Asthma Policy

2019 – 2020
(Updated November 2018)
Background
This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Chuckery Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils 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 pupils with asthma are provided with training on by the school nurse. Training is updated once a year.

Asthma medicines
Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a plastic box with a lid on.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil’s own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child’s name by the parent/carer. School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

From 1 October 2014, children will have access to a spare emergency inhaler at school. Due to a long-fought campaign Asthma UK has secured an amendment to existing legislation so that schools will legally be allowed, if they choose, to keep a spare emergency inhaler to use in the event of a potentially life-threatening asthma attack.

The guidance for schools on spare emergency inhalers can be found on our school website and on the following website:

We will follow the DFE guidelines in the case of an Asthma attack in school:

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 (located in Finance room)
• Remain with the child while the inhaler and spacer are brought to them
• Immediately help the child to take two separate 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

Record keeping
At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

All parents/carers of children with asthma must provide the school with an asthma care plan and keep the school updated on any changes.

If the GP does not provide Asthma Care Plans then the attached School Asthma Card must be completed and submitted to the school office.

Exercise and activity - PE and games
Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil’s inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport
There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs. PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.
This information is also provided on information posters which are displayed in several locations around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this. An accompanying Asthma UK parent pack that informs parents/carers about the changes in PE at the school and how their child can get involved at different levels is also available for staff to give to parents/carers of pupils with asthma.

**School environment**
The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

**Making the school asthma-friendly**
The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE (for more details see Asthma Resources for Pupils, page 4).

Pupils with asthma and their friends are encouraged to go to a club that is run at lunchtimes once a month by the school nurse, who has had asthma training.

**When a pupil is falling behind in lessons**
If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil’s needs.

The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

**Asthma attacks**
All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the staffroom and every classroom (see page 2 and 3 of Asthma Awareness for School Staff).

**Roles and responsibilities**
Asthma UK recommends the following roles in developing an asthma policy:

**Employers**
Employers have a responsibility to:

- ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.
- Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place and:
- make sure the asthma policy is effectively monitored and regularly updated
- report to parents/carers, pupils, school staff and local health authorities about the
successes and failures of the policy

• provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

**Head teachers and principals**

Head teachers and principals 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 maintain the school asthma register

• report back to their employers and their local education authority about the school asthma policy.

**School staff**

All 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 school nurse and special educational needs coordinators or Learning Support & Special Educational Needs Department if a child is falling behind with their work because of their asthma.

**PE teachers**

PE teachers have a responsibility to:

• understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell.

• They should also not be excluded from activities that they wish to take part in if their asthma is well controlled

• ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed

• Be aware that if a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes)

• remind pupils with asthma whose symptoms are triggered by exercise to use their reliever inhaler immediately before warming up

• ensure pupils with asthma always warm up and down thoroughly.

**Individual doctor/asthma nurse of a child or young person with asthma**

Doctors and asthma nurses 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)

• offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

**Pupils**

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, teacher or PE 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**

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 six to 12 months)
• ensure their child has a written personal asthma action plan to help them manage their child’s condition

Why is an asthma register at school important?
It is important to identify all pupils at school with asthma so that all school staff and supply teachers are aware of the pupils with asthma and their asthma triggers. An asthma register will:
• help staff to remind the right pupils to keep their reliever inhalers with them at all times
• help inform staff and supply teachers about the individual needs of pupils with asthma
• allow important contact details for pupils with asthma to be kept in one central location
• assist the school and parents/carers to ensure asthma medicines kept at school are within the expiry date
• help the school identify common asthma triggers that they can reduce or control in the school environment
• allow pupils with asthma to participate more fully in all aspects of school life.

How should the school asthma register be kept up to date?
• An identified member of school staff should have responsibility for the school asthma register. Part of this responsibility should be to ensure that the expiry dates of all spare reliever inhalers at school are checked every six months.
• This member of staff should also ensure that all parents/carers are asked every year if their child has asthma. This could be part of their registration form.
• This member of staff should ensure a follow up letter is sent to all parents/carers of children and young people with asthma (see the draft letter to parents/carers, page 9).
  • It is the responsibility of parents/carers to provide the school with details of what medicines their child is taking during the school day. Asthma UK produces a School Asthma Card* that all parents/carers of children and young people with asthma can be given to pass on to their child’s doctor or asthma nurse to complete. Parents/carers should then return these completed cards to the school.
Where can I find out more?

