

Love Learn & Grow Together



# **School Asthma Policy 2017/18**



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The school's approach to Asthma

## **The School:**

- Recognises that Asthma is a condition affecting many children
- Welcomes all pupils with asthma into the school community
- Encourages them to achieve their full potential in all aspects of school life
- Helps and encourages them to manage their own condition effectively and safely
- Ensures they have the confidence to ask for support in school when needed.

## **The school believes this policy will:**

- Promote increased attendance, participation and achievement for pupils with asthma
- Enable all pupils to understand, appreciate and encourage the achievements of people with asthma
- Enable staff to understand and assist pupils with asthma when necessary and appropriate
- Enable opportunities for studying asthma as part of the National Curriculum

## Using inhalers and responsibilities

- The school understands that immediate access to inhalers is vital. Pupils should be allowed to carry and use their own inhalers as soon as their doctors/ carers/school nurse and teacher agree they are mature enough to do so.
- Younger children should have their inhalers stored safely in the classroom and are available for use on request or when indicated
- It is the parents/carers responsibility to ensure that the child has a labelled inhaler with the issue date and child's name on.
- It is the Parents/carers responsibility to check the inhalers are checked termly and renewed where necessary and are fit for current use.
- Parents/carers are responsible for supplying new inhalers if it is lost, runs out or is forgotten. Spare inhalers must also be checked renewed annually.
- We are advised by Asthma UK that inhalers are an inherently safe medicine but clearly children should not be allowed to use each others inhalers. It is school policy that staff may administer another child's inhaler in an emergency
  
- **Trained staff are insured** to assist children with inhalers and nebulisers when acting in accordance with this policy.
- Staff are not required or able to supervise the administration of or to administer, any other medication associated with asthma.

## **Medical Information and responsibilities**

- The school has a system to inform staff of pupils medical needs and the arrangements in place to meet them. At the beginning of the school year , or when the pupil joins the school parents/carers have the opportunity to inform staff if their child has asthma.
- Parents/Carers have the responsibility to inform school if their child's medication for asthma changes.
- **The school keeps an asthma register** which is updated in accordance with information from parents /carers.
- **The school will keep sufficient records** to facilitate support for the pupil
- The school does not undertake to keep definitive records of all asthma incidents

## **PE/Sport/Off site activities**

- The school seeks to take all practical steps to encourage and enable pupils with asthma to take part in P.E
- All staff are aware that pupils must use their inhalers when they need to and will give appropriate support to children to take their inhaler before the lesson and /or warm up before exercise.
- The school is working towards children confidently managing their own asthma condition and pupils can request opportunities to use their inhalers and to warm up prior to P.E lessons.
- When classes take place off site or away from classrooms, the school requires pupils who need them to have inhalers and make arrangements for the safe storage/transport of inhalers when it is not practical for the pupil to carry his/her own.

- On extended/residential trips the school will require pupils who use inhalers to bring an appropriate supply.

## **Triggers for asthma**

- The school undertakes to do all it can to ensure that the school environment is favourable for pupils or members of staff with Asthma or other respiratory conditions

## **Action taken includes:**

- A No smoking policy throughout school.
- Housing of an access to school pets and animals will be managed to minimise the risk of an asthma attack.
- **Alternatives will be used to chemicals or art materials which may trigger asthma. Where this is not possible alternative lesson activities will be provided.**
- Where building works create a dusty environment, remedial action will be taken to prevent attacks.

## **When a child is falling behind in lessons**

- If a child is absent from school because of Asthma, or is tired in class due to disturbed sleep due to the condition, the class teacher will initially talk to the parents/carer
- If appropriate the teacher will consult the school nurse and /or special needs co-ordinator regarding any action to be taken
- The school recognises that children with asthma may have special educational needs because of their condition



## **Asthma Attacks- Action to take:**

- The school follows this procedure which is appropriately displayed in school:
- Ensure the reliever inhaler (blue one) is taken immediately
- Stay calm and reassure the child
- Help the child to breathe by ensuring that tight fitting clothing is loosened
- If the child is in extreme distress **CALL AN AMBULANCE.**

## **Emergency Procedure/Severe Attacks**

A severe attack is defined as:

- 1) The inhaler has no effect after five to ten minutes
- 2) The child is distressed or unable to talk
- 3) The child is becoming exhausted
- 4) The child shows rapid signs of deterioration
- 5) There is any doubt at all about the child's condition

The procedure is **CALL AN AMBULANCE**

Repeat the inhaler every five minutes until the ambulance arrives. If a child is in severe distress or loses consciousness, call an ambulance **IMMEDIATELY.**

## **Display of action and emergency procedures**

The school will prominently display the information given above and particularly the information about severe attacks. **The display will be available in the staff room, Head Teachers office,**

## **Administration Area, school kitchen and school medical area.**

### **Minor Attacks**

- Minor attacks should not interrupt a child's involvement in school. A short rest period may be indicated.
- The child's parent/carer will be told about attacks which are minor but frequent.
- The child's class teacher is expected to have sufficient information to comment on the general nature of the condition and the effect it has on the child's educational progress.
- The school does not undertake to keep definitive records of all asthma attacks.

### **Recording of Severe attack**

- In the event of a child having a severe asthma attack it is the responsibility of the school to inform the parent/carer
- Severe attacks will be recorded according to the school's normal procedures for recording medical incidents
- It is the responsibility of the parent/carer to give the school contact telephone numbers in case of a severe attack. These should consist of primary parent/carer workplace and home telephone numbers, plus a further contact number (which could be either parent or relative) in case they are not reachable at work or home.

## **Monitoring**

The effectiveness of the policy will be monitored in line with the school's monitoring and reviewing of school policy procedures.

Any questions Regarding this policy should be directed to Mr Seddon / School Nurse

## **Notes:**

- This policy has been agreed by school staff and ratified by the governing body of the school
- **Parents are entitled to view this document and parents of children with Asthma must receive a copy as a matter of course**
- This policy is subject to further development alongside other school policies
- Information regarding triggers for asthma is subject to change as further research is made known.

This policy is based on advice taken from the DFeS,