

Alderman Cogan's CE Primary School



Asthma Policy

Alderman Cogan's is a Voluntary Aided, Church of England Primary School offering a comprehensive Christian primary education to families in East Hull.

The School is a caring community built on Christian values and beliefs, which permeate all aspects of School life. The curriculum, including the National Curriculum, is presented within a Christian world view. Such a world view gives perspective and meaning to all learning at Alderman Cogan's.

We seek to foster the God given talents and gifts amongst children, staff and governors for the service of each other, the school, the wider community and the Glory of God. Our aim is that all children reach their full potential, not just academically, but also spiritually, physically, socially, and aesthetically.

This is the context in which this policy is written.

January 2016

Review date Spring Term 2018

Policy statement

This policy has been written with advice from Asthma UK and the Department for Children, Schools and Families in addition to advice from healthcare and education professionals.

Our school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. Our school welcomes pupils with asthma.

This school encourages all children to achieve their full potential in all aspects of life by having a clear asthma policy and procedures that are understood by school staff, parents/carers and by pupils.

All staff have the opportunity to receive training from the school nursing team/specialist nurses. Updates for training are offered at regular intervals and this school will ensure attendance by staff. This will take place at least every two years and more often if there are pupils within the school who have significant asthma symptoms or there are significant changes to the management of asthma in children.

All staff received training in April 2015. This will be repeated in 2017.

The development and implementation of an asthma policy is essential for all schools.

Indemnity

School staff are not obliged to administer asthma medication to pupils except in an emergency. However most staff are happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils **immediate** access to their own asthma medication as and when they need it.

What is Asthma?

Asthma is a common condition which affects the airways in the lungs. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheezing, tightness of the chest and breathlessness. Symptoms are usually easily reversible by use of a reliever inhaler, but all staff must be aware that sufferers may experience an acute episode which will then require rapid medical or hospital treatment.

Medication

Only **reliever inhalers** should be kept in school.
These are blue in colour.

Immediate access to reliever inhalers is vital.

Children aged seven years and over who are considered sufficiently mature, are encouraged to carry their own inhalers with them at the discretion of the parent/carer and teacher.

Otherwise inhalers must be kept wherever the child is at any given time e.g. class, hall, playground etc.

N.B. Inhalers should not be stored in the school office or similar as this will not allow quick enough access in an emergency.

KEY STAGE 1

Inhalers and spacers will be kept by the teacher in the classroom in a designated place of which pupils will be made aware. However, if the child or class moves to another area within the school, the inhalers must be taken too.

Good practice indicates that a spare inhaler is kept in school for use if the original runs out or is lost.

In this school, spare reliever inhalers are kept in the medical room.

KEY STAGE 2

Pupils will carry their own inhalers with them at all times.

Good practice indicates that a spare inhaler is kept in school for use if the original runs out or is lost.

In this school, spare reliever inhalers are kept in the medical room.

Children who identify the need to use their medication should be allowed to do so as and when they feel it is necessary.

Record Keeping

When a child with asthma joins our school, parents/carers will be asked to complete an Individual Health Care Plan, giving details of the condition and the treatment required. Copies are then kept in the class room, medical room and a copy is given to the parents. Information from this form will be used to compile and maintain an “Asthma Register”. This is available to all school staff and should be referred to prior to school trips and outings.

The register will be updated at least annually and more frequently if required, using information supplied by the parents/carers.

Physical Education

Taking part in sports is an essential part of school life and is important for all children’s health and well-being.

Children with asthma are encouraged to participate fully.

Symptoms of asthma are often brought on by exercise and therefore each child’s labelled reliever inhaler must be available at the site of the lesson.

Certain types of exercise are potential triggers for asthma e.g. cross country running and field activities.

Any child who knows that an activity could/will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, and should carry it with them.

They will be encouraged to warm up prior to participating in activities, and cool down afterwards.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless advised by their GP or consultant.

The child's reliever inhaler must be readily available to them throughout the trip, being carried either by the child themselves, or by the supervising adult in the case of Key Stage 1 children.

