



Asthma Policy



St Joseph's Catholic Academy

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<i>Name of Health and Safety coordinator:</i>	• Mrs L Philps
<i>Name of Link Governor:</i>	• Ms T Harding
<i>Date Policy has been adopted:</i>	• September 2020
<i>Date of review of Policy:</i>	• September 2023

This policy document applies to the whole school including the Early Years Foundation Stage. See also Supporting Pupils with Medical Conditions Policy.

Asthma is a long term medical condition that affects the airways – the small tubes that carry air in and out of the lungs. Children and young people with asthma have airways that are almost always red and sensitive. Asthma triggers then irritate these airways, causing them to react. There are a wide variety of asthma triggers which can affect people's asthma in different ways. Common triggers include viral infections (cold and flu), house and dust mites, pollen, tobacco, smoke, furry and feathery animals, air pollutions, laughter, excitement and stress.

Common signs of an asthma attack can include

- Coughing
- Shortness of breath
- Wheezing
- Feeling tight in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children express feeling tight in the chest as a tummy ache

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the United Kingdom.

Asthma at this Academy

We recognise that asthma is an important condition affecting many children and actively ensures that a child's asthma is well managed within the school environment. At the beginning



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of each academic year all parents of children with asthma are asked to complete a health record sheet, confirming medication, dosage, triggers and the procedure to be followed in an emergency.

Procedure

The H&S Coordinator is responsible for ensuring that whenever the Academy is notified that a pupil has asthma:

- Parents complete an asthma form for their child.
- The SIMS is updated with the details, this may create a sufficient record of the child's medical condition and a copy will be kept in the Academy's medical record file and the child's individual file. A copy is sent home to parents with a copy of the asthma card.
- A meeting is arranged with parents and an IHP created if necessary. See template A and Pupils with Medical Conditions Policy
- Individual healthcare plans are monitored (when circumstances change or at least annually)
- Sufficient staff are suitably trained
- All relevant staff are made aware of a child's condition
- Cover arrangements in case of staff absence/turnover is always available
- Supply teachers are briefed
- Risk assessments for visits and activities out of the normal timetable are carried out by the class teacher

Parents are responsible for supplying a reliever Inhaler for their child. If the child's medication changes during the year, parents are asked to inform the school.

Any updated information is passed to class teachers as it arrives in school for their medical folders.

Record Keeping

An **annual data record** is sent out to parents and all medical information is updated on **SIMS**. Children joining the school during the year will be asked to complete a data collection form to indicate any health issues including asthma. A **medical record** is produced from SIMS and put into the medical folder in the office and given to the class teacher for their medical folder. Parents who notify school that their child is asthmatic are asked to complete an **asthma care plan card** (Template A) which is held in the office and also in the class folders. Records are updated annually or as required.

Each class teacher has a **medical record file** with photographs of children with medical conditions including asthma and details of care plans etc. which is passed to the next teacher at transition time in the Summer term.



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If an **IHP** has been created a copy is kept in the class file and in the office. (Template B).

Parents will need to sign the asthma card giving permission for medicine (inhalers) to be used in school. If regular administration of asthma medication either by a member of staff or self-medication by the pupil is required then a record on the **standard administration of medicines** form needs to be kept (Template C)

Parents of Children who use their inhaler on an infrequent basis are informed at home time.

The school will keep a **separate record of all medicines administered** (Template D). This record sheet will be kept in the medication folder in the academy office. Staff administering medicines are required to complete this sheet when medicines, including asthma inhalers have been administered.

Records of staff training are recorded on a spreadsheet and updated as necessary by the Academy Manager. Individual records of staff training are also kept in their personal file.

Games and Physical Education

Pupils with asthma will participate in all Games and PE sessions. Sports staff will ensure they have a copy of the Children with Asthma List each term.

If exercise or physical activity makes a child's asthma worse it is important that they use their reliever (blue) inhaler before they warm up.

All inhalers will be accessible during a lesson and children will be encouraged to use their inhaler if they need to. If a child has asthma symptoms whilst exercising, they should stop, take their reliever inhaler and wait at least five minutes or until they feel better before starting again.

