



Asthma Policy

**(Part of Supporting Pupils at school with Medical Conditions
& the Administration of Medicines 2013 Guidance)**

NON STATUTORY POLICY

Review: Two Yearly

Next Review Date: February 2028

Role	Name
Headteacher	Caroline Rodgers
Chair of Governors	Linda Mosley
Designated Governor	
Designated Senior Lead	Caroline Rodgers

Rationale

Brockley Primary School recognise that asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. In the UK, it affects one in every 11 children.

People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest. An attack is caused by a sudden narrowing of the air passages, making it difficult to breathe. Asthma can be controlled by, firstly avoiding known irritants or triggers and secondly by inhaling specific prescribed drugs.

Aim

The aim of this policy is set out clearly the roles and responsibilities of parents/carers and staff in relation to children with asthma in school.

Objectives

- For all staff to be aware of the children in their care with asthma, have access to their asthma plan, if provided and know the school procedures in the event of an asthma attack.
- Recognise that pupils with asthma will need access to their reliever medication at all times.
- To ensure that procedures relating to the use and administration of inhalers are consistent throughout the school.
- To detail procedures to be followed if the child has an asthma attack.
- To ensure records are kept up to date and are available to all relevant staff.
- To make parents aware of this policy.

Responsibility of the School

- To ensure that all pupils with asthma are encouraged to participate fully in the life of the school and participate in all aspects of the school day, including PE, Arts, Science, educational visits and out of hours activities.
- To notify parents if their child has required their inhaler to be administered during the day (Key Stage 1). Key Stage 2 children will administer their own medication but this will also be recorded.
- To provide an accessible safe place for the storage of inhalers kept in school.
- To ensure that an up to date medical register is kept in the office and shared with **all** staff.
- To ensure that **all** staff know the procedures to follow in the event of a child having an attack.
- On school trips or visits to ensure accompanying staff are aware of the children with asthma and to ensure that these children have their inhaler. If undertaking physical activity where the inhaler may be damaged the member of staff in charge will carry the inhaler. The staff member in charge will carry the inhaler for Key Stage 1 children.
- To remind parents in letters about trips, that children with asthma need to bring an inhaler.

Responsibility of Parents

- To notify the school if their child has asthma.
- To provide school with their child's most current asthma Plan
- To supply their child with a named and in date inhaler

- To notify the school if their child's medication is to be administered by a member of staff to enable the completion of the appropriate permission form.
- To complete, annually, an asthma record. (Appendix 1)
- To notify the school of any change in their child's condition or medication.

Record keeping

When a child joins the school, 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 asthma records and emergency contact numbers. All parents/carers of children with asthma are given an asthma information form to complete and return to school.

Information provided on this form will be held on the school management information system and shared with class staff. 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.

Asthma medicines and storage

There are two types of treatments:

Preventers: Medicines taken daily to make airways less sensitive to triggers- generally brown or white containers.

Relievers: Quickly opens up the airways and helps breathing difficulties, generally blue containers. Immediate access to reliever medicines is essential. Reliever medicines will be kept in the child's classroom in a place known to the child.

All inhalers must be labelled with the child's name by the parent/carer. If a parent/carer has stated that their child requires an inhaler in school but does not supply an in-date inhaler, the school will:

- Contact the parent/carer and request that the inhaler is brought into school without delay. Further conversations may be appropriate, at the discretion of the school.
- If the parent/carer fails to supply the inhaler as requested, a letter will be sent home. This will repeat the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable to follow the usual asthma emergency inhaler procedure or the child's asthma plan and will be reliant on calling 999 and awaiting the Emergency Services

Exercise and activity (PE and Play)

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/plan) and during exercise if needed.

School Environment

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

Recognising the signs of an asthma attack

An asthma attack happens when a pupil's asthma symptoms get much worse. This can happen quite suddenly or can build up gradually over a few days.

Your pupil might:

- find it hard to breathe
- breathe more quickly
- be unable to talk or walk or eat
- wheeze and cough a lot
- complain of a tight chest or a tummy ache
- say their blue reliever inhaler isn't helping, or they need it more than every four hours
- be unusually quiet.

How you can help in an attack

Mild to Moderate Attack

- ***(Cough, wheeze, tight chest, but child able to talk in sentences.)***
- Ensure they take their usual reliever dose immediately - usually blue inhaler, relieves breathing difficulty in 5 to 10 minutes.
- Usually 5 puffs of the reliever inhaler should bring relief (up to 20 puffs is equivalent to a nebuliser). 1 puff can be administered every 30-60 seconds and if 10 puffs of the reliever inhaler does not relieve the symptoms then an ambulance should be called.

IF NOT- Follow 'Severe Attack' guide

- Stay calm and reassuring and help the child breathe
- Attacks are frightening. Listen to the child.
- Assist to sit comfortably. Encourage slow deep breaths.
- After the attack- For mild attacks children can resume normal activities as soon as they feel better.
- Inform their parents or carers.

Emergency Situation

The following indicates a severe attack, which must be dealt with at once:

- Reliever has no effect within 5 to 10 minutes.
- Child distressed or unable to talk normally.
- Child is getting exhausted.
- Blue tinge around the lips.
- N.B the child may not wheeze.

Severe Asthma Attack School's Procedure (in line with the Asthma UK guidance)

- In the event of a severe asthma attack, staff will follow the school procedure:
- Recognise the triggers and symptoms of an asthma attack

- Encourage the pupil to sit up, do not let them lie down
- Try to keep the pupil calm
- Encourage the pupil to use their inhaler, under supervision. Follow their asthma plan or following guidance from Asthma UK, Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
- If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, call 999 for an ambulance.
- If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
- If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures or the child's 'My Asthma Plan'

The First Aider will call 999 an ambulance if there is no improvement in the pupil's condition.

If there is any doubt about a pupil's condition at any point from the pupil becoming ill, an ambulance will be called.

Inform the child's parent or carer of the situation and the actions taken.

After the event, document the incident and inform the school nurse.

Appendix 1

Asthma Record

SURNAME..... FIRST NAME.....

Date Of Birth.....

Parent(s)Name(s).....

Telephone Home.....

Telephone Work.....

GP Name..... GP Telephone No.....

Asthma Nurse.....

Known Triggers/Allergies.....

Any Other Medical Problems.....

My Child's Medication

Reliever medication (usually blue)

Medication Name Device , Dose , When taken

(e.g Salbutamol, diskhaler, 1 blister, when wheezy, before exercise)

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Other Medication.....

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Emergency Treatment

In the event of a severe asthma attack I am happy for my child to receive 10-20 puffs of a reliever and further medical help to be obtained.

Signed: (Parent/Carer)..... Date.....

Key points for parents to remember:

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses, that it is in date and labelled by the pharmacist with your child's name and dosage details.