



St Leonard's CE(A) First School

Asthma Policy

**Responsibility of: Full
Governing Board**
Developed in consultation with:
Teaching Staff
Governing Board

Adopted by the Governing Board:

Sep 2023
Date for review: Sep 2024

*'Let your light shine before others so that they may see your
good works and give glory to your Father who is in heaven.'*

Matthew 5:16

Date of last policy reviewed	Changes made
Sep 2023	Training received by five members of staff. "Staff trained as at Sept 2023" added. Dates changed

The Principles of our 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 that the school environment is favourable to children with asthma.
- Ensures that other children understand asthma.
- Ensures that 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 and Employment, National Asthma Campaign, the local authority, the school health service, parents, the Governing Board and pupils.

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 the school community. Supply teachers and new staff are made aware of the policy via the Health Board in the staffroom and staff are provided with training on a regular basis, records of which are kept on a register.

Medication

Immediate access to a reliever inhaler is vital. Children keep their inhalers close by in the school office. All the staff are aware of this. Records are kept each time an inhaler is used and a copy of that record emailed to parents.

All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however all of our staff are happy to do this. School staff who agree to do this are insured when acting in accordance with this policy. All staff will let children take their own medication when

needed. We advise all parents whose children have asthma to provide a spacer to ensure that the medication is delivered effectively.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked to inform the school if their child is asthmatic. All parents of children with asthma are required to complete a school asthma card (Asthma UK) and return it to school. From this information the school keeps its asthma register which is displayed in the staff room. If any changes are made to a child's medication it is the responsibility of the parents or carer to inform the school. Parents are required to review the asthma care plan annually.

St Leonard's holds an emergency inhaler and spacer as per 'Guidance on the use of Emergency Salbutamol Inhalers in Schools March 2015.' This medication can only be administered to children on the Asthma Register. Specific staff have been trained to administer the emergency inhaler and there are instructions kept with the inhaler.

Records are kept every time a child uses their inhaler. Two members of staff countersign the medical administration form. (Appendix 1) (Appendix 4).

Parents of children with asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available. Parents will be informed by letter if their child has used the emergency inhaler (Appendix 2).

Asthma inhalers for each child are checked Monthly for expiry dates by Mrs Amos (Office Manager). Each child's inhaler is kept in the school office filing cabinet alongside their asthma card.

PE

Taking part in sports is an essential part of school life. Teachers and sports coaches are aware of which children have asthma via the health board. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take a reliever inhaler before each lesson.

School Educational Visits and Outside Activities

When a child is away from the classroom on a school trip, walk around the village, during Welly Wednesday or forest school activities their inhaler should accompany them and be made available at all times.

The School Environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school is a no smoking zone. The school does keep pets but the teachers will be aware of any child who has a fur or feather allergy and will act appropriately.

An Asthma Friendly School

Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk

Attendance

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. If appropriate the teacher will then talk to the school nursing team and SENDCO about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of their asthma.

Asthma Attacks

All children who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure (Appendix 3) which is displayed around the school. This includes the emergency procedure if giving the inhaler does not improve the condition. (Appendix 3)

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

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 **MUST** be informed about the attack.

Safeguarding and Asthma

Whilst the great majority of parents and carers are conscientious and very well organised in relation to their child's asthma, staff need to be alert to the possibility that parental mismanagement or chaotic approach to their child's asthma is a matter of concern and may be a safeguarding issue. Staff should raise any concerns with the DSL or Deputy DSL's.

Staff trained as at September 2023

Elizabeth Barks

Julie Amos

Mandy Goldstraw

Eloise Crooks

Lauren Milward

Appendix 1



Pupil's own Salbutamol Inhaler Use Form

Child's name:

Class:

Date:

Dear

This letter is to formally notify you that Has had problems with his/
her

breathing today. This happened when
.....

They used their own inhaler. They were given puffs.

Your child may need an asthma review with a doctor.

If your child is needing to use their reliever inhaler more than 4 hourly please seek an
urgent medical review.

Yours Sincerely

Mrs K Stanesby

Headteacher

Appendix 2



Emergency Salbutamol Inhaler Use Form

Child's name:

Class:

Date:

Dear

This letter is to formally notify you that Has had problems with his/
her

breathing today. This happened when

.....

*They did not have their own inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given..... puffs.

Your child may need an asthma review with a doctor.

Although they soon felt better, we would strongly advise that your child is seen by your own doctor as soon as possible.

Yours Sincerely

Mrs K Stanesby



First Aid response for Asthma

EMERGENCY PROCEDURE

Signs of an asthma attack

- Coughing (whistle on breathing out)
- Shortness of breath
- Wheezing
- Tightness in the chest
- Unusually quiet / appears exhausted
- Difficulty speaking in sentences (fast and deep respiration)
- Nasal flaring
- White/ blue tinge to lips/ going blue



WHAT TO DO

- Keep calm - reassure the child
- Encourage the child to sit up and forward - don't lie them down!
- Give 2 puffs of reliever inhaler (usually blue)
- Loosen tight clothing
- Reassure the pupil



IF NO IMMEDIATE IMPROVEMENT

- 2 puffs of inhaler every 2minutes for 10 puffs or until there is an improvement.
- Call **999** if no improvement after 5 minutes/ blue lips/ any doubt.
- If Ambulance doesn't arrive after 10 minutes, repeat the process.
 - Ensure pupil has an asthma review ~~soon~~ after an attack.
- WATCH OUT for 'silent asthma' - a state of collapse where it may seem that symptoms have disappeared.
 - A member of staff must accompany the child to hospital.

Appendix 4



Inhaler Administration record

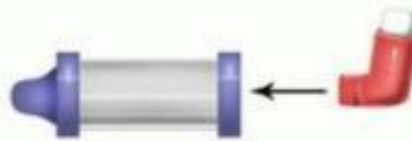
Child name	Date	Time	Child's inhaler	School inhaler	No of puffs	Parent letter emailed	Given by

Appendix 5

How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)



1. Shake the medicine.



2. Insert the mouthpiece of the inhaler into the rubber-sealed end of the spacer.



3. Breathe all of the air out of your lungs. Then put the spacer into your mouth between your teeth. Make a tight seal around the mouthpiece with your lips.



4. Press the metered-dose inhaler down once to release a spray of medicine. The medicine will be trapped in the spacer. Breathe in slowly and deeply.



5. Hold your breath for 5 to 10 seconds and then breathe out slowly. If you cannot hold your breath, another method is to breathe in and out slowly for 3 to 5 breaths.

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