



All Saints CE (VC) First School, Busy Bees Nursery & Kingfisher Club

Policy on Asthma

Date adopted: October 2016

By: Full GB

Reviewed: October 2018

Reviewed: October 2020

Reviewed: October 2022

To be reviewed: October 2024

Pupils with asthma are welcome at All Saints CE (VC) First School, Busy Bees Nursery & Kingfisher Club. They will be encouraged to take a full part in all activities of the school.

All Saints CE (VC) First School, Busy Bees Nursery & Kingfisher Club has a responsibility which it undertakes seriously to advise its entire staff (class teachers, teaching assistants, administration and lunch time supervisors) on practical asthma management. The school nurse can play an important role here and her involvement should be, and is encouraged.

The school asks all parents to inform them, and keep them informed, of any medical condition pertaining to their child. This includes asthma (or wheezy or tight chested). These details are kept in pupil records, both hard copy and on computer. Details of treatment together with clear guidance on correct usage is obtained from parents. **It is the parent's responsibility** to ensure that their child has an in-date inhaler in school and to provide new inhalers as required. We do telephone parents to remind them, but the final responsibility lies with the parent.

Pupils will need to have one reliever inhaler to keep at home and an additional one to take with them to school. Common reliever inhalers are Ventolin and Salbutamol.

At school, the issue of access to inhalers is a very important one. Where possible we will involve the parent in the question of whether the inhaler/s is held by the pupil or school. For younger children, the inhaler/s will normally be kept by the teacher. For some older children, the inhaler/s will normally be kept by the pupils themselves.

Reliever inhalers are of particular importance. The school understands that it is essential that the pupil has immediate access to their reliever inhaler at all times. We understand that a delay in taking reliever treatment can lead to a severe attack and, in rare cases, could prove fatal. The school will ensure that the pupil has easy access to their reliever inhaler at all times; in the classroom, on the sports field, at break, lunchtimes and on trips.

The aim of total normal activity should be the goal for all but the most severely affected pupil with asthma. However, nearly all young people with asthma can become wheezy during exercise.

Staff are made aware that a number of pupils with asthma will take a dose of their reliever inhaler and/or before exercise. This helps to prevent exercise-induced asthma. If the pupil does become wheezy or breathless a further dose of the reliever would be permitted in line with the National Asthma Campaign guidelines. Pupils who are normally active would not be forced to participate in games if they say they are too wheezy to continue.

The teacher will ensure that the reliever inhaler is taken to the sports field.

We will inform parents if their child has had to use their inhaler during the day, as if a child is over-reliant on their inhaler and appears to have poorly-controlled asthma, they may need to seek further advice from their doctor. Notification will be made via the child's reading diary and a record kept by the class teacher.

The school has a No Smoking policy.

Some children with severe asthma may use an electric device called a Nebuliser to deliver asthma drugs. In such cases, the school would need to liaise with the outside agencies regarding their use in school.

Pets in the classroom (hamsters, guinea pigs etc) are likely to cause problems with asthma. From time to time animals may be brought into school to aid topic work for example; parents will be informed of such events either through the school newsletter or by letter from the class teacher.

If a pupil does not respond to their reliever inhaler an ambulance will be requested through the

normal 999 procedure.

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 AMBULANCE 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

Asthma attack procedure: What to do in the event of an Asthma Attack

- Keep calm and re-assure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler-remain with the child if the inhaler needs to be brought to them
- Immediately help the child to take 2 puffs of salbutamol
- If there is no immediate improvement, continue to give 2 puffs at a time, every 2 minutes, up to a maximum of 10 puffs
- Stay calm and re-assure the child. Stay with them until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive within 10 minutes, give another 10 puffs in the same way

