



# Hatfield Heath Community Primary School

## Care and Welfare Policy

(including Asthma & Medicines)

**This policy has been read and reviewed by staff, parents and governors at Hatfield Heath CP School but was taken from an Essex County Council Guidance policy.**

Updated April 2014

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## Introduction

This Policy has been written with advice from the Department of Education and Skills, Asthma UK, the local Education Authority, local healthcare professionals, the school health advice 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 teacher 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. The reliever inhalers of all children are to be kept both in the classroom and school office. The School has liaised with the Practice Manager at the local Doctor's Practice and they have agreed to provide any child requiring medicine during school time on a regular basis e.g. an asthma pump with two sets of this medicine for the school, in addition to any medicine required at home. If you have any problems acquiring medicine, please see the Practice Manager.

Parents/carers are asked to ensure that the school is provided with a labelled inhaler or medicine for both the classroom and school office medical boxes. 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 so. 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.

## **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 admission forms or are asked to update their child's records accordingly if there have been any changes to the current care recorded.

All parents/carers of children with any medical condition or asthma are sent a Form 2 Health Care Plan and Form 3B Parental Agreement for a School/Setting to Administer Medicine (forms as provided by the School Nurse), in addition to the Schools own form Requesting Permission to Administer Medicine. Parents/carers are asked to complete these forms as soon as possible and return them to the school.

From this information, the school keeps its register of all medical conditions and asthma which is available to all staff in the classroom and in the school office in appropriate medical folders.

The Pupil Contact forms with medical information are sent out on an annual basis at the start of each new school year to update. Parents/carers are also asked to update or exchange the Care Plan forms they already have in place for new ones if their child's medicines, or how much they take, changes during the school year.



## **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 teachers at the school are aware of which pupils have asthma from the school's medical folders provided.

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. It is agreed with staff that each pupil's inhaler will be labelled and kept in a box in the classroom and when deemed necessary that this inhaler is taken to the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so.

Teachers follow the same principles as described above for games and activities involving physical activity.

## **Asthma Attacks**

All staff who come into contact with pupils with asthma know what to do in an event of an asthma attack. This information is also recorded in the front of all class and office medical folders. Medical training is also completed and updated annually by the School Nurse of what to do in an attack.

In the event of an attack, the school follows the procedure outlined by Asthma UK (<http://www.asthma.org.uk/about-asthma/what-to-do-in-an-asthma-attack/>). See Notes at end of Policy.



# Asthma awareness for school staff

## What to do in an asthma attack

### **What to do**

- Keep calm
- Encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child

### **If there is no immediate improvement**

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **Call 999 or a doctor urgently if:**

- The child or young person's symptoms do not improve in 5–10 minutes.
- The child or young person is too breathless or exhausted to talk.
- The child or young person's lips are blue.
- You are in doubt.

Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.



# Asthma awareness for school staff

## What to do in an asthma attack (continued)

### **Common signs of an asthma attack are:**

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling tight in the chest as a tummy ache.

### **After a minor asthma attack**

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.



# Asthma awareness for school staff

## What to do in an asthma attack (continued)

### Important things to remember in an asthma attack

- Never leave a pupil having an asthma attack.
- If the pupil does not have their inhaler and/or spacer with them, send another teacher or pupil to their classroom or assigned room to get their spare inhaler and/or spacer.
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- Send another pupil to get another teacher/adult if an ambulance needs to be called.
- Contact the pupil's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car. However, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.

**NB:** Guidance from education authorities on emergency transport in private vehicles is different in each part of the UK. Your school should have a clear emergency procedure policy on if and when this is appropriate.



## Information for Pupils on what to do in an asthma attack

Sometimes, no matter how careful you are about taking your asthma medicines and avoiding your triggers, you may find that you have an asthma attack.

Please note this asthma attack information is not designed for people using a Symbicort inhaler on the Symbicort SMART regime. If you are on the [Symbicort SMART regime](#), please speak to your doctor or asthma nurse about this.



### ***What to do in an asthma attack***

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

1. Take one to two puffs of your reliever inhaler (usually blue), immediately.
2. Sit down and try to take slow, steady breaths.
3. If you do not start to feel better, take two puffs of your reliever inhaler (one puff at a time) every two minutes. You can take up to ten puffs.
4. If you do not feel better after taking your inhaler as above, or if you are worried at any time, call 999.
5. If an ambulance does not arrive within 10 minutes and you are still feeling unwell, repeat step 3.

If your symptoms improve and you do not need to call 999, you still need to see a doctor or asthma nurse within 24 hours.

[You can order a free, pocket size 'What to do in an asthma attack' card to carry with you here.](#)

### ***You're having an asthma attack if any of the following happens:***

- Your reliever inhaler does not help.
- Your symptoms are getting worse (cough, breathlessness, wheeze or tight chest).
- You are too breathless to speak, eat or sleep.

Do not be afraid of causing a fuss, even at night. If you go to A&E (accident and emergency) or are admitted to hospital, take details of your medicines with you if possible.

***After an emergency asthma attack:***

- Make an appointment with your doctor or asthma nurse for an asthma review, within 48 hours of your attack.
- You will also need another review within one or two weeks to review your current asthma treatment and ensure your asthma is well controlled.

***Do not ignore worsening symptoms***

Asthma attacks are the result of gradual worsening of symptoms over a few days that you may not have noticed.

Needing to use your reliever inhaler more than three times a week may suggest that your asthma is not as well controlled as it could be.

Think about it - if your asthma symptoms are getting worse or you're using your reliever inhaler more, don't ignore it.

If your symptoms continue to get worse, make an urgent appointment to see your doctor or asthma nurse within 24 hours.



## **Roles & Responsibilities**

### **Head teachers and Principals**

Head teachers and Principals have a responsibility to:

- Plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- Plan the school's asthma policy in line with devolved national guidance
- Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
- Ensure the plan is put into action, with good communication of the policy to everyone
- Ensure every aspect of the policy is maintained
- Assess the training and development needs of staff and arrange for them to be met
- Ensure all supply teachers and new staff know the asthma policy
- Regularly monitor the policy and how well it is working
- Delegate a member of staff member to check expiry date of spare reliever inhalers and maintain the school asthma register
- Report back to their employers and their local education authority about the school asthma policy



## **School Staff**

School Staff have a responsibility to:

- Understand the school asthma policy
- Know which pupils they come into contact with have asthma
- Know what to do in an asthma attack
- Allow pupils with asthma immediate access to their reliever inhaler
- Tell parents/carers if their child has had an asthma attack
- Tell parents/carers if their child is using more reliever inhaler than they usually would
- Ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom
- Ensure Pupils who have been unwell catch up on missed work
- Be aware that a pupil may be tired because of night-time symptoms
- Keep an eye out for pupils with asthma experiencing bullying
- Liaise with parents/carers, the school nurse and special educational needs coordinators or Learning Support & special educational Needs department if a child is falling behind with their work because of their asthma



### **PE Teachers / After School Clubs**

PE Teachers and After School Club Teachers that attend the school will be given a copy of the policy. They have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in an activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
- Ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least 5 minutes)
- Remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up.
- Ensure pupils with asthma always warm up and down thoroughly

### **School Nurses**

School Nurses have a responsibility to:

- Help plan/update the school asthma policy
- If the school nurse has an asthma qualification it can be their responsibility to provide regular training for school staff in managing asthma on an annual basis.
- Provide information about where schools can get training if they are not able to provide specialist training themselves.

### **Individual Doctors / Asthma Nurse of a child or young person with Asthma**

Individual Doctors / Asthma Nurse have a responsibility to:

- Ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- Provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)
- Offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

### **Pupils**

Pupils have a responsibility to:

- Treat other pupils with and without asthma equally
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- Tell their parents/carers, teacher, PE teacher when they are not feeling unwell
- Treat asthma medicines with respect
- Know how to gain access to their medicine in an emergency
- Know how to take their own asthma medicines



## **Parents / Carers**

Parents/Carers have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school asthma care plan for their child
- Inform the school about the medicines their child requires during school hours
- Inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports and clubs
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- Provide the school with 2 sets of inhalers, one spare for the office, labelled with their child's name
- Ensure that their child's reliever inhaler and the spare is within its expiry date and keep note of these dates to provide replacement in inhalers as and when required before the expiry date of any medicine held in school.
- Keep their child at home if they are not well enough to attend school
- Ensure their child catches up on any school work they have missed
- Ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6-12 months)
- Ensure their child has a written personal asthma action plan to help them manage their child's condition.



## **Frequently Asked Questions**

### **Why is An Asthma Register at School Important?**

It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:

- Help staff to remind the right pupils to keep their reliever inhalers with them at all times
- Help inform staff and supply teachers about the individual needs of pupils with asthma
- Allow important contact details for pupils with asthma to be kept in one central location
- Assist the school and parents/carers to ensure asthma medicines kept at school are within the expiry date
- Help the school to identify common asthma triggers that they can reduce or control in the school environment
- Allow pupils with asthma to participate more fully in all aspects of school life

### **How should the school asthma register be kept up to date?**

- An identified member of staff should have responsibility for the school asthma register. Part of this responsibility should be to ensure that the expiry dates of all spare reliever inhalers at school are checked every 6 months.
- This member of staff should also ensure that all parents/carers are asked every year if their child has asthma. This could be part of their registration form.
- This member of staff should ensure a follow up letter or care plan is sent to all parents/carers of children and young people with asthma.
- It is the responsibility of parents/carers to provide the school with details of what medicines their child is taking during the school day. Asthma UK produces a *School Asthma Card* that all parents/carers of children and young people with asthma can, if they wish, be given one to pass on to their child's doctor or asthma nurse to complete. Parents/carers if they have an asthma card should then return these completed cards to the school.



## **Frequently Asked Questions**

### **How should the school get agreement and support for the school asthma policy?**

Involve all relevant groups in developing the policy including:

- Pupils with or without asthma
- All school staff
- The school health service and other local health professionals
- The local health authority
- Parents/carers and their representative bodies
- The local education authority

To ensure ongoing support for the policy, regular monitoring and updates of school asthma policies are essential. It is also important to make sure the policy is achievable and realistic for each individual school.

### **Do School Staff need Training?**

- It is important that all school staff who come into contact with pupils with asthma are trained and that the training is updated regularly. School staff cannot be expected to be responsible for a particular condition without training.
- If the school nurse has an asthma qualification it could be their responsibility to provide training for school staff in managing asthma.
- If the school nurse does not have an asthma qualification, it is their responsibility to provide information about where schools can get training, through their local health authority or local healthcare contacts.



## **Where can I find out More?**

Asthma UK is dedicated to improving the health and well-being of the 5.2 million – including 1.1 million children – people in the UK with asthma.

Asthma UK website – [asthma.org.uk](http://asthma.org.uk)

Asthma UK adviceline – 08457 01 02 03 / [asthma.org.uk/adviceline](http://asthma.org.uk/adviceline)

Asthma UK publications – 020 7786 5000 / [info@asthma.org.uk](mailto:info@asthma.org.uk)

Asthma UK membership – 020 7786 5000 / [membership@asthma.org.uk](mailto:membership@asthma.org.uk)

