



# Asthma Policy

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Adopted by Ashby Hastings Primary School on:	Date – 23 August 2021
This policy will be reviewed	As policies, procedures and regulations are updated.
Version	1.0

For the purpose of this policy, the 'Head Teacher' refers to the Executive Head teacher, Head teacher or Head of School.

## **Asthma Policy for Pupils**

### **Statement of Intent**

About one in seven children have asthma and numbers are increasing. We want to make sure that having asthma does not mean children should be restricted whilst they are at school. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma while they are at school.

### **Asthma register**

- When a child joins the school part they will complete an admission form where they can indicate the child's medical needs. The return of a completed Asthma Record (Appendix 1) form will ensure that they are placed on the Ashby Hastings Primary School Asthma Register. The Asthma Link person will collate the register and also contact the parents or named responsible carer, to obtain the inhalers that will be held by the school.

### **Indemnity**

- Staff who are happy to administer medication will be provided with indemnity.
- In emergencies staff should act as any prudent parent would, which may include giving medication.
- Each inhaler provided by parents / carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label.

### **Access to Inhalers**

- Individual pupils' inhalers are kept in a named rack in the medical room.
- Children are allowed access to their inhalers at any time in the school day, should they feel the need to use it.
- Inhalers should accompany them when taking part in offsite activities, or residential trips.
- There is a generic school inhaler which can now be administered by trained staff to those children whose inhalers are not available for one reason or another. Parents will be informed if this has been used.

### **Staff Awareness and action in asthma emergencies**

- All staff need to be able to manage attacks. Staff will do what a 'reasonable parent' would do in the circumstances prevailing at the time.
- For mild attacks children should take their usual reliever inhaler, as per instructions.
- For severe attacks a Metered Dose Inhaler should be used. Encourage relaxation.
- If the child does not
  - feel better in 5-10 minutes,
  - is distressed or exhausted,
  - is unable to talk in sentences,
  - has blue lips
  - or you have any doubts

then the action required is...

- one adult should stay with pupil and use reliever inhaler via spacer while another adult dials 999 for ambulance and states that the child is having a severe asthma attack requiring immediate attention.
- Continue to give relief inhaler while help arrives as per instructions on inhaler.
- Inform parents of the situation and actions taken.
- The incident should then be recorded in the Asthma register in the main office by the person who dealt with the attack, and the entry should be signed and dated by them.

### **Forgotten or Lost Inhalers**

- **There is a school inhaler. This is kept in the Medical Room. It can be taken on visits and administered by members of staff should the need arise. All staff are trained in the use of the inhaler. This can be used in place of a lost/forgotten or broken inhaler in the case of an emergency.**

- If a child's condition does not indicate the need to dial 999 i.e. not a severe attack, contact parents to bring in inhaler or collect child.
- If the child is experiencing a severe attack call 999 without delay.

### **Training**

- Head teachers are responsible for assessing and arranging for training needs to be met.

### **Home/School Liaison**

- Parents are asked to complete and update asthma records on admission, and to update them annually. They are also required to update them more frequently if the condition or medication changes.
- Absence of parental consent should not stop staff from acting appropriately, or using the school inhaler, in emergencies.
- Parents will be informed if an inhaler is used during the day and the use of an inhaler will also be recorded in school, in the Asthma register.

### **Minimising exposure to triggers**

Where possible:

- We will avoid feathery or furry school pets.
- We will avoid pollen producing plants.
- There is a complete ban on smoking in or on the premises.

Asthma link staff – Rachel Mckeown

**APPENDIX 1 - Asthma Record (Care Plan)**

**Child's Surname:** ..... **First Name:**.....

Child's Date of Birth: .....

Parent(s) name(s)  
.....

Telephone: Home ..... Work .....  
Mobile .....

Doctor (GP) Name ..... Telephone .....

Asthma nurse .....

Known triggers/allergies .....

Any other medical problems? .....

**My Child's Medication**

Reliever medication (usually blue)

<b>Medication name</b> (e.g. SALBUTAMOL	<b>Device</b> (e.g. diskhaler)	<b>Dose</b> (e.g. 1 blister)	<b>When taken</b> (e.g. when wheezy, before exercise)

**Other Medication**

Most preventers can be taken outside of school hours – check with your GP or asthma nurse

<b>Medication name</b>	<b>How taken/device</b>	<b>Dose</b>	<b>When taken</b>

**Emergency Treatment**

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer (if required) until they get further medical help.

Signed: (Parent) ..... Date .....

**Key points for parents to remember:**

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details.

The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes  (discuss with school nursing staff)

No

Asthma record checked by asthma link person (Name) .....

Any concerns to be discussed with school health advisor/school nurse