

Signed _____ Time _____

Print Name _____

Date _____

Asthma Medication Issue

This note is to advise you that:

Child's name _____ Class _____

Needed to use Emergency Inhaler

Why _____

Signed _____

_____ Print Name

Date_____Time

Appendix

3 EMERGENCY INHALER

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

DATE	CHILD'S NAME	CLASS	TIME	LETTER SENT HOME	COMMENTS	SIGNED

Appendix

4 Storage and Care of Inhalers – Checklist

CLASS .....

Please check the following on a monthly basis:
***Inhalers and spacers are present and in working order, and that each inhaler has sufficient number of doses available.**
***Inhalers and spacers are clearly labelled with Child's Name, Class and Expiry Date of Inhaler.**
***Request replacement inhaler prior to expiry date.**

Child's Name	Emergency Inhaler Written Consent Received	Inhaler prescribed Not diagnosed with Asthma	Inhaler prescribed Diagnosed with Asthma	Date Inhaler Checked	Expiry Date of Inhaler	Date Parent Contacted	Signature

Appendix 5

Storage and Care of Emergency Inhalers – Checklist

Please check the following on a monthly basis:

***Inhalers and spacers are present and in working order, and that each inhaler has sufficient number of doses available.**

***Request replacement inhaler from the office prior to expiry date.**

***The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.**

Emergency Inhaler (Batch Number)	Date of Expiry	Comments	Signature

The emergency kit should include: - **a salbutamol metered dose inhaler;**

- **a disposable spacer compatible with the inhaler;**

- **instructions on using the inhaler and spacer chamber;**
- **instructions on cleaning and storing the inhaler;**
- **manufacturer's information;**
- **a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;**
- **a note of the arrangements for replacing the inhaler and spacers;**
- **a list of children permitted to use the emergency inhaler;**
- **a record of administration (i.e. when the inhaler has been used).**