



Asthma

Policy

ASTHMA POLICY 2016

This policy has been written with advice from the National Asthma Campaign and the School Health Service. It was approved by the Governing Body in 2005.

It was reviewed in 2008, Autumn 2010 (following training), June 2014 and May 2016. It will be reviewed again in 2018-19 or should the need arise.

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.

May Bank Infants School

- welcomes all children with asthma
- recognises that asthma is an important condition affecting many children
- encourages and helps children with asthma to participate fully in school life
- recognises the need for immediate access to inhalers
- does all it can to make sure that the school environment is favourable to asthmatics
- ensures that all staff understand asthma
- understands what to do in the event of a child having an asthma attack and will, if necessary, give emergency treatment and inform parents accordingly
- works in partnership with children parents, staff, governors and the school health service to ensure the successful implementation of this asthma policy.

1. May Bank Infants School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
2. This school encourages children with asthma to achieve their potential in all aspects of school by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy. All of the teaching staff and non-teaching staff receive asthma training from the school nurse and the training is updated at regular intervals. We also have fully trained first aiders.
3. When a child joins the school the parents are asked to inform us if their child has asthma. It is also important that parents inform the school if their child **subsequently** develops asthma. All parents of children with asthma are asked to give us information about their child's medication. Parents complete an asthma consent form and Care Plan which is kept in the School Office for our records.

From this information the school keeps its asthma register. If the child's medication changes parents are asked to inform the school.

4. Immediate access to reliever inhalers is vital. Children are encouraged to carry their own reliever inhaler as soon as the parent, doctor and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the Medical Room in a readily accessible place. Reliever inhalers are taken with the children when they go on a school trip. All reliever inhalers must be labelled with the child's name by the parent. We have a register of all children who have an inhaler. School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. School staff who agree to do this are insured by the LEA when acting in accordance with this policy. Parents will be notified by letter each time their child has used their inhaler in school. Each child also has an asthma record which is also filled in and kept for reference in the Medical Room.

All school staff will let children take their medication when they need to.

5. Taking part in PE is an essential part of school life and children with asthma are encouraged to participate fully. Teachers are aware of which children in their class have asthma and they will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. If a child needs to use their reliever inhaler during the lesson they will be able to do so.
6. The school does all that it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as is possible the school does not use chemicals in science or art that are potential triggers for children with asthma.
7. Staff administering an inhaler will identify if a child is using it frequently and will ensure that parents are aware of this. This will also be brought to the attention of the school nurse as a referral to ensure that children are receiving the correct medication and being treated appropriately may be needed.
8. Children missing school frequently due to asthma will be referred to the school nurse.
9. All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The following procedure is clearly displayed in all classrooms.

Children should have their own reliever inhaler at school to treat symptoms and for use in

the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

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.

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

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded on the child's asthma record and on an asthma communication slip to inform parents. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.



HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- 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

Guidance on the use of emergency salbutamol inhalers in schools 6

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 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

- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Minor attacks should not interrupt a child's involvement in school. When a child feels better they can return to school activities.

All administration of inhalers must be recorded and a slip sent home. Parents will be informed if their child has an asthma attack in school.



Asthma Communication

_____ had _____ puffs of their inhaler
at (time) _____ today.

Signed:

Date: