Asthma Policy

Headteacher/Principal: Catherine Page Asthma Lead: Melanie Havelock

Asthma Champion: Nicola Batey School Nursing team: Fiona Phillips

This Policy will be reviewed every 2 years unless circumstances change.

This school has an asthma lead who is named above. It is the role of the Asthma Lead to facilitate the resources required to implement and maintain the school's Asthma Friendly Status. These resources include the provision of time for staff to complete required training and implement the Asthma Friendly Schools programme. This school has an Asthma Champion who is named above. The Asthma Champion has attended specific Asthma Champion training provided by the Frimley Health Respiratory Nursing Team and continue to attend yearly training updates.

It is the responsibility of the asthma champion to implement the Asthma Friendly School programme. Including management of the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

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, National Asthma Campaign, the local authority, the school health service, parents/carers, the governing body and pupils

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 authority) and pupils. Supply teachers and new staff are ALSO MADE AWARE OF THE POLICY. The majority of staff is provided with asthma training on a regular basis.

Medication

We have two labelled emergency kits and these are kept in the Medical room next to the school office Each kit contains a salbutamol metered dose inhaler, at least two spacers compatible with the inhaler, instructions on using the inhaler and spacer and instruction on cleaning and storing the inhaler and manufacturers information. A list of children permitted to use the emergency inhaler is kept on our on-line Medical Tracker system and medical cards are kept in a folder on a high shelf in the breakout areas between classrooms. All information pertaining to children with inhalers in school including expiry dates is kept on Medical Tracker. A physical list is supplied to teachers at the beginning of each year and updated as needed throughout the year. Any usage should be documented so that it can be monitored when the inhaler in running out.

The inhaler has 200 puffs, so when it reaches 180 puffs used, the school will replace it. If it is used before then, it will discarded and a new one purchased.

Those who are on a Symbicort (white and red) MART regime can safely be administered the school emergency salbutamol in the event of their device being empty, not being available or broken. Following use, the plastic housing which holds the canister of the inhaler will be washed and dried as per manufacturer instructions and can be used again. Once the plastic spacer has been used this should be sent home with the child with a request that the family replace it. It should not be used by another child. In the meantime, the school should replace the spacer. Or if able to do so use the child's personal spacer to administer the school's emergency inhaler.

Immediate access to a reliever inhaler is vital.

At the beginning of each school year, medication that comes into school is logged onto Medical Tracker by the office team. Once it is logged, Medical Tracker will send an automatic email when the medication is about to expire. Each classroom has a named medical bag that is kept on the back of the classroom door. All medication is kept in this bag for EYFS and KS1. In KS2 the children wear the medication on their person in a discreet bum bag. The bum bag is put into the class medical bag at the end of each day on the back of the door. A copy of each IHCP will also be kept in the classroom medical bag.

The class medical bag will be taken to break times, lunchtimes and outside PE lessons. All staff will be equipped with a whistle to draw attention if they need assistance

Children should always tell their class teacher or first aider when they have had occasion to use their inhaler. Records are kept each time an inhaler is used and recorded on Medical Tracker which is then communicated to parents/carers via email. This applies to all children on the asthma list within the school.

All inhalers must be labelled with the child's name by the parent/carer. School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this. The school will not administer inhalers without seeing symptoms unless a Doctors Certificate is provided.

School staff who agree to do this are insured by the local authority when acting in accordance with this policy. **All school staff will let children take their own medication when needed.**

Record Keeping

At the beginning of each school year, or when a child joins the school, parents/carers are asked to inform the school if their child is asthmatic. All parents/carers of children with asthma are required to complete an Individual Health Care Plan (IHCP) and return it to the school, then it is verified, signed and returned to the parent/carer. From this information the school keeps a record of this on Medical Tracker and via student medical cards that are kept in a folder on a high shelf in the breakout spaces between classrooms. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school.

Asthma inhalers for each child are recorded on Medical Tracker which reminds us of expiration dates, but it is the responsibility of the parents/carers to inform the school if medication is reaching its expiration date and to supply new medication.

All staff members are responsible for acquainting themselves with the triggers of a possible attack (allergies, colds, cough, cold weather) for each individual child in their care. All this information is found in their IHCP.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from Medical Tracker. Children with asthma are encouraged to participate fully in PE. Each child's inhaler will be kept in the class medical bag on the back of the classroom door and taken out for outdoor PE. If a child needs to use their inhaler during the lesson, they will be encouraged to do so. Records are kept on Medical Tracker every time a child uses their inhaler and parents/carers will be informed the same day via email from Medical Tracker.

School Trips and Outside Activities

When a child is away from the school classroom on a school trip, club, outside sport or PE, their AAI should accompany them and be made available to them at all times.
Parents/carers will be informed when their child has used their medication outside of school via Medical Tracker.

The School Environment

Staff Training

All staff will receive regular asthma updates. This training is provided by the school nursing team and we aim to ensure a minimum 85% of staff complete asthma training on a rolling schedule.

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 or art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the break out area if any particular fumes trigger their asthma.

Making the School Asthma Friendly

The wellbeing of our pupils with medical needs is very important to us. The school ensures that all children understand about asthma through assemblies. Asthma can also be included in national curriculum lessons.

All students and staff members 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/carers. If appropriate, the teacher will then talk to the school nursing team 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

Children diagnosed with asthma or a wheeze, which can present as:

- Wheezing
- Coughing
- Shortness of breath

should be given 2 to 6 puffs of their reliever (Salbutamol or Symbicort) inhaler. If better, no action is required. If 6 to 10 puffs are needed, parents/carers need to be called and a child collected and seen by a medical professional the same day.

If little or no improvement after 10 puffs, dial 999 but at the same time continue to give 10 puffs of inhaler every 15 minutes until medical help arrives or symptoms improve.
In the event of an ambulance being called, the pupil's parents/carers will always be contacted.

In the event of a pupil being taken to hospital by ambulance, they would always be accompanied by a member of staff until a parent/carer is present.

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the above procedure, which is clearly displayed in all classrooms and around the school.

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/carers will be informed about the attack immediately.

Informing Parents/Carers of Emergency Salbutamol Inhaler Use

Informing parents/carers is now done electronically via Medical Tracker. Parents are sent an email with all the details of the event as entered by the member of staff dealing with the medication.