



Copnor Primary School

C10. Asthma Policy

This policy has been reviewed with advice from the DCSF, National Asthma Campaign, the LA, the school Health Service, parents/carers, governors and pupils.

This school recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

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 school staff, their employers (LA) and pupils. Supply teachers and new staff are also made aware of the policy. All other staff (support staff) working in school are made aware of the contents of the policy.

Medication

Immediate access to reliever inhalers is vital. The reliever inhalers are kept in individual wallets in the child's class within their year group bubble. As it is a prescribed medicine, the box must be with the inhaler, complete with its prescription label (the label placed on the box by the pharmacist). All inhalers and spacers will also need to be labelled with the child's name by the parent/carer. Staff who administer medicine are insured by the LA when acting in accordance with this policy. All school staff will let children take their own medication when they need to and are able to.

Where a child does not have an asthma pump in school, the school reserves the right to refuse entry to that child. We will work with the parents/carers in order to ensure that an inhaler is in place for the child (and the school will use the school's emergency inhaler should this be required). If the child continues to present without an inhaler, the school reserve the right to refuse entry to the school for the child.

Record keeping

Each class will have a list of children with medications needed including any instructions for administering asthma and this will be attached to the first aid book kept in each class.

At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has asthma. All parents/carers of children with asthma are given a National Asthma Campaign School Asthma Card to give to their child's GP or asthma nurse to complete and return to the school. From this information, the school keeps its asthma register which is available for all school staff. If medication changes, parents/carers are asked to inform the school in writing.

In more serious cases, the Community Asthma Nurse may have written out a detailed plan and it is essential that parents/carers supply the school with this.

However, it may be that the child's requirements have to change over the short-term (for instance if the child has a cold.) If a temporary change is required, parents/carers/carers are asked to complete a "Change of Asthma Treatment" form which is kept in reception. The school will then act on these written instructions until they receive further notification from the parents/carers/carers. The parent/carer would simply be required to complete another form to say that the child needs to return to the details on their normal asthma planning.

The First Aider, with support from the office staff, is responsible for maintaining the asthma register.

PE

Taking part in PE and sports is an essential part of school life and should be the goal for all but the most severely affected children with asthma. All teachers are aware of which children have asthma in their class from the asthma register/ the first aid books kept in their classrooms. Supply teachers and/or in school cover staff will make themselves aware of these children.

Teachers taking PE classes have an important role in supporting and encouraging pupils with asthma. They should:

- make sure that they know which children in their class have asthma
- be encouraging and supportive to pupils with asthma
- remind children whose asthma is triggered by exercise to take a dose of reliever medication a few minutes before they start the lesson
- encourage children with asthma to do a few short sprints over a five minute period to warm up
- make sure those children have their reliever inhalers in the playground
- make sure that children who say they need their asthma medication take their reliever inhaler and rest until they feel better
- speak to the parents/carers if they are concerned that child has undiagnosed asthma
- make time to speak to parents/carers to allay their concerns or fears about children with asthma participating in PE

The school environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school has a non-smoking policy. Children with asthma are allowed to stroke and pet the school rabbits or the chickens (when hatched). However, the class teacher will ensure that they have communicated with the parents/carers of the child to ensure that the child is able to come into contact with the animals. Where contact is not acceptable to the parents/carers, this will be recorded and the information made available to other key adults in the class. The school does not use chemicals in science and art lessons that are potential triggers for children with asthma. However, children are encouraged to leave the room and go and sit in the shared bubble areas if particular fumes trigger their asthma. They would be supervised appropriately should such an incident occur.

Making the school asthma friendly

As the situation arises, other children in the class are made aware of the difficulties for children who have asthma and their need for regular medication. This would be reinforced through the science curriculum (the role of drugs as medicines). It can also be referred to in PE.

