



Asthma Policy

INTRODUCTION AND GENERAL PRINCIPLES

St. Paul's Peel C.E. Primary School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children with asthma. We have many children at St. Paul's Peel C.E. Primary School with asthma.

We ensure that children with asthma can and do fully participate in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

- ensuring that children have access to their inhalers as and when required.
- keeping a record of all children with asthma and the medicines they take.
- creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to children with asthma.
- helping all children to understand asthma as a medical condition.
- making sure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.
- working in partnership with all interested parties including the school's governing board, all school staff, school nurses, parents/carers, the local authority, doctors,
- nurses and children to ensure the policy is planned, implemented and maintained successfully.

ASTHMA MEDICINES

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in the pupil's classroom. Children are encouraged to take their own inhaler when they require it. This is supervised either by a member of staff or a qualified first aider. All pumps are labelled in the original packaging with the doctors prescribed dosage and kept in classrooms. The asthma register clearly states which children are asthmatic, their class, date of birth, doctor's prescribed dosage and additional notes from their parent/carer.

Children on the asthma register who have parental consent for the use of the emergency inhaler are also clearly indicated. The emergency inhaler can be used if the



child's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhalers are labelled and stored in the Learning Mentor's Room.

RECORD KEEPING

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. A record of when the child takes their asthma relief is kept in the classroom. Any irregularities are reported to parents, for example a child needing to take asthma relief more than is usual for that child.

EXERCISE AND ACTIVITY - PE/ GAMES/

Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma; they receive regular up-to-date class medical information. We encourage children as they get older to try to remember this themselves and to take more control in remembering their medication. Children with asthma are encouraged to participate fully in PE.

Children whose asthma is triggered by exercise are encouraged to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a child needs to use their inhaler during a lesson they will be encouraged to do so.

OFFSITE SPORT SWIMMING AND EDUCATIONAL VISITS

All inhalers must accompany children when they are off the school grounds e.g. on a trip, swimming, visiting another school, etc. A copy of the school asthma

SCHOOL ENVIRONMENT

St Paul's Peel C.E. Primary School does all that it can to ensure the school environment is favourable to children with asthma. We do not keep furry or feathered animals and have a definitive no-smoking policy. As far as possible we do not use chemicals in science and art lessons that are potential triggers for children with asthma.

IF A CHILD IS FALLING BEHIND

If a child 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 Special Education Needs Coordinator about the child's needs. We recognise that it is possible for children with asthma to have special education needs due to their medical condition.



ASTHMA ATTACKS

Guidance on the use of emergency salbutamol inhalers in schools - Taken and edited from the Department of Health's published document 'Guidance on the use of emergency salbutamol inhalers in schools' September 2014.

We have many children at St. Paul's Peel C.E. Primary School with asthma. These children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. All pumps are labelled and kept in the school office except for nursery children who store theirs in the nursery office. The emergency inhalers and spacers are labelled and kept in the Learning Mentor's Room.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- **CALL AN AMULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK**
- **PROCEDURE WITHOUT DELAY IF THE CHILD**
- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed



WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

The child's parents or carers should be contacted after the ambulance has been called. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. The Human Medicines (Amendment) (No.2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies.

It should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. Consent should be updated regularly to take account of changes to a child's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life
- Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (sbelow);
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used)



SALBUTAMOL

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.