

St John of Beverley RC Primary

SCHOOL ASTHMA/EMERGENCY INHALER POLICY

Mission Statement

Everyone at St John of Beverley RC Primary School knows we are part of God's family. We share, play and learn together and try to be the best we can be.

This policy has been written with advice from the National Asthma Campaign, Department for Education and Healthcare Professionals.

POLICY STATEMENT

This school recognises that asthma and recurrent wheezing are important conditions affecting many school children, and welcomes pupils with these conditions. We encourage children with asthma to achieve their full potential in all aspects of school life by having a clear policy that is understood by all school staff and pupils. All staff having contact with children with asthma are given the opportunity to receive training. This training is updated at regular intervals.

MEDICATION

Immediate access to inhalers is vital. Children are encouraged to carry their inhalers with them, at the discretion of the parent/teacher and depending on the maturity of the child.

FOUNDATION STAGE & KEY STAGE 1 & 2

Inhalers will be kept by the teacher in the classroom in a designated place, of which all pupils will be made aware.

All inhalers will be clearly labelled by the parent with the child's name. Many children will identify for themselves the need to take their medication, and should be allowed to do so, as and when they feel it necessary.

School staff are not required to administer medication, as it is self-administered. However, in an emergency it may become necessary to assist the child to take their medication. Staff who agree to do this, and act in accordance with this policy and its allied guidelines, will be insured by the Local Educational Authority.

RECORD KEEPING

When a child enrolls parents/guardians are asked if their child has asthma/recurrent wheezing. They are requested to complete a form giving details of the condition and the treatment required. Information from this form is used to compile an "Asthma Register", which is available for all school staff. This form will be updated annually by the parents and in between times after each visit to the Asthma Clinic or if medication changes are made.

PHYSICAL EDUCATION

Taking part in sports is an essential part of school life and children with asthma/recurrent wheezing are encouraged to participate fully in P.E. Symptoms of asthma are often brought on by exercise and, therefore, each child's labelled inhaler will be available at the site of the lesson. Certain types of exercise are potent triggers for asthma/recurrent wheezing, e.g. cross country running. Any child who knows that this type of exercise does bring on symptoms, will be allowed to take their inhaler prior to exercise, carry it with them throughout, or give to the Teacher and will be encouraged to gently warm up before the exercise.

SCHOOL TRIPS

No child will be denied the opportunity to take part in school trips/residential visits because of asthma/recurrent wheeze, unless so advised by their GP. Their reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves, or by the adult supervising the group they are in, whichever is most appropriate. Group leaders need to be trained in the prevention of asthma, as well as the emergency management. They will have appropriate contact numbers with them.

EDUCATION

This school will be encouraged and supported by the School Health Care Team to include asthma education for pupils. This teaching will be allied to the Key Stages and, therefore, appropriate to their level of understanding.

PROBLEMS

Should the teacher have concerns about the progress of an asthmatic child, that they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent and/or school nurse.

STORAGE

The storage of inhaler devices presents a number of problems for schools, but attempts will be made to address these problems. The following good practice guidelines will be followed:

1. Inhalers will never be locked away.
2. All children with asthma will have rapid access to their devices.

DISPOSAL

Asthma medication will be returned to parent/carer for safe disposal if out of date or if medical circumstances change. It is the parents' responsibility to keep the school informed of any changes to the child's medical condition.

STRATEGIES FOR THE EMERGENCY MANAGEMENT OF ASTHMA

DURING AN ATTACK

*Use normal reliever medication, usually **blue*** - Should open up the narrowed air passages quickly

Stay calm and reassure the child - asthma attacks are frightening for the carer as well as the child. The child may have had an attack previously – listen to what the child tells you.

Help the child to breathe

- breathing should be deep and low
- encourage the child to sit up and slightly forward
- stay with the child whilst inhaler is brought to them. Immediately help the child to take 2 separate puffs of the reliever inhaler (blue). 10 breaths to 1 puff)
- if there is no immediate improvement, continue to give 2 puffs at a time every 2 minutes, up to a maximum of 10 puffs.
- stay calm and reassure the child. Stay with child until they feel better. They can return to school activities when they feel better.
- however, if the child does not feel better or you are worried at any time before you have reached 10 puffs, call an ambulance.
- if ambulance does not arrive in 10 minutes, give another 10 puffs in the same way.
- never take a child outside who is having an asthma attack.
- in extreme circumstances if the child's own inhaler is not available, use the emergency inhaler.

Call a doctor urgently or dial 999 if:

- the reliever has no effect after 5-10 minutes
- the child is too distressed or breathless to talk
- the child is getting exhausted
- the child's lips turn blue
- you have any doubts about the child's condition

AFTER AN ATTACK

Minor attacks that respond well to treatment need not affect normal school activities.

Notify parents of attack.

Document attack in the child's asthma record.

Policy Drafted by	Jo Thomas and Pam Foster
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