

ASTHMA POLICY FOR RIVER

VIEW PRIMARY SCHOOL

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INTRODUCTION

School acknowledges that asthma is the most prevalent disease of childhood and recognises that many pupils on roll in this school will have the disease. Asthma sufferers should not be isolated by their disease, therefore asthma awareness should involve ALL members of the school community.

This policy sets out how a school can support students with asthma and how a school can work closely with students, parents, and health colleagues to ensure it has robust procedures in place for the administration, management, and storage of asthma inhalers at school. Parents/guardians are kept informed if their child has had medication during the school day.

Parents are required to ensure the school is aware of their child's needs ([Appendix 9.4.3](#)). Parents should assist in the completion of their child's school asthma plan and provide the school with one named inhaler and spacer in the original packaging detailing the prescription at the beginning of each school year. For primary school children the inhaler and spacer should be kept in the classroom whilst secondary school students should carry the inhaler (and associated spacer) themselves. The school management and governors should ensure that an Asthma Champion (see [Appendix 9.3](#) for definition of roles) will check the expiry dates of medications every half term and advise parents if new medication is required. It is the responsibility of parents/ guardians to ensure all medication is in date as advised by the school Asthma Champion and that the school is kept informed of any changes to children's medication/ care needs throughout their time at school.

School staff are not obliged to administer medication however some will be happy to do so. School staff are insured to administer medication under the school's or local education authority's public liability insurance policy. Students with asthma should be fully integrated into school life and able to participate fully in all activities including Physical Education (PE). Students always require open and immediate access to their reliever medication (inhaler) for all school activities; schools should have clear procedures in place that facilitate this.

It is the responsibility of parents/guardians to inform school, on admission, of their child's medical condition and needs ([Appendix 9.4.3](#)). It is also important that the school is informed by parents of any changes. The school will keep an accurate record of each occasion a student is given or supervised taking their inhaler. If recording takes place in more than one location i.e., classroom and office the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record which details the supervising staff member, student, dose, date, and time (see [Appendix 9.5.1](#) for an example). Parents will be informed if a student uses their inhaler at any time unless taken pre-sport as agreed ([Appendix 9.4.1](#)). If a pupil refuses to use their inhaler, this is also recorded, and parents are informed as soon as possible.

Schools keep an asthma register ([Appendix 9.5.3](#)) so that they can identify and safeguard students with asthma; this is held centrally in the school office and is the responsibility of the Asthma Champion to maintain. Students with asthma will have a

personalised asthma plan (example [Appendix 9.5.5](#)) This is written jointly between health, education, and parent/student.

In the event a student's inhaler and spare inhaler are unavailable the school emergency inhaler should be used (if the parent/guardian has consented) and inform the parent as soon as possible ([Appendix 9.4.2](#)). Consent to use emergency inhalers should be recorded on the asthma register and the pupil's Individual Health Care Plan (IHCP). In circumstances where an emergency inhaler is not available the school should contact emergency services for guidance and inform the parents as soon as possible.

PARENTS RESPONSIBILITIES

- Informing the school if their child has asthma.
- Ensure their child has an up-to-date written Personalised Asthma Action Plan (PAAP) from their doctor or specialist healthcare professional and that they share this with the school. There will be some children and young people who will need their own individualised plan, relating to specific medication.
- 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, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labelled with the child's full name and date of birth and in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.
- Ensure that their secondary school student takes their inhaler to school and are confident about telling others if they are feeling unwell and needs to use their inhaler.
- If their child is off school, they catch up on any schoolwork they have missed.
- Ensure their child has regular reviews (at least annually and after each exacerbation) with their doctor or specialist healthcare professional.
- Ensure in date medicines come into school on the first day of the new academic year. Spacers need to be replaced annually if used regularly.

THE SCHOOL

- Recognizes that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities.
- Ensure all students with asthma have easy access to their reliever inhaler and spacer.
- Encourage all students to carry and administer their own inhaler when their parents and health care provider determine they can start taking responsibility for their condition.

- Ensure students who do not carry and administer their own emergency medication know where their inhalers are stored. This should preferably be in the classroom in an easily accessible location (i.e., not a locked cupboard) and not in the main school office.
- Ensure all staff attending off site visits are aware of any students on the visit with asthma and have brought their medication. They should be trained what to do in an emergency.
- Recognizes that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma
- Ensures that all pupils understand asthma
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- Each class has a medical conditions chart with pupil names and condition.
- The Asthma Action Plan for schools and Early years chart are dotted around the school A3 size.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/cares, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

EXPLANATION OF DISEASE*

People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers).

This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out.

Narrowing of air passages produces ONE or ALL of the following:
coughing, breathlessness, wheezing.