Roles and Responsibilities

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. The Academy will work collaboratively with any relevant person or agency to provide effective support for the child. *Where a child refuses to take medicine or carry out a necessary procedure then their parents/carers will be contacted, in the case of an emergency, an ambulance will be called.

The Governing Body

- must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented
- must ensure sufficient staff receive suitable training and are competent to support children with medical conditions
- must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk

The Principal

- should ensure all staff are aware of this policy and understand their role in its implementation
- should ensure all staff who need to know are informed of a child's condition
- should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured
- is responsible for the development of IHPs
- should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse.

Academy Staff

- any staff member may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting the children with medical conditions.
- any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School Nurse Services

- may support staff on implementing a child's IHP and provide advice and liaison.
- may provide training for Academy staff.

Other Healthcare Professionals

- should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- may provide advice on developing healthcare plans.
- Specialist local teams may be able to provide support for particular conditions (eg Asthma).

Pupils

- Should wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.

Parents

- Must provide the Academy with sufficient and up-to-date information about their child's condition and medical needs.

- Are the key partners and should be involved in the development and review of their child's IHP
- Should carry out any action they have agreed to as part of the IHP implementation eg provide medicines and equipment and ensure that they or another nominated adult are contactable at all times.

Local Authority

The Local Authority should provide support, advice and guidance to support children with medical conditions to attend full time. Where children would not receive a suitable education at this academy because of their health care needs the LA has a duty to make other arrangements

The following practice is not considered acceptable

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Administration of Prescription Medicine

Academy agrees to administer prescription drugs **but only if the appropriate paperwork is completed from the office with signed consent from parents** as set out below.

Storage of Inhalers

Reception and Years 1 – 2 Inhalers are stored in a box in the child's classroom in St Joseph's, Year 3 – 6, children carry their own inhalers with them and keep them in their tray in class. All inhalers should be named. Children who require spacers should have their individual named spacer in the class box.



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Teachers will ensure the child has their inhaler if required. Before a games session, they will ensure it is taken with them and a spacer if necessary.

It is the parents and child's responsibility to ensure that they have their inhaler whilst at school. In the event of a child leaving the school premises for matches or an outing, the teacher in charge must ensure that all asthmatic children in their care have their reliever inhalers with them. Teachers in EYFS, Y1 and 2 will take the inhaler box with them on school trips.

Emergency Inhalers

The emergency salbutamol inhaler should only be used by children, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can only be used if the pupils inhaler is not available (for example, because it is empty or broken)

The emergency inhaler is located in a blue triangular box in the school office cupboard above the printer

- one salbutamol inhaler and two spacers, which are all clearly labelled
- Parents are contacted if a child has had to have the emergency inhaler
- School Emergency inhaler usage – Staff must record usage in medication folder

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED

Staff Responsibilities

Staff are responsible for ensuring that:

- Staff are available to support in an emergency situation
- Inhalers are checked monthly
- Replacement inhalers are obtained before the expiry date
- Replacement spacers are re-ordered and replaced after use
- Empty/out of date Inhalers are given to parents to dispose of.

All Staff responsibilities:

The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant place after use

Staff must inform the Asthma Lead/s if a school emergency inhaler has been used so that new disposable spacers can be ordered if required

School Emergency inhaler usage logbook – Staff must record usage

STAFF MUST ALSO RECORD THE USAGE IN THE MAIN MEDICINE REGISTER LOCATED IN THE SCHOOL OFFICE STATING THAT IT IS THE SCHOOL'S EMERGENCY INHALER THAT HAS BEEN USED



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What to do in an asthma attack

1. Make sure the child takes one to two puffs of their reliever inhaler, preferably through a spacer
2. Call for help from the school office. Ask for a first aider to attend. Do not leave the child alone at any time, send someone else for help.
3. Sit the child up and encourage them to take slow steady breaths, loosen clothing and reassure the child.
4. If no immediate improvement, make sure the child takes two puffs of reliever inhaler, (one puff at a time) every 2 minutes. They can take up to ten puffs.
5. If the child does not feel better after taking their inhaler as above, or if you are worried at any time, call (99) 999 for an ambulance. If an ambulance does not arrive within ten minutes repeat steps



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Template A

Asthma Care Plan Card

Date:

Parent of: Year Group:.....

