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St Clement's CofE Primary School

Asthma Policy

04 January 2021

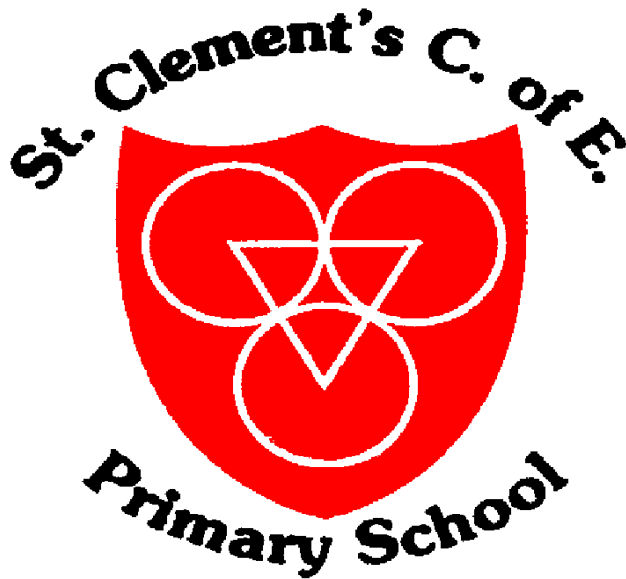
Other policies linked to this policy :

1 : [Child Friendly Safeguarding Policy](#)

Author : Zoe Law

Approved : Zoe Law

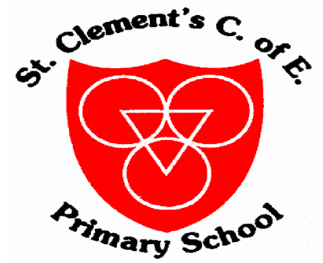
St Clement's C.E Primary School



Asthma Policy

Reviewed & Approved by JP & LS: January
2020

Due for review: January 2022



Growing Together To Let Our Light Shine

Mission Statement:

We encourage and inspire children to aim high and challenge themselves in everything they do.

As a compassionate, Christian school, we are strong in our faith. We believe in love and forgiveness and are thankful for the opportunities we have to live and learn in our community.

(REVIEWED JULY 2019)

Our Christian Values

Faith, Hope, Love, Respect, Thankfulness, Compassion and Forgiveness

(September 2017)

DDA STATEMENT

At St. Clement's we will aim to:

- **Promote equality of opportunity between disabled people and others.**
- **Eliminate discrimination that is unlawful under the Act.**
- **Eliminate harassment of disabled pupils that is related to their disabilities.**
- **Promote positive attitudes towards disabled people.**
- **Encourage participation by disabled people in public life.**
- **Take account of a disabled person's disabilities, even when that involves treating a disabled person more favourably than another person.**

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 in Years 3 – 6 keep their inhalers in the classroom in their drawer where they are easily accessible. Pupils with asthma in Years 1 & 2, have their inhalers stored in the first aid cupboard in the shared area. The reliever inhalers of Foundation Stage children are kept in the classroom in a box. All inhalers must be labeled with the child's name by the pharmacy who dispenses it.
- 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.

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 enrolment form.
- At the beginning of each school year, trained staff at the school will sit with the parent/carer to complete an Individual Healthcare Plan (IHCP), this will be reviewed on an annual basis. From this information the school will compose an asthma register, which is available to all school staff. Parents / carers are asked to inform school of any change in a child's medication 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 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. PE 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.

- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

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. All staff and sports coaches are provided with training from the school nurse, who has had asthma training.
- This information is provided on each child's IHCP, which is available from the office or in each child's classroom.

School Environment

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-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.

Making the school asthma-friendly

- The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE.
- Due to the use of aerosols being a trigger for an asthma attack children are not permitted to bring in aerosols and staff have designated areas where aerosols can be used within school.

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.
- In the event of an asthma attack the school follows the procedure outlined from the British Guideline on the Management of Asthma (BTS & SIGN 2012) and Asthma UK (appendix 2). This procedure is visibly displayed in the staffroom and every classroom.

Appendices

1 – School Asthma Individual Healthcare Plan

2 – What to do in an Asthma Attack

School Asthma Health Plan

Date Completed

Child's Name	
DOB	
Address	
Class	
Parent / Guardians name (1 st contact)	
(2 nd contact)	
Telephone:	Home:
	Work:
	Mobile:
GP	Name:
	Surgery:
	Telephone:

Does your child tell you when he needs their inhaler? Yes/No
 Not always
 Does your child need help taking their inhaler? Yes/No

Does your child need to take their inhaler before physical activity? Yes/No	
If only required during a common cold please circle: With colds only	
Medication:	Strength
	Dose
	When to be taken
Before activity: May need before, during and/or after. Staff to observe. Aim to get through activity without symptoms if possible.	

My child's asthma triggers: *(please tick the appropriate boxes of your child's triggers)*

Cold air	Colds / viral infections	Pollen	Stress/anxiety
Changes in weather	Exercise	Dust	Emotion/ Excitement
Damp / mould	Night	Pets	Cigarette smoke
Other: Observe for any unknown triggers			

Relief treatment when needed

For cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities.

Medication	Strength	Dose	When to be taken
			4 hourly as and when required
Expiry date	Sign by parent/Guardian		

In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler doesn't help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.

- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). Children under 2 years 2 puffs
After 5-10 minutes the child should feel better & be able to return to normal activities.

If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance

Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives.
Inform the child's parents.

Parent / Guardian Name	Signature	Date
Health Professional: GP / Consultant / Practice Nurse /Asthma Nurse / Other:		
Name	Signature	Date
Review Date		

School Asthma Health Plan - Part 2

If your child has forgotten his/her reliever inhaler and is having a severe asthma attack, would you give your permission for school to administer an emergency inhaler? Yes / No

Would you give permission for your child's inhaler to be used by another child who is having a severe? Yes / No

This would only happen in an emergency situation

Parent / Guardian Name	Signature	Date
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What to do in an asthma attack

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 attack. Where possible a spacer is the best form of delivery.

Step 1 What to do

- Encourage the child or young person to sit and slightly bend forward – do not lie them down.
- Make sure the child or young person takes 2 puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

Step 2 If there is no immediate improvement in symptoms:

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (4 puffs). Children under the age of 2 years 2 puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

Step 3 Call 999:

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives.
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- ❖ Coughing
- ❖ Shortness of breath
- ❖ Tightness in the chest
- ❖ Sometimes younger children express the feeling of a tight chest as a tummy ache
- ❖ Being unusually quiet
- ❖ Difficulty speaking in full sentences

After a mild to moderate asthma attack

- ❖ Mild to moderate 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.

Important things to remember in an asthma attack

- ❖ Never leave a pupil having 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 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. (make sure you know your schools policy on administering medicines in school)
- ❖ Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing.
- ❖ Contact the pupil's parents/carers at step 1 if a pupil does not have their reliever inhaler at school.
- ❖ Send another pupil to get another teacher / adult if an ambulance needs to be called.
- ❖ Contact the pupil's parents/carers immediately after calling the ambulance.
- ❖ A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- ❖ Staff should not take pupils to hospital in their own car.