Asthma UK is dedicated to improving the health and well-being of the 5.2 million - including 1.1 million children - people in the UK with asthma.

Asthma UK Adviseline

Ask an asthma nurse specialist
08457 01 02 03
asthma.org.uk/adviseline

Asthma UK website

Read the latest independent advice and news on asthma
asthma.org.uk

Asthma UK publications

Request booklets, factfiles and other materials with independent, specialist information on every aspect of asthma
020 7786 5000
info@asthma.org.uk
(Appendix 1)

Dear Parent/Carer

Re: Asthma Care plan

Thank you for informing us of your child’s asthma on his/her registration 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 recently established a new 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 an Asthma Plan for their child/children. Please complete this plan with your child and return to the school office.

The completed plan 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 plan is regularly checked and updated and the school is kept informed about changes to your child’s medicines, including how much they take and when.

From 1 October 2014, children will have access to a spare emergency inhaler at school. Due to a long-fought campaign Asthma UK has secured an amendment to existing legislation so that schools will legally be allowed, if they choose, to keep a spare emergency inhaler to use in the event of a potentially life-threatening asthma attack. Here at Chuckery Primary School we have opted to keep spare emergency inhalers that will be available for use by children in such an event. We must obtain authorisation from parents/carers that we are allowed to use this if necessary. Therefore can you complete the below and return to school as soon as possible.

I look forward to receiving your child’s completed school asthma card and completed consent form

Thank you for your help.

Yours sincerely

Mr Pearce
Head teacher

Childs name:     Class no:

- I consent to my child having use of the spare emergency inhaler in the event of a potentially life-threatening asthma attack     Yes [  ]   No [  ]
- I have supplied an inhaler to keep in school     Yes [  ]   No [  ]
- I have enclosed a completed Asthma Plan for my child     Yes [  ]   No [  ]

If I have not enclosed a care plan this is because (enter reason):

Signed:          Print:          Date:
My Asthma Plan

1 My usual asthma medicines
   - My preventer inhaler is called __________ and its colour is __________.
   - I take _______ puffs of my preventer inhaler in the morning and _______ puffs at night. I do this every day,
     even if I feel well.
   - Other asthma medicines I take every day: __________.
   - My reliever inhaler is called __________ and its colour is __________.
   - I take _______ puffs of my reliever inhaler when I wheeze or cough, my chest hurts or it’s hard to breathe.
   - My best peak flow is _______.

2 My asthma is getting worse if...
   - I wheeze or cough, my chest hurts or it’s hard to breathe, or
   - I need my reliever inhaler (usually blue) three or more times a week, or
   - My peak flow is less than _______.
   - I’m waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

3 I’m having an asthma attack if...
   - My reliever inhaler isn’t helping or I need it more than every four hours, or
   - I can’t talk, walk or eat easily, or
   - I’m finding it hard to breathe, or
   - I’m coughing or wheezing a lot or my chest is tight/hurt, or
   - My peak flow is less than _______.

If my asthma gets worse, I will:
   - Take my preventer medicines as normal
   - And also take _______ puffs of my blue reliever inhaler every four hours.
   - See my doctor or nurse urgently if I don’t feel better within 30 minutes
   - Remember to use my spacer with my inhaler if I have one.

Other things to do if my asthma is getting worse

Even if I start to feel better, I don’t want this to happen again, so I need to see my doctor or asthma nurse today.

My Asthma Plan

My asthma triggers:
List the things that make your asthma worse and what you can do to help

I will see my doctor or asthma nurse at least once a year (but more if I need to)
Date I got my asthma plan:

Parents – get the most from your child’s action plan
   - Take a photo and keep it on your mobile (and your child’s mobile if they have one)
   - Stick a copy on your fridge door
   - Share your child’s action plan with school

Learn more about what to do during an asthma attack:
www.asthma.org.uk/advice/asthma-attacks

Call for help
   - Sit up – don’t lie down. Try to be calm.
   - Take one puff of my blue reliever inhaler (with my spacer if I have it) every 30 to 60 seconds for up to a total of 10 puffs.

If I don’t have my blue reliever, it’s not helping, I need to call 999 straightaway.
While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to

Your asthma plan tells you what medicine you need to take to stay well

And what to do when your asthma gets worse

Print: Mr. James Pearce
Date: 8th July 2019
Head teacher

Print: Mr. Neil Ravenscroft
Date: 8th July 2019
Chair of Governors

Document Number: CPS074-02