

Waterthorpe Nursery  
Infant school



# Asthma Policy

January 2015

Approved by:

Steering Committee

Date:

January 2015

Next Review Date:

Spring 2018

## Asthma Policy

Asthma prevalence in children is rising, it is estimated that one in 10 children are currently being treated for asthma. The number of child asthma attacks seen by a GP is six times higher than it was 25 years ago.

Some medical conditions cannot be adequately controlled without treatment during school hours. Asthma is one such condition. Without such treatment some pupils may, at worst, be unable to attend school at all. Or, at best, not be able to make the best use of their education. For the most part, pupils can actually administer asthma treatment to themselves, but may require some supervision.

The 'Management of Health and Safety at Work Regulations 1992' requires the CYPD, as employers, to assess the risks to the health and safety of staff and pupils in schools.

Parents/guardians are asked to ensure that the school is provided with a spare reliever inhaler. All inhalers must be labelled with the child's name by the parent/guardian. Many children will identify for themselves the need to take their medication and should be allowed to do so, as and when they feel it is necessary.

School staff are not required to administer medication, as it is self-administered, unless a child needs assistance, especially in an emergency situation. Staff who agree to do this, and act in accordance with this policy, will be insured by the CYPD.

The only inhaler which should be kept in school is that of a blue reliever. It is not necessary for any other kind of inhaler to be brought into school. If there are any doubts then the teacher/school staff should consult with the parent/guardian and the school nurse, who may feel it is necessary to liaise with the child's GP.

### Record Keeping

When a child joins school and at the beginning of each school year, parent/guardians are asked if their child has asthma. They are asked to complete a form giving details of the condition, treatment required and person to contact in an emergency. From this information the school compiles 'Asthma Register', which is available for all school staff.

This form will be up-dated annually by the parents and the school. If medication changes in between times. Parents/guardians are asked to inform the school if medication changes in between times.

### Physical Education

Taking part in sports is an essential part of school life and children with asthma are encouraged to participate fully in PE. Symptoms of asthma are often brought on by exercise and, therefore, each child's labelled inhaler will be available.

Certain types of exercise are potent triggers for asthma e.g. cross country running. All children will be encouraged to gently warm up before exercise. Any child who knows that exercise, of any type, brings on symptoms will be allowed to take their inhaler prior to exercise. If a child needs to use their inhaler during the lesson they will be encouraged to do so.

### The School Environment

The school does all it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit in the secretary's office if particular fumes are seen to be triggering their asthma.

## School Trips

No child will be denied the opportunity to take part in school trips/holidays because of asthma, unless advised to do so by their GP.

Their reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the adult supervising the group they are in, whichever is the most appropriate.

## Education

The school will be encouraged and supported by the School Nursing Service to include asthma education for pupils. This teaching will be allied to the Key Stages and will, therefore, be appropriate to their level of understanding.

## Problems

If a teacher has concerns about an asthmatic child, such as:

- The child is missing a lot of time from school
- Is tired in class because of disturbed sleep
- Concerned about the child's progress

Any of which may be related to poor control, they will be encouraged to discuss this with the parent/guardian. If appropriate the teacher will then talk to the school nurse and refer to the Headteacher through Pupil Progress meetings.

## Storage

The storage of inhaler devices presents a number of problems for schools, but attempts will be made to address these problems. The following good practice guidelines will be followed:

1. Inhalers will be kept in a cupboard in the child's classroom
2. All children with asthma will have rapid access to their inhaler

## Asthma Attacks

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 'ASTHMA ATTACK –WHAT TO DO' procedure.

- Stay calm and reassure the child
- Listen to the child and let them sit down in the position they find most comfortable
- Give the child 2 – 4 puffs of their usual blue reliever (via a spacer if possible)
- Stay with the child and wait 5 – 10 minutes

IF:

- Relief medication has no effect after 10 minutes
- The child is distressed and unable to talk or exhausted
- You have any doubts or are worried about the child's condition

THEN;

- Call 999 and ask for an ambulance
- Remain with the child and keep calm. Get someone else to inform the parents

- Continue to administer 1 puff of blue reliever medication every 25 – 30 seconds for 10 puffs (using a spacer) until help arrives, repeating the treatment with the reliever inhaler

**DO NOT WORRY ABOUT OVERDOSING, TOO MUCH BLUE INHALER IS FAR BETTER THAN TOO LITTLE!**

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

\* minor attacks should not interrupt a child's involvement in school. When they feel better they can return to normal school activities.

The child's parents will be informed immediately of the attack.

Review Spring 2018

# Equality Impact Assessment Template

<b>Name of policy or project being assessed?</b>	<b>Date</b>
Asthma	12/01/15

<b>Priority Level</b>	
High	
Medium	
Low	X

<b>Lead Officer: Helen Stokes</b>
<b>Members of the assessment team: Helen Stokes &amp; Suzanne Marriott</b>
<b>Others involved in the assessment (peer review/external challenge): Co-ordinator's Committee members</b>

<b>What are the aims of the policy or project?</b> To ensure everyone has a clear understanding of how we care for the medical needs of asthmatic children.
<b>Who is the intended customer/service user of this project or policy?</b> Staff, children and families
<b>What are the desired outcomes from this project or policy?</b> To ensure that the needs of asthmatic children are met
<b>List any other key policies, procedures, projects or strategies that this policy/project has implications on:</b> Medicines in school policy, medical needs policy

<b>What are the racial, disability and gender equality implications of the policy or project?</b> none	
<b>Does the policy or project have any significant positive impact for:</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>▪ Different racial groups</li> <li>▪ Disabled persons</li> <li>▪ Men and women</li> <li>▪ Boys and girls</li> </ul>	

<p><b>Does the policy or project have any significant adverse impact for:</b></p> <ul style="list-style-type: none"> <li>▪ Different racial groups</li> <li>▪ Disabled persons</li> <li>▪ Men and women</li> <li>▪ Boys and girls</li> </ul>	<p><b>NO</b></p>
<p><b>Do you have any evidence?</b></p>	
<p><b>Is there any way that you could reduce or eliminate the adverse impact or increase positive impact?</b></p>	<p><b>N/A</b></p>

<p><b>Action to take :</b></p>			
<p><b>If you have indicated there is a negative impact, can it be justified?</b> N/A</p>	<p><b>YES</b></p>	<p><b>NO</b></p>	
<p><b>If you have indicated there is a negative impact and it cannot be justified, is it discrimination?</b> N/A</p>	<p><b>YES</b></p>	<p><b>NO</b></p>	
<p><b>If you have answered YES, please list all the changes that you have made to eliminate this discrimination:</b></p>			
<p><b>Please state how will you monitor the policy or project?: Policy review (by staff/governors by dates on policy)</b></p>			

<p>Signed (Person completing the form):</p> 	<p>Date: 12/01/2015</p>
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