When a child is falling behind in lessons

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/carers and inform the year leader. If appropriate, the teacher will then talk to the school nurse and SENCO about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

Asthma attacks

Should a member of staff feel the need, then the staff member could wear Personal Protective Equipment (PPE)- gloves, face mask and visor -which are available in each class, the main first aid room and main offices- and sit to the side of the pupil if possible.

Situation	PPE
2m distance cannot be maintained	A face mask should be worn
Contact is necessary	Gloves, an apron and a face mask should be worn
Risk of fluids entering the eye (e.g. from coughing, spitting or vomiting)	Eye protection should also be worn

An asthma attack would constitute a risk of fluids entering the eye, hence the requirement to wear eye protection if the member of staff feels more comfortable wearing the protection.

All staff 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:

1. Ensure that the reliever inhaler is taken immediately
2. Stay calm and reassure the child – hold their hand, but do not put your arm round their shoulders as this restricts breathing
3. Help the child to breathe by ensuring tight clothing is loosened
4. If the pupil does not have their inhaler and has permission to use the emergency inhaler (kept in the main first aid room) they may leave their class to use this. The risk of cross-contamination between bubbles is superseded by the need to help the child with their asthma attack. If possible and if there is the minimal of delay, the spare inhaler should be brought to the child to reduce the risk of bubbles mixing.
5. Where an alternative room to the classroom has been used, the area will be cleaned before the use by another child/ adult using cleaning products such as antibacterial wipes and/or cleaning spray
6. In all instances, the adult and child will maintain good hand hygiene as per current guidelines.

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/carers must be told about the attack and informed that the child has used their inhaler – a letter is sent each time the inhaler is given. These letters are available in the first aid packs in each classroom.

Emergency procedures

Call 999 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

N.B. Each reliever inhaler is prescribed for an individual patient only and cannot be used by anyone else.

Use of Emergency Salbutamol Inhaler

Use of Emergency Salbutamol Inhaler and using in place of Salamol

From October, 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allows all primary schools to keep a salbutamol inhaler within school for use in emergencies (please see attached letter). Following advice from the School Nursing Team, where a child has been prescribed a reliever containing Ventolin, including Salamol, the school is able to administer Salbutamol in the case of an emergency. This is because it is the same medicine in Salbutamol (Ventolin) but it is issued under a different brand name.

One inhaler kit will be kept in the first aid room in KS1 while the other will be kept in Intervention Room 2 in KS2.

Emergency Salbutamol Inhaler Kit

The Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two plastic spacer compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Any additional manufacture's information

- A check list of inhalers, identified by their batch number and expiry date, with monthly check recorded
- A note regarding the arrangements for replacing the inhaler and spacer
- A list of children permitted to use the emergency inhaler
- A record of administration of the emergency inhaler
- Personal Protective Equipment (PPE).

Spacers

All spacers will be sent home at the end of each term so that parents/carers can wash them and return them to school.

At the end of each academic year, all inhalers and spacers will be sent home so that parents/carers can check the inhalers contain sufficient medication and that they are still within the expiry date for the following September.

Parents/carers should complete a new 'Parental agreement for school to supervise or administer medicine' form, and return it together with the inhaler and spacer to school on the first day of the start of the new academic year.

Checking of the inhalers.

Parents/carers are responsible for ensuring that inhalers are in date and in working order. However, to support the parents with this, the following will be conducted by a member of staff:

- Once per half-term, the inhaler and spacers will be checked by the assigned person to ensure that they are present and in working order and that inhalers have sufficient numbers of doses available.
- Parents/carers will be reminded that replacement inhalers are obtained when expiry dates approach.

Where an inhaler has been used, the inhaler will be checked that it is in date and that there are sufficient doses available and will contact the parent/carer should this not be the case. The plastic inhaler housing of the spacer will also be cleaned, dried and returned to storage following use. Spare spacers are available. These are available should a child have more than one episode requiring an inhaler before the spacer has been cleaned.

Dissemination

All parents/carers of children with asthma will be given a copy of the policy. The policy will be sent to all new parents/carers of children with asthma. A copy of the Asthma policy can be found in the policies folder of our website, within the safeguarding section.