SUDDEN, SEVERE narrowing of air passages may result in an 'Asthma Attack'.

IDENTIFICATION OF PUPILS AFFECTED:

All parents of children on roll must notify school of current treatment details. Treatment details should be accessible at all times.

TREATMENT:

Consists of two main forms Reliever inhalers (usually Blue) & preventer inhalers (usually Brown).

It is encouraged that only blue inhalers should be in school.

Children should have access to their relief inhalers (usually blue) at all times. Kept in class, taken to swimming or when ever pupil leaves school grounds.

PREVENTION

It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment, therefore appropriate steps should be taken. Trigger factors include:- coughs & colds, cigarette smoke, furry animals, cold weather, chemical paints - sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

TREATING WORSENING SYMPTOMS OF ASTHMA:

A reliever inhaler (blue) should be given:

- if requested by the child
- If the child is coughing, wheezing or breathless.
- If this is effective, the child can return to normal classroom activity.

What to do in the case of an 'asthma attack':

The main symptoms of an asthma attack are coughing continuously, wheezing or shortness of breath.

Support the child to inhale once or twice with the blue inhaler. Wait for 5 minutes - the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack. This may be available in the school's emergency equipment.

But remember

- Stay calm - it is treatable
- Sit the child comfortably - do not let the child lie down
- Do not crowd the child
- Speak quietly and calmly to the child - encourage slow deep breaths.
- **Do not put your arms around the child's shoulders - this restricts breathing.**

If this does not work, then the child may be having a severe asthma attack. This constitutes an emergency situation.

An emergency situation is recognisable when:

Blue inhaler does not work,

Or

The child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath.

Or

The child is breathing quickly.

Child can look pale - lips can turn blue.

Plan of Action:

DIAL 999 - telephone for an ambulance. In the meantime, a blue inhaler can be given every 5 minutes.

You cannot overdose the child by doing this.

DO inform the paramedic how much inhaler has been used.

SAFE STORAGE - DISPOSAL

All inhalers are supplied and stored, wherever possible, in their original containers. All medication needs to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency. Medicines are stored in accordance with instructions at room temperature. All inhalers and spacers are sent home with students at the end of the school year. Medications are not stored in school over the summer holidays.

Reliever inhalers and spacer devices must be stored in a location that allows students unrestricted access during school hours. The medication must be kept within close reach of the student while they are in the classroom and, where possible, should accompany them when they leave the classroom for activities such as physical education or breaktime.

Emergency medications are readily available to students who require them during the school day whether they are on or off site. Secondary school students who are self-managing are reminded to always carry their inhalers and spacers with them. Parents are responsible for collecting out of date medication from school. A named member of staff is responsible for checking the dates of medication and arranging for the disposal of those that have expired. Manufacturers' guidelines recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, is free, and does not usually need to be renewed in future years:

<https://www.gov.uk/register-renew-waste-carrier-broker-dealer-england>.

The disposal of emergency inhalers should be in line with national [guidance on the use of emergency salbutamol inhalers](#) which recommends that spent inhalers are returned to the pharmacy to be recycled, and never thrown away in general waste bins. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

OUT OF HOURS

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.

ASTHMA FRIENDLY 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 definite 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.

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

HOW TO RECOGNISE AN ASTHMA ATTACK

Symptoms of an asthma attack can sometimes occur suddenly. At times, an asthma attack can almost 'sneak up on you' with signs and symptoms getting worse over a longer period of time. It is important that you recognise when your asthma is getting worse and to let someone you can trust know and get you the help that you need.

You may have one or more of these symptoms during an asthma attack:



WHEEZE AND BREATHLESSNESS

You will find that it gets harder to breathe during an asthma attack. You may feel breathless on doing your usual daily activities (e.g. walking, talking, and even eating!). You may have a sensation of chest tightness or pain. Most people with asthma will have a wheeze (whistling noise heard on breathing in and out) during an attack, however some may not.



COUGHING

You may find that you are coughing more throughout the day and night, hence impacting on your quality of sleep and ability to function during the day.



