

# Asthma Policy



Asthma Policy approved by LGB Committees Summer 1 2019 and Stockingford on conversion

## Asthma Policy

The MAT is an inclusive community that aims to support and welcome pupils with asthma. We ensure that the whole school environment, which includes physical, social, sporting and education activities, is inclusive and favourable to children with asthma. The MAT Asthma Policy is drawn up in consultation with a wide range of agencies within both the school and health settings as well as taking into consideration the Guidance on the use of emergency salbutamol inhalers in schools, Department of Health, September 2014.

We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All new school staff receive asthma awareness training. The MAT has clear guidance on the administration and storage of medicines at school. We have clear guidance about record keeping. Each member of the school know their roles and responsibilities in maintaining and implementing an effective medical policy. The Asthma Policy is regularly reviewed, evaluated and updated.

### Policy Guidelines

The MAT aims to support and welcome children with asthma.

- Every Asthmatic child should have one inhaler in school at all times, this is stored in each classroom together with the Asthma UK Card which gives parental consent and also sets out any triggers that will cause an asthma attack and the emergency treatment required.
- The Asthma UK Cards also indicate whether parents/carers give permission for the school to administer their emergency inhalers if required.
- Children with asthma are encouraged to take control of their condition.
- Children feel confident in the support they receive from the school to help them do this.
- Children with asthma are included in all school activities
- All staff feel confident in knowing what to do in an emergency
- The school Asthma Policy is understood and supported by the whole school and local health community
- Emergency packs are stored in the School Office/Pastoral Room/Staffroom.

- All Inhaler boxes must be taken out in the event of a Fire alarm - where possible (DO NOT re-enter the building).
- All inhaler boxes must be taken on all trips together with an Emergency Asthma Bag - including Church/Swimming.
- When swimming inhalers must also be taken and be stored in a see through plastic bag/box and placed poolside.

We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma.

The MAT is committed to providing children with a physical environment, which is accessible to children with asthma.

Our commitment to an accessible physical environment includes out of school visits and the school ensures these visits are accessible to all children.

We ensure the needs of children and young people with asthma are adequately considered to ensure they have full access to extended school activities such as school productions, after school clubs and residential visits.

All staff within the MAT are aware of the potential social problems that children with asthma may experience. Staff use this knowledge to try to prevent and deal with problems in accordance with the school's anti bullying and behaviour policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst children and to help create a positive social environment.

The MAT ensures all classroom teachers, TAs and sporting coaches understand that pupil's with asthma should not be forced to take part in any activity if they feel unwell.

We ensure all classroom teachers and TAs are aware of the potential triggers for pupil's asthma when exercising and are aware of ways to minimise these triggers.

The MAT ensures all children have the appropriate medicines with them during physical activity and that children take them when needed.

Risk assessments are carried out for any out of school visit and asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency.

There may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

All staff understand asthma and are trained in what to do in an emergency. Staff within the MAT understand their duty of care to children in the event of an emergency.

In an emergency situation school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines.

All staff who work with children at this school receive training and know what to do in an emergency for the children in their care with asthma.

Training is refreshed for all staff at least once a year.

The MAT uses school Asthma UK Cards to inform the appropriate staff (including supply teachers and support staff), of children in their care who may need emergency help.

The MAT has procedures in place for a copy of the pupil's health care plan to be sent to the emergency care setting with the pupil.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

Generally, staff should not take children to hospital in their own car.

The MAT has clear guidance on the administration of medicines at school.

*From 1<sup>st</sup> October 2014, the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.*

The emergency salbutamol inhaler should only be used by children for whom written parental consent **has been identified on the Asthma UK Card**, for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can only be used if the pupil's inhaler is not available (for example, because it is empty or broken).

The schools who form part of the MAT have 'THREE RED Emergency Rucksacks' these include:-

- One salbutamol inhaler and one spacer, which are all clearly labelled
- Register of Parental Consent
- Asthma Emergency Note - to go home
- School Emergency inhaler usage logbook - Staff must record usage
- STAFF MUST ALSO RECORD THE USAGE IN THE MAIN ASTHMA REGISTER LOCATED IN THE SCHOOL OFFICE STATING THAT IT IS THE SCHOOLS EMERGENCY INHALER THAT HAS BEEN USED

These are located as follows:

- School Office (kept in/or near the GRAB Bag)
- Staffroom
- Pastoral Office

Any spares will be kept in the lockable medicine cabinet.

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER AND THE HOLDER FOR THE MEDICINE IS TO BE WASHED WITH HOT SOAPY WATER.

Staff Responsibilities

Learning Mentor is to ensure that:-

- Inhalers are checked monthly (TA's check dates in classrooms)
- Replacement inhalers are obtained before the expiry date
- Replacement spacers are re-ordered when needed.
- Empty/out of date Inhalers are disposed of at the local Pharmacy

All Staff responsibilities:

- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant rucksack after use.
- Staff must inform the Learning Mentor if a school emergency inhaler has been used so that a new spacer can be ordered.
- School Emergency inhaler usage logbook - Staff must record usage.
- STAFF MUST ALSO RECORD THE USAGE IN THE MAIN ASTHMA REGISTER LOCATED WITH THE LEARNING MENTOR STATING THAT IT IS THE SCHOOLS EMERGENCY INHALER THAT HAS BEEN USED.

## 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' (young children may express this as a 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 collapse

## 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.
- Remain with the child while the inhaler and spare 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 AMBUANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.