Record Keeping

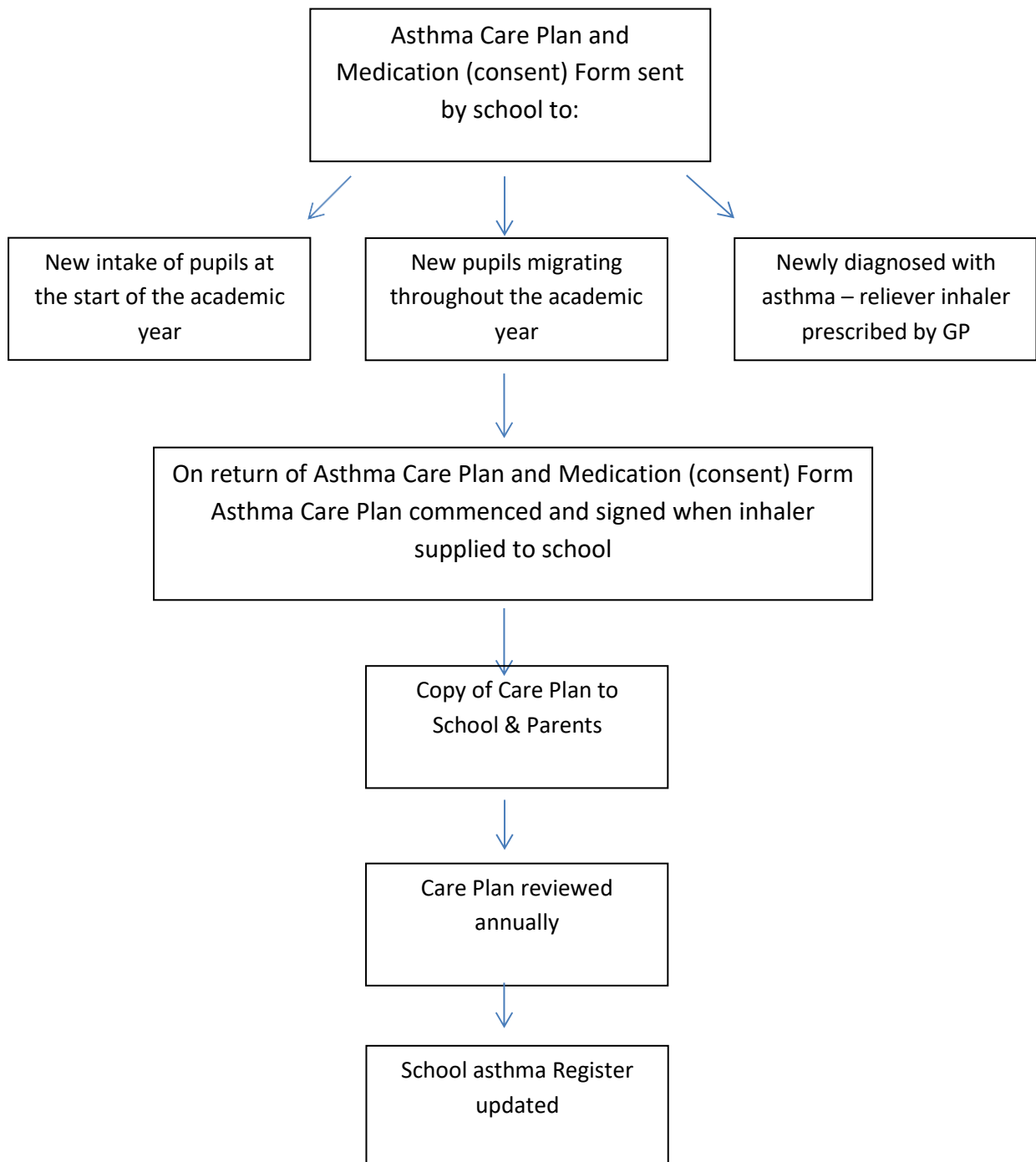
On school entry pupils with asthma should be identified, through the completion of the Asthma Care Plan and Medication (consent) Form, Asthma Care Plans are completed for each child. An asthma register is maintained for the whole school and for each class (this is accessible to class based staff).

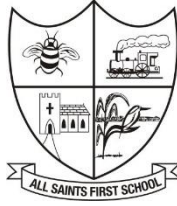
A list of pupils with asthma is kept in each class, especially useful when cover teachers are in class.

A record of the child's use of their inhaler is kept in the school log.

A notification is sent to parents every time a child requires the use of their inhaler, in their home/school diary.

Identification of a pupil requiring an Asthma Care Plan (flow chart)





Asthma Care Plan and Medication (Consent)

If your child has been diagnosed with asthma and/or has been prescribed reliever therapy (Blue inhaler) please complete this form which gives your consent for staff to administer this medication if required.

Name of child _____

Date of Birth _____

In the event of my child displaying symptoms of asthma I consent for my child to receive their inhaler.

Name of inhaler _____ **No of puffs** _____

(if applicable):

My child requires their inhaler at the following times (eg before PE, every day at 12pm)

Details: _____ **No of puffs** _____

Signed _____ **Date** _____

A copy of your child's Care Plan will be sent to you.

Please send with this form an inhaler that can be kept in school and is clearly named and within its expiry date.



Asthma Care Plan

Name _____ DoB _____

| | | | |
|--|---|--|--|
| Identified need: | Action Plan: | | |
| To promote optimum health by maintaining good control of Asthma symptoms | School staff are able to identify when reliever inhaler is needed | Step 1 Staff training complete | Date: |
| | Consent for medication has been obtained by school | Step 2 Appropriate consent forms are signed by parents | Consent form sent: Consent form returned: |
| | Pupils have easy access to reliever inhalers in school | Step 3 Parents supply an inhaler (and spacer if required) to be kept in school | Inhaler expiry date |
| | | Step 4 School to ensure that inhalers are stored in an easily accessible place in the classroom, or for older children, kept by the child | Where is inhaler stored: |
| | Monitor and record inhaler use | Step 5 School staff record in home/school diary and class log to inform parents when reliever used during the school day | |

Triggers (if known)

Signatures:

| | |
|--------|--------------|
| Parent | School Staff |
| | |
| Date: | Date: |