USING YOUR RELIEVER INHALER MORE FREQUENTLY

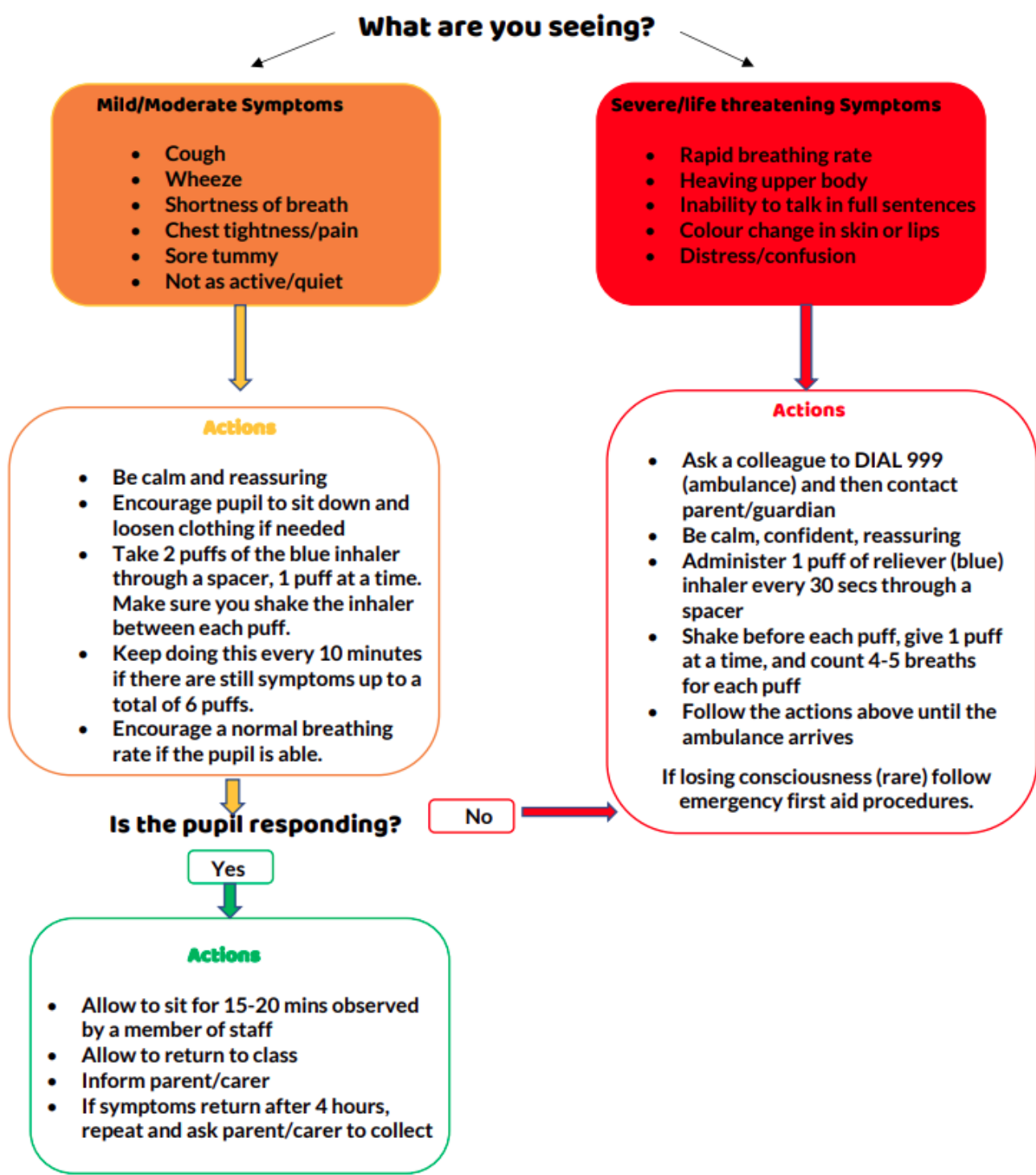
It is important to recognise that if you are using your reliever inhaler more frequently, this may be a sign of an impending asthma attack. Refer to your asthma action plan when this happens. If you are at the point of using it more frequently than 4 hours, you need to seek urgent medical attention.



REDUCED PEAK FLOWS

A peak flow meter reading gives you an idea of how 'tight' your chest is. Your peak flows will be reduced in the midst of an asthma attack.

How Do I Manage a Pupil Having an Asthma Attack?



School Name	River View Primary
Head Teacher / Principal Name	Mr D Gauld
Asthma Lead Name & Job Role	Mr J Batty
SENDCO Name	Mr Frank Earp
Asthma Champion Name & Job Role	Miss Elina Parker / Site Manager
School Nurse / Link Nurse Name	Sue Price
School Nurse / Link Nurse Contact Number	Una O’Hea 01612062366
Date	01/03/2024
Policy Review Date	01/03/2025
Medication Storage Location <i>(if located in classrooms list individually)</i>	
Office Reception	
Emergency Asthma Inhaler Storage Location <i>(if applicable)</i>	
Main Office Reception	
Asthma Register Storage Location	
Main Office Reception	

ACCESS AND REVIEW OF POLICY

The Asthma Policy will be accessible to all staff and the school community. Hard copies can be obtained through the school office.

The Governors will review this policy every other year

Date 26th January 2011

Signed

Head Teacher



Chair



Review Date 03/2025