

# CLARENDON ROAD PRIMARY SCHOOL



## ASTHMA POLICY

**Policy Review:** *This policy will be reviewed by the full Governing Board on an annual basis.*

**Date of Issue:** *February 2013*

**Date of Last Review:** *September 2018*

**Signed:**

**Signed:**

**Headteacher**

**Chair of FGB**

**Date:**

**Date:**

**To be reviewed:**

*September 2019*

## **Background**

This policy has been written with advice from the Department for Education & Skills, Asthma UK, The local education authority, the school health service and the governing body.

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 with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

## **Asthma Medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in containers in the classroom.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

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 let pupils take their own medicines when they need to. All staff act in good faith.

## **Record Keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their emergency contact form.

All parents/carers of children with asthma are consequently sent an Asthma UK School Asthma Card to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. School Asthma Cards are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

All classrooms have an Asthma box which contains inhalers, record of use and register.

## **Exercise and Activity – PE and Games**

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

## 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 out-of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

## 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 non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their 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, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator 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. (See NHS Asthma Action Plan guidance attached)
- In the event of an asthma attack the school follows a clear procedure:
  1. Ensure the reliever inhaler (blue one) is taken immediately
  2. Stay calm and reassure the child
  3. Help the child to breathe by ensuring that tight fitting clothing is loosened
  4. If the child is in extreme distress **call an ambulance.**
  5. Record the date/time/number of puffs taken on school record

## Emergency Procedure: Severe Attacks

A severe attack is defined as:

- The inhaler has no effect after 5 – 10 minutes
- The child is distressed or unable to talk
- The child is becoming exhausted
- The child shows rapid signs of deterioration
- Child looks pale – lips can turn blue
- There is any doubt at all about the child's condition

### The procedure is:

1. **Call an ambulance**
2. **Contact parents**
3. **Child must not be left alone**
4. **Continue to give blue inhaler – 1 puff every minute until paramedic arrives**
5. **Keep a note of how much inhaler you have given**

## **Salbutamol Inhalers in School for Emergency**

Regulations amend the Human Medicines Regulations 2012, to allow schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency. These regulations come into effect on 1 October 2014.

From this date onwards, schools can buy inhalers and spacers (the plastic funnels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

In line with this change of law the school hold one inhaler and four spacers in the medical room for emergency use.

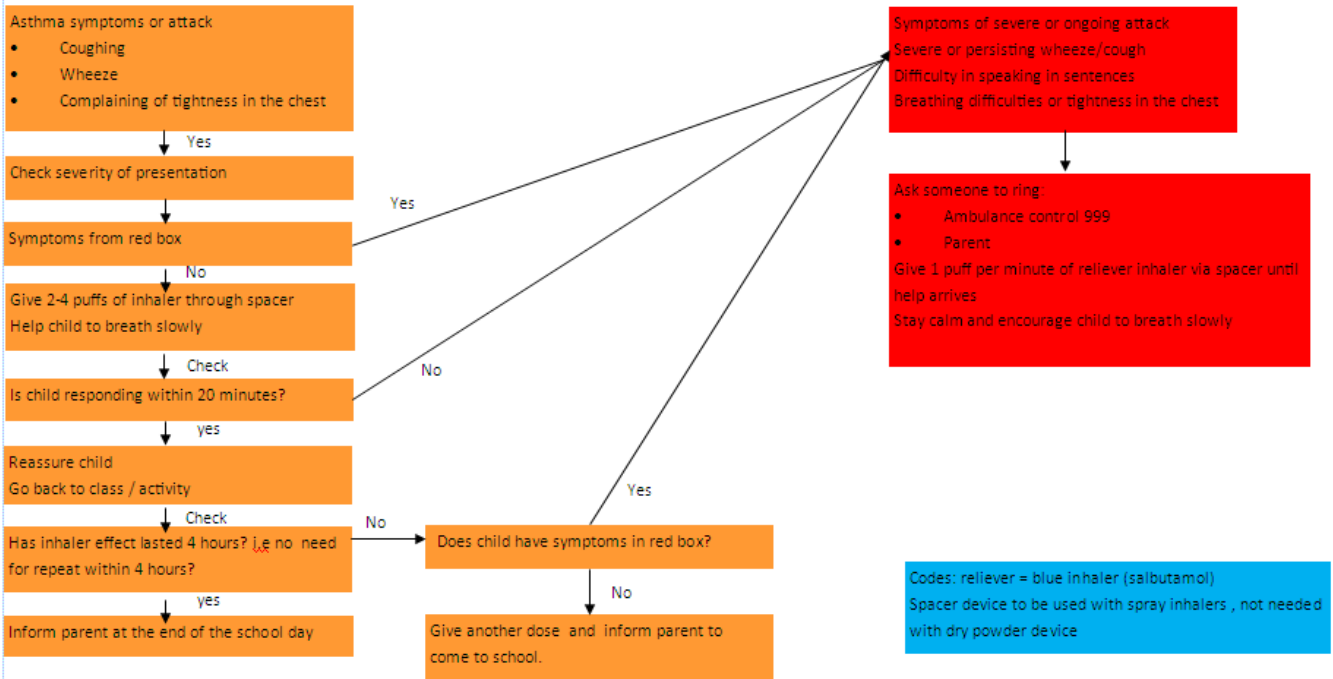
## **Display of Action and Emergency Procedures**

The school will prominently display the information given above.

# Asthma Action Plan for Schools/Early years Setting

All pupils with asthma must have a spare reliever +/- spacer at school (spacer not needed for dry powder device)  
Some Children may benefit from using their blue inhaler—two puffs 10-20 minutes before exercise. This should be on their individual asthma management plan

**Remember if in doubt always give the blue inhaler**  
If possible document inhaler given in records



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**If the child does not have their inhaler in school, an emergency inhaler is available in the First Aid Room on the ground floor in the bottom drawer**

**Mrs Ford must be informed immediately if this is used**