For residential visits, staff will be trained in the use of regular controller treatments, as well as emergency management.

It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip.

Parents are responsible for ensuring an adequate supply of medication is provided.

Group leaders must have appropriate emergency contact numbers with them.

Training

On a bi-annual basis, **all** staff will receive training on signs and symptoms of asthma and how to treat it.

All staff received training in April 2015. This will be repeated in 2017.

Asthma Education for pupils

It is recommended that all pupils should be educated about asthma. This should be through PSHE, drugs education, assemblies etc.

Extra support for this may be available from the school nurse team, or the paediatric asthma specialist nurse if required.

Concerns

If a member of staff has concerns about the progress of a child with asthma, which they feel may be related to poor symptom control, they will be encouraged to discuss this with the parent/carer and/or school nurse.

Storage of Inhalers

The following good practice guidelines for the storage of inhalers will be followed:

- Inhalers will **NEVER** be locked away or kept in the school office.
- All children with asthma will have immediate access to their inhalers as soon as they need them
- Inhalers will always be taken with the child when moving out of the classroom for

lessons, trips or activities.

****In the unlikely event of another pupil using someone else's blue reliever inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.***

Colds/Viruses

When a child has a cold it can exacerbate asthma and it is sometimes necessary for him/her to have regular Ventolin for a few days. Therefore a parent/carer may ask you to administer the blue inhaler every lunch time for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 2 and 8 puffs. This does not replace using the inhaler as and when needed - it is in addition to this. Children should not be taking Ventolin every break/lunch time 'just in case' of symptoms.

Emergency Procedures

In an **emergency**, where a child who is a **known asthmatic**, is **experiencing significant symptoms** and has not got their own blue inhaler with them or it is found to be empty, **it is acceptable** to use the schools emergency inhaler and spacer.

This emergency inhaler will be kept centrally (in the medical room), in a place where staff can access it with ease and it will be used as directed in the child's Individual Health Care Plan.

This should then be recorded in the child's records and parent/carer informed.

The child's Individual Healthcare Plan outlines the action to be taken in an emergency. Generic copies of 'How to deal with an Asthma Attack' are printed and displayed in the school office, staff room, medical room and relevant locations including classrooms throughout the school.

To obtain an emergency inhaler and spacer or refill when empty, the school should write a letter to a local pharmacy, on headed notepaper requesting the purchase of a Ventolin / Salbutamol Metered Dose Inhaler and a Volumatic Spacer (with mask). This letter should be signed by the Head Teacher.

An example of a letter can be found at the end of this policy.

Responsibilities

Parents/Carers have a responsibility to:

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the prescribed medicines their child requires during school hours.
- Inform the school of any prescribed medicines their child requires while taking

- part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
 - Inform the school if their child is or has been unwell and it is likely to affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
 - Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.
 - Provide the school with a spare inhaler labelled with their child's name.
 - Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand the school asthma policy.
- Know which pupils that they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if a child has had an asthma attack.
- Inform parents if they become aware of a child using their reliever inhaler more than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be tired due to an exacerbation of night time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

Further Information available from:

School Nurse - 01482 344301

Asthma UK

www.asthma.org.uk

Mrs Daryl Perkins

Paediatric Asthma Specialist Nurse

The Admin Suite

Women & Children's Hospital

Hull Royal Infirmary

Anlaby Road

Hull

HU3 2JZ

Mobile: 07964686783

Email: daryl.perkins@hey.nhs.uk

Sample Letter - to be sent on headed paper

Alderman Cogan's CE Primary School
Whitworth Street
Hull
HU9 3HJ

Morrison's Pharmacy
Morrison's Supermarket
Holderness Road
Hull
HU9 3JA

Dear Pharmacist

Please can we place an order for the following items to be used as emergency treatment in the management of asthma, as per our School Asthma Policy - January 2016:

Salbutamol Metered Dose Inhaler 100mcgs
Volumatic Spacer Device with Mask

Thanking you in anticipation.

Yours sincerely

Mrs J Sutherland (Head Teacher)