

Carterhatch



Infant School

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Asthma Policy

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Statement of intent

Carterhatch Infant School:

- Recognises that asthma is a serious but controllable condition and welcomes all children with asthma.
- Ensures that children with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities.
- Recognises that children with asthma always need immediate access to reliever inhalers.
- Keeps a record of all children with asthma and their medicinal requirements.
- Ensures that the school environment is conducive to the education of children with asthma.
- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.
- Understands that children with asthma may experience bullying and has procedures in place to prevent this occurring.
- Works in partnership with interested parties, such as the governing body, members of school staff, parents, children and outside agencies, to ensure the best educational outcomes possible for children with asthma.
- The school recognises that it is possible for children with asthma to have special educational needs due to their asthma.

1. Background

- 1.1. This policy has been created with regard to the following DfE guidance:
 - ‘Supporting pupils at school with medical conditions’ December 2015.
 - ‘Guidance on the use of emergency salbutamol inhalers in schools’ Sept 2014.
 - Additional guidance from Asthma UK.
- 1.2. This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.
- 1.3. This policy also encourages and assists pupils with asthma in achieving their full potential in all aspects of school life.

2. Key roles and responsibilities

- 2.1. The governing body has a responsibility to:
 - Ensure the health and safety of staff and children on the school premises and when taking part in school activities.
 - Ensure that the Asthma Policy, as written, does not discriminate on any grounds, including, but not limited to: age, ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
 - Handle complaints regarding this policy as outlined in the school’s Complaints Policy.
 - Ensure the Asthma Policy is effectively monitored and updated.
 - Report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils.
 - Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to children with asthma in need of help.
- 2.2. The headteacher has a responsibility to:
 - Create and implement the Asthma Policy with the help of school staff, school nurses and the governing body.
 - Ensure this policy is effectively implemented and communicated to all members of the school community.
 - Ensure all aspects of this policy are effectively carried out.
 - Arrange for all members of staff to receive training on: how to recognise the symptoms of an asthma attack; how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the medical needs register; how to access the emergency inhalers; who the designated members of staff are and how to achieve their help.

- Ensure all supply teachers and new members of staff are made aware of the Asthma Policy and provided with appropriate training.
- Monitor the effectiveness of the Asthma Policy.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's medical needs register to a designated member of staff.
- Report to the governing body and LA as necessary.

2.3. Members of school staff have a responsibility to:

- Read and understand the Asthma Policy.
- Know which children they come into contact with have asthma.
- Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).
- Allow children with asthma immediate access to their reliever inhaler.
- Inform parents/carers if their child has had an asthma attack.
- Inform parents/carers if their child is using their reliever inhaler more than stated on the child's individual health care plan.
- Ensure children with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure children who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that children with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that children with asthma may experience bullying.
- Make contact with parents/carers, the school nurse and special educational needs coordinators (SENCOs) if a child is falling behind with their school work because of their asthma.

2.4. Members of staff leading PE lessons have a responsibility to:

- Understand asthma and its impact on children. Children with asthma should not be forced to take part in activities if they feel unwell.
- Ensure children are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
- Ensure children have access to their reliever inhaler during physical activity and that they are allowed to use it when needed.
- Allow children to stop during activities if they experience symptoms of asthma.
- Allow children to return to activities when they feel well enough to do so and their symptoms have subsided.
- Remind children with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure children with asthma always perform sufficient warm ups and warm downs.

2.5. Children with asthma have a responsibility to:

- Tell their teacher or parent/carer if they are feeling unwell.
- Know how to take their asthma medication.

2.6. Parents/carers have a responsibility to:

- Inform the school if their child has asthma.
- Ensure the school has a complete and up-to-date health care plan for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medication requirements.
- Inform the school of any changes to their child's asthmatic condition. For example, if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's inhalers are within their expiry dates.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (every six to twelve months).

3. Asthma medicines

- 3.1. Reliever inhalers kept in the school's charge are held in the class medical bags.
- 3.2. Parents/carers must label their child's inhaler.
- 3.3. Members of school staff are not required to administer medicines to children (except in emergencies). However, staff will need to share this with the headteacher so this can be recorded and other arrangements can be made for children.
- 3.4. Staff members who have agreed to administer asthma medicines are insured by the London Borough of Enfield when acting in agreement with this policy.
- 3.5. This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. If preventer inhalers have been prescribed for children to take them during the school day then a

medical needs health care plan, permission to administer medication and a medication log will still need to be completed.

