



Asthma Policy



Asthma Policy



This policy has been written with reference to:

- Asthma UK : <http://www.asthma.org.uk/>
- Guidance on the use of emergency salbutamol inhalers in school, March 2015

It has been completed following training on asthma by the school nurse received by staff annually.

It should be read in conjunction with the School's ***Supporting Medical Needs of Children at School Policy***.

Meeting the needs of the children

Kenmore Park Infant and Nursery School is a rights respecting school. We will seek to meet the needs of children with asthma in school through carefully considering their needs; being aware of and minimising possible triggers; ensuring their safety through good communication with parents and children and through systems ensuring effective record keeping and sharing of necessary information. **(CRC Article 19: a right to be cared for and protected)**

We will respect the children's rights to experience a full range of experiences and access to the full curriculum through keeping them safe. We will not unnecessarily exclude children from activities that are an important part of school life, e.g. trips, whilst considering the child's safety as paramount. **(CRC Article 18: a right to be thought about)**

The school will liaise with the school nurse over any queries over practical asthma management.

Identifying children

Parents are asked on the admission form for specific details about their child including medical information. A child identified by the parent as having asthma will be added to the medical conditions register and colour-coded as having asthma (see below for further details).

If a child requires an inhaler, but has not been diagnosed as having asthma, he/she will still be added to the medical conditions sheet and an inhaler, spacer and IHCP plan will still be required in school – in addition to one being kept at home (this is following the advice of the School Asthma Nurse for Harrow.)

The parents will complete an Individual Health Care Plan with support from a staff member – usually the Deputy Head Teacher or the Head Teacher - relating to their child and will be given a copy of the Asthma Policy. Parents who inform the school mid-year of a new diagnosis of asthma will be asked to complete an Individual Health Care Plan.

A protocol sheet detailing what to do in the event of an asthma attack will be located in each classroom – see ***Appendix 1 WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK***

Keeping children safe

(CRC Article 16: a right to be safe)

All staff will be given a copy of the asthma policy.

The school will liaise with the school nurse whenever advice is required and whenever parental advice (e.g. regarding the amount of medication – 2 puffs is usually the suggested dose) contradicts advice given in training. It will be the responsibility of a Welfare Assistant – to contact the school nurse when this occurs.



All children who have asthma or who require an inhaler will be noted on the school's medical conditions register and highlighted as having asthma/an inhaler to inform staff and supply staff.

An electronic version of the medical conditions register will be stored in Teachers Only on the school system in a folder marked **MEDICAL CONDITIONS** and will be updated **whenever** a child enters the school with asthma/requires a reliever inhaler. It is the responsibility of the Deputy Head Teacher to ensure this register is updated and to inform the Welfare Assistants.

It is the responsibility of the admin team to inform the class teacher and Deputy Head Teacher when a new child who has asthma or an inhaler is about to begin school.

A hard copy of the register will be kept in each class' Class Folder and an additional copy will be kept on the inside of a cupboard door in each class' Learning Wall storage cupboards.

Alongside the asthma register in the Class Folder and in the cupboard door will be a copy of p5 'How to recognise an asthma attack' and the protocol of what to do - p6 'What to do in the event of an asthma attack' - from *Guidance on the use of emergency salbutamol inhalers in school, March 2015. (See Appendix 1)*

The list will be continually updated by the Deputy Head Teacher, new copies distributed to classes by a member of the admin team.

All children who have been prescribed inhalers (whether they have been diagnosed with asthma/been prescribed a reliever (blue) inhaler) **must** complete an **Individual Health Care Plan (see Appendix 2)** and the **Parental agreement for setting to administer medicine** form (see Appendix 3).

It is the responsibility of the Deputy Head Teacher, to ensure that a child's name is added to the medical conditions register and that an Individual Health Care Plan is completed with the parents/carers.

It is the responsibility of the Welfare Staff to keep records of when the inhalers expire and to inform parents a month prior to their expiry that they need to provide a new inhaler.

It is the class teacher/support staff's responsibility to ensure that supply teachers are informed of the location of the list of children with asthma/other medical conditions in the classes.

Whenever a child has used their inhaler, this must be recorded and the parents informed through an 'Accident/incident/illness report slip' also referred to as a 'white slip' (a note completed by a Welfare Assistant) sent home or via a phone call. A phone call will be the response whenever there are concerns that a parent/carer may not understand written English.

If a child with asthma has shown asthma symptoms at school, this should also be communicated through a 'white slip'.