We are currently reviewing your child’s asthma care plan. Our records show that your child has asthma. Would you kindly return the form so the care plan can be updated.

My child **STILL** requires a reliever inhaler in school:

1. Sign the care plan (*overleaf*)
2. Make sure an in date inhaler is kept in school (GP will provide a spare inhaler for school)
3. Check the expiry date on the inhaler and change accordingly.

My child **NO LONGER** requires a reliever inhaler or care plan in school:

Please tick the appropriate box above and return to school.

Parent/Carer Signature:

Print Name:

Date:

If you have any queries about your child’s asthma care plan please contact the school. Please ensure that your child has a spare reliever inhaler and spacer in school and that it is within its expiry date.

ASTHMA CARE PLAN

This care plan needs to be reviewed once a year or sooner if there are any changes. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with school policy.

Child's name		Emergency contact:	
Date of birth		Medication: Expiry date:	
What signs show that your child needs their inhaler?			
Does your child tell you when he/she needs medicine?		What are your child's triggers (things that make their asthma worse)? Please tick	
Yes	No	Pollen	Stress
Does your child need help taking his/her medicines?		Exercise / weather – if exercise or weather are a trigger you can have 2 puffs prior to PE or outdoor activity.	
Yes	No	Cold/Flu	Air pollution
Other			
Asthma control:			
Stage 1: Well controlled.	No emergency inhaler needed.		
Stage 2: first signs of symptoms like: cough, wheeze, shortness of breath.	Give 2 – 4 puffs with spacer.	Allow 5 minutes after first 2 puffs for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 3.	
Stage 3: Asthma attack. Worsening symptoms than in stage 2. Contact parents/carers and recommend a medical review needed.	Give 6-8 puffs with spacer.	Allow 5 minutes for inhaler to work. If this has worked reassess in 4 hours. If no improvement move to stage 4.	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.
Stage 4: Severe Asthma attack. Symptoms not improving.	EMERGENCY Give 10 puffs. With spacer.	You must call 999. After the 10 puffs, One further puff can be given every minute until help arrives	NB: if you have started the treatment at stage 2 include these puffs in the total number of puffs.

Emergency reliever inhaler

If the school holds an emergency inhaler and spacer, I give permission for my child to use this should their own inhaler not be available.

Parents/ carers signature /date:	School signature/date:	School Nurse signature/ date:



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Template B

Individual Health Care Plan

Name of school/setting
Child's name
Class
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Family Contact Information

Name
Relationship to child
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
Name of main member of staff and two other staff members to provide support if the main

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member is absent.

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

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



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Form copied to



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Template C

ADMINISTRATION OF PRESCRIBED MEDICINES & TREATMENT CONSENT FORM

IMPORTANT: *If your child suffers from asthma, could you please ensure that they have an inhaler in school at all times – clearly labelled with name and instructions for use. Thank you.*

Pupil's Name:	
Pupil's Address:	
Pupil's Date of Birth:	
Parents' Home Tel. No.:	
Parents' Work Tel. No.:	
Parents' Mobile Tel. No.:	
Name of Pupil's GP:	
GP's Tel. No.:	

Parent/carer to sign as appropriate (Please mark N/A if any section is not applicable)	
My child will be responsible for the self administration of medicines as directed below	
I agree to members of staff administering medicines/providing treatment to my child as directed below or, in the case of emergency, as staff may consider necessary	
I recognise that school staff are not medically trained	
Signature of parent or carer	
Date of signature	
Name of medicine required, Dose frequency, Course finish date, Medicine expiry date	
Special Instructions	
Allergies	
Other Prescribed Medicines	



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Template D Record of medicine administered to all children

DATE	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name

PEN = Phenoxyethylpenicillin OX = Oxybutynin MOV = Movicol
SAL = Salbutamol