4. Emergency inhaler

- 4.1. Carterhatch Infant School keeps a salbutamol inhaler for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits'. Grab box and bag on top of pigeon holes outside main office.
- 4.2. Emergency asthma kits contain the following:
 - A salbutamol metered dose inhaler
 - Two plastic, compatible spacers
 - Instructions on using the inhaler and spacer
 - Instructions on cleaning and storing the inhaler
 - Instructions for replacing inhalers and spacers
 - The manufacturer's information
 - A checklist, identifying inhalers by their batch number and expiry date
 - A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
 - A record of administration showing when the inhaler has been used
- 4.3. Carterhatch Infant School buys our emergency salbutamol inhalers from Boots the Chemist.
- 4.4. The emergency inhaler should only be used by children, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.
- 4.5. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.
- 4.6. Expired or used-up emergency inhalers are returned to Boots the Chemist to be recycled.
- 4.7. Spacers must not be reused and may be given to the child for future home-use.
- 4.8. Emergency inhalers may be reused, provided that they have been properly cleaned after use.
- 4.9. In line with the school's Supporting Pupils with Medical Needs Policy, appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.
- 4.10. Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration.

- 4.11. Whenever the emergency inhaler is used, the incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the child's parents will be informed in writing.
- 4.12. Sarah Clements is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation.
- 4.13. Sandra O'Driscoll is responsible for:
 - Maintaining the asthma register.
 - Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
 - Ensuring replacement inhalers are obtained when expiry dates are approaching.
 - Ensuring sufficient disposable emergency spacers are available for use.

5. Symptoms of an asthma attack

- 5.1. Members of school staff will look for the following symptoms of asthma attacks in children:
 - Persistent coughing (when at rest)
 - Shortness of breath (breathing fast and with effort)
 - Wheezing
 - Nasal flaring
 - Complaints of tightness in the chest
 - Being unusually quiet
 - Difficulty speaking in full sentences
- 5.2. Younger children may express feeling tight in the chest as a 'tummy ache'.

6. What to do when a child has an asthma attack

- 6.1. In the event of an asthma attack, staff will follow the procedure outlined below:
 - Keep calm and encourage the child to do the same.
 - Ensure tight clothing is loosened.
 - Reassure the child.

If necessary, call another member of staff to retrieve their or the emergency inhaler do not leave the affected child unattended.

**Advice below from NHS Website and Asthma and Lung UK
(to be reviewed Jan 25)**

Asthma attacks kill 3 people in the UK each day. But many of these deaths could be avoided.

Every 10 seconds someone has a potentially life-threatening asthma attack.

If you think you're having an asthma attack, you should:

1. Sit up straight – try to keep calm.
2. Take one puff of your reliever inhaler (usually blue) every 30 to 60 seconds up to 10 puffs.
3. If you feel worse at any point, or you do not feel better after 10 puffs, call 999 for an ambulance.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.
6. Never be frightened of calling for help in an emergency.
7. Try to take the details of your medicines (or your personal asthma action plan) with you to hospital if possible.

Know the signs of an asthma attack

You're having an asthma attack if:

- your [blue reliever](#) isn't helping, or you need to use it more than every four hours
- you're wheezing a lot, have a very tight chest, or you're coughing a lot
- you're breathless and find it difficult to walk or talk
- your breathing is getting faster and it feels like you can't get your breath in properly

You may have all of these signs and symptoms. Or you may have just some of them. For example, you may not wheeze.

Call 999 immediately if:

- The child is too breathless or exhausted to talk.
- The child is going blue.
- The child's lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

7. Important points to remember

- 7.1. Never leave a child having an asthma attack unattended, send another member of staff to get their or the emergency inhaler.
- 7.2. In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.
- 7.3. Reliever medicine is very safe. Do not be overly concerned a child may overdose.
- 7.4. If another adult is not around, send another child to get a teacher/adult if an ambulance needs to be called.
- 7.5. Contact the child's parents/carers immediately after calling an ambulance.
- 7.6. Provide paramedics with the child's Health Care Plan and information on how many puffs of their inhaler have been taken and when. A member of staff should always accompany a child taken to hospital by ambulance and stay with them until their parent/carer arrives.
- 7.7. Generally, staff will not take children to hospital in their own car. However, in some extreme situations Carterhatch Infant School understands that it may be the best course of action.
- 7.8. If a situation warrants a staff member taking a child to hospital in their car, another adult must accompany them.

8. Record keeping

- 8.1. At the beginning of each school year, or when a child joins Carterhatch Infant School, parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.
- 8.2. The school keeps a record of all children with asthma, complete with medication requirements, in its Medical Needs Register.
- 8.3. Parents must inform the school of any changes to their child's condition or medication during the school year.

9. Exercise and physical activity

- 9.1. Games, activities and sports are an essential part of school life for our children. All teachers know which children in their class have asthma and are aware of any safety requirements.
- 9.2. Outside suppliers of sports clubs and activities are provided with information about children with asthma taking part in the activity via the

school's Medical Needs Register and they should adhere to the guidelines in this policy.

- 9.3. Children with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

10. Monitoring and review

- 10.1. The effectiveness of this policy will be monitored continually by the headteacher. Any necessary amendments may be made immediately.
- 10.2. The governing body will review this policy annually.