The *Asthma Policy*, alongside the *Supporting Pupils with Medical Conditions Policy* will be reviewed every 3 years or whenever change of advice or practice is made.

Access to inhalers

Parents are expected to provide the school with a (spare) inhaler so that children have access to their medication at home and school. The inhaler and spacer should be marked with the children's name.



Inhalers are kept in the medical room – a central location within the school. There is a separate, named box for each child with asthma containing: inhalers, spacers and a copy of the Individual Health Care Plan and the Parental Permission to Give Medication.

For children with Asthma in Nursery – a considerable distance from the Medical Room – their inhalers and spacers will be kept in the Nursery in conditions as described beneath re: inhalers in classrooms.

Should a child require frequent access to their inhaler, their medication (and equipment e.g. spacers) may be kept in the classroom in a sealed box out of the reach and sight of children – usually in a Learning Wall storage cupboard. This decision will be made through discussion with the parents, the Class Teacher, the Welfare Assistant and the Head Teacher – Mrs Mahil-Pooni or the Deputy Head Teacher – Mr Snowden.

If an inhaler is kept in the classroom, it must only be given to the child for whom the medication has been prescribed and always under supervision. Paperwork recording when and who supervised the giving of the medication must be completed at the time.

An asthma-friendly environment

Staff will be aware that the following can be **possible triggers** for asthma: pollen, animals, colds and viral infections, dust, pollution and cold weather. Whenever possible, the staff will seek to minimise exposure to these elements.

Training for staff

Asthma awareness training for staff will be conducted annually.

The training will always cover: triggers for asthma; how to recognise an asthma attack; what to do in the event of an asthma attack.

School trips

All pupils with asthma must have access to their inhalers during school trips and visits off site. The Class Teacher is responsible for informing the welfare assistants of coming trips to allow the Welfare Assistants to distribute inhalers to the relevant first-aiders. First Aiders will carry inhalers with them when on school trips. A child with asthma will always be in a group with a trained first-aider unless the child's parent is accompanying the trip. In such circumstances, the parent should bring an inhaler and spacer with them.

Record keeping and communication

The school will endeavour to ensure excellent communication and record keeping. We will inform parents through a 'white slip' of asthma-symptoms and whenever the inhaler has been administered.

It is the parents' responsibility to inform the school of any changes in their child's asthma. Parents must inform the school of any asthma symptoms the child is exhibiting.

Arrangements for the supply, storage and care of children's inhalers and spacers

On a monthly basis, welfare staff will check that children on the asthma register have an inhaler and spacer in school. This will be marked on a checklist and the staff member will sign to show this has taken place. **See Appendix 4**

Welfare staff will inform parents via a phone call if the inhalers are running low.

Inhalers will be stored out of sunlight and protected from extremes of temperature.



After use, spacers will be washed in warm water and allowed to dry but should not be dried by hand.

Empty inhalers will be returned to the child's parents.

A working document

Though the policy will be reviewed every 3 years, the school will continue to work with the school nurse and parents to ensure that the policy is working and fit for purpose. A copy will be distributed to the school nurse and feedback sought.

Conclusions and Evaluation

The Governing Body will monitor, evaluate and review the Asthma policy on an annual basis, to consider the effectiveness of the school's work on behalf of those pupils with Medical Conditions

Person Responsible for Policy:- Inclusion Manager

Date of Policy: September 2017

Approved by the Governing Body: 11th October 2017

Next review: July 2020

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

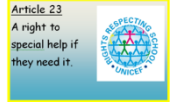
WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- 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
- 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



Kenmore Park Infant & Nursery School

Individual healthcare plan



Risk of hospitalisation/serious illness/death

| Low | Medium | High |
|--------------------------------------|--------|------|
| Kenmore Park Infant & Nursery School | | |
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| | | |
| | | |
| | | |

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

| |
|--|
| |
|--|



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Action to be taken if a child refuses to take medicine/carry out a necessary procedure

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when



Details of Special Educational Needs – if applicable

| |
|-------------------|
| Area of need: |
| Support provided: |

Form copied to

| |
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Form saved on the schools intranet in Teachers Only in Medical Conditions:

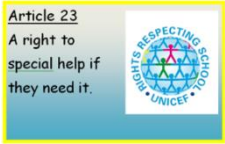
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Parental agreement for setting to administer medicine

Appendix 3

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.



| | |
|------------------------------------|--------------------------------------|
| Date for review to be initiated by | |
| Name of school/setting | Kenmore Park Infant & Nursery School |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

| | |
|---|--------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to | [agreed member of staff] |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

