

Alexandra Primary School

Asthma Policy and Guidelines 2018- 2019



Policy Originator	Working party
Governor responsible	Margaret Luchman
Ratified on	
Review period	Annual – October 2018 to October 2019 Updated Feb 2019
Signed	

Introduction

Alexandra Primary School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school have the disease.

Asthma sufferers should not be isolated by their disease; therefore, asthma awareness should involve ALL members of the school community. The school will ensure that all children understand asthma through curriculum work, through websites and on asthma awareness weeks.

We encourage children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, pupils and their parents. Supply teachers and new staff are also made aware of the policy.

Explanation of disease

- People with asthma have sensitive air passages, which are quick to respond to anything that irritates them (triggers).
- This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.
- Narrowing of air passages produces ONE or ALL of the following:- coughing, breathlessness and wheezing.
- SUDDEN, SEVERE narrowing of air passages may result in an “asthma attack”.

Identification of Asthma

When a child is admitted to the school their medical needs will be discussed. If the school is advised that they have asthma, a care plan will be drawn up. It is important that parents /carers notify the school if there are any changes to the care plan, the medication, the triggers the frequency or severity of the asthma attacks. School staff will review the care plan each September using the National Asthma School Card to update each child's record.

Storage of medication

Alexandra Primary School now holds an emergency inhaler (01/10/2014 Human Medicines Regulations (Amendment No 2)). Parents are asked to sign consent that their child can be given this inhaler in the event of an emergency. This will only be used in the event of the child's prescribed inhaler being broken, empty out of date or otherwise unavailable. When this emergency inhaler is administered a letter will be sent home to the family informing them of the action. The school will assume that it has continued authority to use the emergency inhaler in the above circumstances until the child's parents/carers withdraw consent in writing.

The school holds inhalers for each child and they are regularly checked for expiry dates by a member of staff. Staff will advise parents/carers if the inhaler is out of date, empty or not functioning if this is noted during one of these regular checks or if this is otherwise noted. However it is the parent/carers responsibility to ensure that the school have a properly functioning and in date inhaler at all times.

All medication for KS2 is kept clearly labelled in the main school office
All medication for KS1 and EYFS is kept in the EYFS foundation stage building in the workroom. This is also clearly labelled with the child's name and class.
For some children with particularly severe asthma inhalers are kept in the classroom.
All staff are aware of these children and know that their inhalers are in the classroom as well as the in the main storage area.
In addition, pupils in years 5 and 6 with diagnosed asthma will keep an additional salbutamol inhaler in their classroom. These will be clearly labelled and kept in a safe cupboard. A log of use will be kept with the inhaler and will be signed by the adult in the room if the child needs to take their inhaler. This will be monitored and signed by a First aider the following morning. Significant increases in use or patterns of use will be monitored and reported to parents. The rationale for this is to ensure that less curriculum time is missed and to support the children in self-managing their condition.

Special arrangements

For children with particularly severe asthma special arrangements can be made depending on the nature of their own triggers eg staying inside in cold weather, individual arrangements can also be made for swimming and other sports.
Parents/carers should ensure that they advise the school if such action is required at any time and as soon as this becomes a requirement.

Triggers for an asthma attack

It is important to be aware that many factors affect narrowing of the air passages. These can include :

- Coughs and colds.
- Fur from animals.
- Cold and wet weather.
- Chemical paints – sprays and vapours.
- Grass pollens and spores.
- Extremes of emotion.
- Physical exertion

Absence due to asthma

If a child misses school as a result of asthma attacks, the school will arrange to send home work that the child has missed. Outside agencies may be involved eg the Educational Welfare Officer -EWO and or the school nurse service who will advise and support the family.

School environment

The school recognises that it can make a difference to asthma sufferers in the following ways:-

- Ensure that it is a "No smoking" environment
- Routine Cleaning is generally undertaken out of school hours
- Staff are aware of the range of irritants and are fully aware of the school asthma policy

Activity/PE

Taking part in sports is an essential part of school life. Children with asthma are encouraged to participate fully in PE. Teachers will remind children where the school has been advised that their asthma is triggered by exercise to take their reliever inhaler before the session. Similarly children will be able to take their inhalers before or after activity at playtime or lunchtime.

Off site visits

All off- site visits have a risk assessment completed. The party leader will ensure that care plans are attached to the risk assessment and that all medications are taken in clearly labelled containers. All members of the off site visit party will be briefed on the medical needs of the pupils. A qualified first aider will accompany all visits .eg. Parents/carers must advise the school prior to the start of any trip if the child has had a change in their asthma however minor within the last 3 days.

Training

Whilst it is acknowledged that apart from the school nurse who is not in school at all times no other staff are medically qualified, all staff will receive annual awareness training in asthma. Selected members of the Support staff will have full First Aid training and also Paediatric first Aid training. Asthma will be regularly discussed (at least each term) in staff briefings

Responsibilities :

All school staff have a responsibility to:

- understand the school asthma policy
- know which pupils that 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 they are aware that 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
- support children who may need help in taking medication.
- support pupils to be responsible for taking their own asthma inhaler when needed

Pupils have a responsibility to:-

- know how to gain access to their medicine in an emergency
- know how to take their own asthma medicines

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 card 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 also inform the school if the child's symptoms have worsened prior to a school trip of any sort (see above- off sites visits)
- 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 a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler and the spare is within its expiry date and functioning properly
- keep their child at home if they are not well enough to attend school
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)
- ensure children know how to take own asthma medicine

Treating worsening symptoms of asthma

A reliever (BLUE) inhaler should be given:-

- (a) If requested by the pupil.
- (b) If the pupil is coughing, wheezing or breathless.

If this is effective, the pupil can return to normal classroom activity. The medication will be logged and witnessed by a second member of staff.

Children with severe asthma will keep an additional inhaler in the classroom. If the child needs to take this, staff will inform the office and decision made about whether to call 999 or inform the family.

What to do in the case of an "asthma attack"

The main symptoms of an asthma attack requiring medication would be when a pupil coughs continually, wheezes or is short of breath.

Support the pupil to inhale once or twice with the BLUE inhaler. Wait for five minutes – the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the pupil is having an attack.

There are emergency use inhalers in the main halls of the school.

Remember

- Stay calm – it is treatable.
- Sit the pupil comfortably – do not let the pupil lie down.
- Do not crowd the pupil.
- Do not put your arms around the pupil's shoulders – this restricts breathing.
- Speak quietly and calmly to the pupil – encourage slow deep breaths.

- Get additional adult support

If this does not work, then the pupil is having a severe asthma attack and this constitutes an emergency situation

An emergency situation is recognisable when:

- BLUE inhaler does not work.
- The pupil has difficulty speaking and can only say two or three words before taking a breath.
- The pupil is breathing quickly.
- Pupil can look pale – lips can turn blue.

Plan of action:

- *Dial 999* – telephone for an ambulance, in the meantime a BLUE inhaler can be given every five minutes.
- *You cannot overdose the pupil by doing this.*
- Do inform the Paramedic how much inhaler has been used.
- Do contact the parents/carers and advise of them of current situation