

Asthma Policy

Policy to be reviewed: September 2019

Asthma Policy

Register

In accordance with recommendations made by the School Health Department, the school maintains a register of all pupils diagnosed with asthma.

Copies of this list are kept on the staff room notice board, in the school office, in the school kitchen and in the medical room.

This is subject to Parental agreement for these to be shared centrally in accordance with GDPR.

Medical details reflecting any asthmatic needs are also held in each class in the purple file.

Aims

- To encourage and help all children to participate fully in all aspects of school life;
- To recognise that asthma can be a serious condition affecting many school children;
- To provide pupils with access to inhalers;
- To strive to ensure that the school environment is favourable to children with asthma;
- To help other children understand asthma, so they can support their friends;
- To have a clear understanding of what to do in the event of a child having an asthma attack.

Medication and Inhalers

- Parents of asthmatic children should make school aware of this via the yellow form and this information will then be uploaded onto Arbor.
- Parents should provide the school with a completed asthma card, giving details of medication. This is kept with the child's inhaler.
- Parents should ensure that the children have two **in date** relievers/ inhalers, one to be kept in school and one to use on the journey to and from school.
- As soon as a child is able, they should be encouraged to keep their reliever inhaler with them at all times.
- All inhalers are accessible at all times within school. One inhaler for each child is kept in a marked zippy bag within each classroom
- The inhalers are labelled and staff members and children know where they can gain immediate access to them. Children may keep their second inhaler in their school bag, reading wallet or in a coat pocket for travel to and from school.
- The bag of inhalers is taken on all visits and outings. In KS2 they remain the responsibility of the pupil. Designated adults will be responsible for the pupils' inhalers in FS and KS1.



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- Any emergency treatment should be recorded on the 'Administration of medication' form which is kept with the school based inhaler. Parents must be informed of the episode/treatment.
- Children with a diagnosis of severe or brittle asthma may have additional emergency medication (e.g. steroids in school). These children will have a care plan and their additional medication will be stored in the medical room.

P.E and Games

- All children with asthma related problems are known by the staff and new staff are introduced to them in order to make sure arrangements are made for keeping the inhalers readily accessible.
- Children who have exercise induced asthma and do not have their inhalers will not be allowed to take part in P.E. Games or Swimming.
- Children with exercise induced asthma must have the opportunity to use their inhaler before they start exercise.
- All children with asthma related problems must have their inhalers in P.E Games and Swimming lessons.
- Children who become wheezy during exercise must be allowed to take their reliever inhaler and rest until they feel better.
- If a child wheezes frequently after a particular sport, then the parents must be informed and a note of contact form written up. If a face to face meeting or phone conversation is not possible then email may be used. However, in the case of e-mail, parents will be requested to acknowledge receipt and a reply must be received by the school.

Parents'/Guardians' Responsibilities

- Parents must inform the school of any asthma related problems which affect their child/ children
- Parents must complete an asthma card for each of their own children affected by asthma
- Parents are responsible for providing two inhalers for each of their own children affected by asthma
- * Parents must keep the inhalers up to date and change them when they are empty or past the expiry date
- Parents of children with severe or brittle asthma must complete a care plan and provide any additional medication the child may require e.g. steroids



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School

Staff (usually the class teacher/supervising teacher) will inform the parents guardians when the following occurs:

- \cdot Use of a reliever inhaler by the child
- · Excessive use of reliever inhaler
- \cdot No reliever inhaler kept in school
- · Excessive wheeziness occurs
- Inhaler is nearing its expiry datel as noted by a member of staff* (see above re: responsibility of parents to ensure inhalers are up to date)
- · An inhaler is lost during an outing, swimming or games lesson
- \cdot An inhaler is broken or ceases to function

Additional Points

- Cronk y Berry School operates a no smoking policy
- Staff are aware that some pens, paints and glues can contribute to an asthma attack
- Copies of the school's asthma policy are available to all staff
- All class teachers are able to access a copy of 'Asthma what to do if a child has an asthma attack' to display in their classrooms.
- This documentation will be shared with all staff, and it is a requirement to include this in the purple file for each class.

Links to other policies

School Health Recommendations for Children with Asthma in Schools

Policy confirmed: September 2017

Policy to be reviewed: September 2019



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What to do if a child has asthma attack

1. Ensure that the reliever inhaler is taken immediately with a spacer device

This opens up the narrowed air passages. Give up to 10 puffs, giving one puff at a time allowing 4 - 5 breaths between puffs.

2. Stay calm and reassure the child

Attacks can be frightening so stay calm. Listen carefully to what the child is saying. It is very comforting to have a hand to hold but do not put your arm around the child's shoulder as this is restrictive.

3. Help the child to breathe

Encourage the child to breathe slowly and deeply. Most children find it easier to sit upright or lean forward slightly. Lying flat on the back is not recommended. Ensure tight clothing is loosened and offer the child a drink of water.

After the attack

Minor attacks should not interrupt a child's involvement in school. As soon as they feel better they can return to normal school activities. The medication administered must be logged and the child's parents must be informed about the attack.

Emergency situation

Call the ambulance urgently if:

- The reliever has no effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

Continue to give reliever medication every few minutes until help arrives



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* A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate very quickly *