Date policy was reviewed: October 2021

Next review date: September 2022



COPNOR PRIMARY SCHOOL

Copnor Road, Portsmouth, Hampshire, PO3 5BZ

Telephone: 023 9266 1191 023 9266 4013

Facsimile: 023 9265 0474

E-Mail: admin@copnorprimary.co.uk

Headteacher: Matt Johnson BA (Hons.) QTS

Dear Parent / Carer

Re: The School Asthma Card

I am pleased to advise you that this school takes its responsibilities to pupils with asthma very seriously.

As part of accepted good practice, we are now asking all parents/carers of pupils with asthma to help us to complete a School Asthma Card for their child each year. Please complete this card and return it to the school.

The completed card will have details of the pupil's current treatment and also what steps to take if they should have an asthma attack at school. The card will help school staff to ensure that pupils with asthma receive the best possible treatment at all times. This card should be reviewed at least once a year and should be updated or exchanged for a new one if your child's treatment changes during the year. Please remember that medicines and spaces should be clearly labelled with the class name and name of child on them. Also, please ensure that the box is provided for the inhaler as they are prescription medicines and so we need to have the prescription label (from the pharmacy) with the medicine.

Thank you for your co-operation in this important matter.

Yours sincerely

Mr M Johnson
Headteacher



COPNOR PRIMARY SCHOOL

Copnor Road, Portsmouth, Hampshire, PO3 5BZ

Telephone: 023 9266 1191 023 9266 4013

Facsimile: 023 9265 0474

E-Mail: admin@copnorprimary.co.uk

Headteacher: Matt Johnson BA (Hons.) QTS

Dear Parent/Carer

EMERGENCY ASTHMA INHALER

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow all primary and secondary schools in the UK to keep a salbutamol inhaler within school for use in emergencies. We are very keen to develop and manage practices to support pupils with medical conditions and have procedures in place on managing medicines on school premises.

Whilst the decision to hold an emergency salbutamol inhaler is at the discretion of the Headteacher, we believe an inhaler for emergency use will have many benefits, particularly as asthma is the most common chronic condition affecting children. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

According to guidelines the school can purchase a small quantity of inhalers and spacers for emergency use. To avoid possible risk of cross-infection the plastic spacer will not be reused, although the inhaler can be reused provided it is cleaned after use. The emergency inhaler will only be used by children with asthma when their own inhaler is not available (for example, because it is broken or empty) and the consent form has been returned. A record will be kept of all pupil's who have consent to use the emergency inhaler and a letter will be sent home to the parent informing them if the emergency inhaler has been used.

Please note: some children have been prescribed Salamol. We have been advised by the School Nursing Team that this is the same medicine as Ventolin. Therefore, a Ventlon inhaler would be provided in an emergency to a child who would normally have Salamol.

A register of children in school that have been diagnosed with asthma and prescribed a reliever inhaler will be kept with the emergency inhaler, together with the parental consent form. It will be the parents/carers' responsibility to write and inform us if they wish their child to be removed from this register.

To be included on the emergency asthma inhaler register the following criteria must be met:

- i) The child has been prescribed an inhaler which has been brought into school.
- ii) The correct consent form has been completed and returned giving parental consent for use of the emergency inhaler, a copy of which will be kept with the register and emergency inhaler.

Please note this is not a replacement inhaler for your child's prescribed inhaler and will only be used in school in an emergency.

If you would like your child to be included on the emergency asthma register please complete the consent form which can be obtained from the school office.

Yours sincerely

M Johnson

**CONSENT FORM
USE OF EMERGENCY SALBUTAMOL INHALER
COPNOR PRIMARY SCHOOL**

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them/keep in school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: Date:

Name (print): Relationship:

Child's name (print)

Class:

Parent's address and contact details:

.....
.....
.....

Telephone: Home:

Work:

Mobile:

Email: