



NAFFERTON PRIMARY SCHOOL

School Asthma Policy

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Policy statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals.

This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages all children to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and by pupils.

All staff who have contact with these children are given the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

Developing and implementing an asthma policy is essential for all schools.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However many staff may be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler but all staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Medication

Only reliever inhalers should be kept in school. Usually these are blue in colour. They are kept where they are easily assessable to:-

- staff in Key Stage 1
- staff and children in Key stage 2

Children, who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

Record Keeping

When a child with asthma joins this school, parents/carers will be asked to complete a form, giving details of the condition and the treatment required. Information from this form will be used to compile an “Asthma Register” which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

Physical Education

Taking part in sports is an essential part of school life and important for health and well being and children with asthma are encouraged to participate fully.

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 e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be

encouraged to warm up prior to participating and cool down after.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children. For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided.

Group leaders will have appropriate contact numbers with them.

Training.

On a bi-annual basis, staff will receive training on signs and symptoms of asthma and how to treat it.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric asthma specialist nurse.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

1. Inhalers will **NEVER** be locked away or kept in the school office.
2. All children with asthma will have rapid access to their inhalers as soon as they need them

N.B.

In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

Colds/ Viruses

When a child has a cold it is sometimes necessary for him/her to have regular Ventolin for a few days. Therefore a parent/carer may ask you to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 2 and 8 puffs.

This does not replace using the inhaler as and when needed – it is in addition to this.

Children should not be taking Ventolin every break/lunch time 'just in case' of symptoms.

Emergency Procedures

A flow chart is issued with this policy outlining the action to be taken in an emergency. Good practice suggests that copies are printed and displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

In an **emergency**, where a child, who is a **known asthmatic, is experiencing significant symptoms and** has not got their own blue inhaler with them or it is found

to be empty, it is acceptable to use the schools emergency inhaler and spacer. We have 2 emergency inhalers in school stored in:-

- The medical room
- The medical cupboard outside the yr2 classroom

A third emergency inhaler is available for trips

This should then be recorded in the child's records and parent/carer informed.

Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) 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.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Further Information

Asthma UK

www.asthma.org.uk

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Signs of Asthma Attack

Signs & Symptoms

Cough
Wheezing
Tight Chest
Shortness of Breath
Tummy ache (younger child)

NB Not all symptoms need to be present for a child to be having an asthma attack

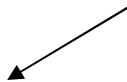
Signs of Asthma Attack



Administer 2 puffs of **blue Reliever** medication
STAY CALM



After 2-3 minutes



Improved

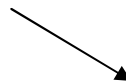


Return to normal activities



Document episode in child's medical record.
Dose may be repeated if symptoms return.
Inform parent/carer at end of day.

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.



No Improvement



Administer up to a further 8 puffs of **blue reliever** medication (through spacer device if available) 1 puff every minute



No Improvement/
Difficulty Talking/ Obvious Distress/Pale Skin/Dusky/
Collapse

DIAL 999 IMMEDIATELY



Remain with child reassure and keep calm. Administer up to a further 10 puffs **blue reliever** medication whilst waiting for help



Improved



Contact Parent/Carer

