



Shirehampton Primary School

The Principles of our school Asthma Policy

- The School recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education and Employment and National Asthma Campaign

1. This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.
2. This school encourages children 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 children with asthma are provided with training on asthma regularly, from the school nurse who has had asthma training.

Medication

Immediate access to reliever is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler which will be kept in the school office.

The school office will hold this separately in case the child's own inhaler runs out or is lost or forgotten. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. There are 3 members of staff who have completed training on administering medication. **All school staff will let children take their own medication when they need to.**

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to complete an enrolment form. If the parent has indicated their child has asthma then they are given a National Asthma Campaign school card (appendix 1) to give to their child's GP or asthma nurse to complete and return to the school. From this information the school keeps its asthma register which is available for all school staff. Cards are then sent to parents on an annual basis to update. If medication changes in between times, parents are asked to inform the school and update their school card.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the secretary's office if particular fumes trigger their asthma.

Making the School Asthma Friendly

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

When a Child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the school nurse and special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special education needs because of asthma.

Asthma Attacks

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child 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 in 10 minutes give another 10 puffs in the same way

A child should always be taken to hospital in an ambulance. School staff should not take them in their car following an asthma attack as the child's condition may deteriorate.

After the attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities.
The child's parents must be told about the attack.

Use of emergency salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler 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.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The school will seek written consent from parents of children on the asthma register for them to use the salbutamol inhaler in an emergency (appendix 2). Consent will be updated annually to take account of changes to a child's condition.

Administration of the emergency inhaler will be recorded and the child's parents informed in writing (appendix 3).

Arrangements for the supply, storage, care and disposal of the inhaler

School will buy inhalers and spacers from a pharmaceutical supplier which will be kept as part of the emergency asthma kit.

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 (see below);
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

The inhaler and spacers are kept in the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place (office).

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of. Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

Roles and responsibilities

Head teachers have a responsibility to:

- plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers

- plan the school's asthma policy in line with devolved national guidance
- liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils
- ensure the plan is put into action, with good communication of the policy to everyone
- ensure every aspect of the policy is maintained
- assess the training and development needs of staff and arrange for them to be met
- ensure all supply teachers and new staff know the school asthma policy
- regularly monitor the policy and how well it is working
- delegate a staff member to check the expiry date of spare reliever inhalers and the emergency kit and maintain the school asthma register
- report back to their employers and their local education authority about the school asthma policy.

School staff have a responsibility to:

- understand the school asthma policy
- know which pupils 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 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 or out of the classroom
- ensure pupils who have been unwell catch up on missed school work
- be aware that a pupil may be tired because of night-time symptoms
- keep an eye out for pupils with asthma experiencing bullying
- liaise with parents/carers, the SENCo and school nurse if a child is falling behind with their work because of their asthma.

Individual doctor/asthma nurse of a child or young person with asthma have a responsibility to:

- complete the school asthma cards provided by parents/carers
- ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)

Pupils have a responsibility to:

- treat other pupils with and without asthma equally
- let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- tell their parents/carers or teacher when they are not feeling well
- treat asthma medicines with respect
- 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
- 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
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every 6 to 12 months)
- ensure their child has a written personal asthma action plan to help them manage their child's condition.

Agreed at FGBM on 16th October 2014
Next review – 3 years – October 2017

Appendix 1

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – work

Telephone – mobile

Doctor/nurse's name

Doctor/Nurse's telephone

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicines?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play? Yes No

If yes, please describe below

| Medicine | How much and when taken |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |

Does your child need to take any other asthma medicines while in the school's care? Yes No

If yes please describe below

| Medicine | How much and when taken |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |

Reliever treatment when needed
 For wheeze, cough, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

| Medicine | Parent/carer's signature |
|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> |

Expiry dates of medicines checked

| Medicine | Date checked | Parent/carer's signature |
|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature Date

Dates card checked by doctor or nurse

| Date | Name | Job title | Signature |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

What to do in an asthma attack

- 1 Make sure the child takes one to two puffs of their reliever inhaler, (usually blue) preferably through a spacer
- 2 Sit the child up and encourage them to take slow steady breaths
- 3 If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every two minutes. They can take up to ten puffs
- 4 If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat step 3.

The Asthma UK Helpline - Here when you need us
 0800 121 62 44 www.asthma.org.uk/helpline
 9am-5pm, Monday-Friday

St. Mary's Walk
Shirehampton
Bristol
BS11 9RR

Tel: 0117 9031447

BRISTOL CITY COUNCIL

Shirehampton Primary School



Learn, Aspire, Achieve

Headteacher: Louisa Munton

Assistant Heads: Melina Burrowes
Edward Powe

Email: shirehamptonp@bristol-schools.uk

Website: www.shirehamptonprimary.org

Date:

Dear Parent/Carer

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her enrolment form. As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has a School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor / asthma nurse to fill in and return it to the school by

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card.

Thank you for your help.

Yours sincerely

Mrs Michele Daniels
Office Manager

Appendix 2



Shirehampton Primary School

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name
(print).....

Child's name:
.....

Class:
.....

Parent's address and contact details:
.....
.....
.....

Telephone:
.....

E-mail:
.....

Appendix 3

Shirehampton Primary School



**LETTER TO INFORM PARENTS OF EMERGENCY
SALBUTAMOL INHALER USE**

Child's name:

.....

Class:

.....

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with their breathing today. This happened when

.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

or

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs. .

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely,

Michele Daniels
Office Manager