



## ASTHMA POLICY

Policy last reviewed; June 2022

Agreed by Governors: June 2022

Signed \_\_\_\_\_ (chair of governors)

**NOTE: This policy should be read in conjunction with all the school's other policies on health and safety, the First Aid Policy and the Supporting Children with Medical Needs Policy.**

This policy is in line with the Warrington Schools Asthma guidelines.

### **Rationale**

We aim to provide a consistent and uniform approach to the care of children suffering from asthma in school. This is important as 1 in 11 children now suffer from asthma. Pupils with asthma are encouraged and supported to take a full part in all activities of the school.

### **Asthma Education**

The governing body acknowledges its responsibility to advise all (class teachers, TAs, office staff, midday assistants) on practical asthma management. This is done frequently in staff meeting time and periodically through training led by the School Health Advisor.

Our School Health Advisor consults and gives advice to parents/carers about any asthma issues or concerns.

Pupils who appear to be over-reliant on their reliever inhalers may have poorly controlled asthma and need to consult their doctor.

### **Communication with Parents**

It is the parents/carers responsibility to inform school of their child's asthma condition initially through the medical section on the registration form. On receiving inhalers, a consent form must be completed detailing treatment and dosage, together with clear guidance on correct use of relievers and preventers and any devices such as spacers.

**(Appendix 1)** This must be signed and agreed by parents/carers. Copies of these details are kept in the classroom asthma file. A full record of all pupils with asthma is maintained, updated and circulated to all relevant staff.

It is the parents/carers responsibility to inform school of details of any changes to medication and/or treatment as they occur.

### **Inhalers**

Common reliever inhalers are salbutamol (Ventolin, Salamol), Terbutaline (Bricanyl). These are used to relieve asthma symptoms, especially in an acute attack.

Occasionally a preventer inhaler may need to be taken into school, e.g. Intal/cromogen, Pulmicort, Flixotide, any Beclomethasone / preventer inhaler.

### **Access**

In school the issue of access to inhalers is very important.

- Parents are asked to ensure that school is provided with a labelled inhaler which can be kept in school (and is in addition to the one they have for home use)
- Inhalers are always kept in the child's classroom and all staff are made aware of the location of the asthma bag and record chart.
- The designated member of staff responsible for first aid stock replenishment is also responsible for liaising with parents/ carers if the inhaler has run out and to be aware of expiry dates on all the inhalers.

**IT IS ESSENTIAL THAT THE PUPILS HAVE IMMEDIATE ACCESS TO THEIR RELIEVER INHALERS AT ALL TIMES. Delay in taking reliever treatment can lead to a SEVERE ATTACK and in rare cases, could even prove fatal.**

Reliever inhalers are prescribed for the use by an individual child only. As such they should not be used by anyone else.

### **Emergency situation**

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

An asthma register will be accessible to staff and designed to allow a quick check as to whether or not a child is recorded as having asthma and consent for an emergency inhaler to be administered.

### **Nebulisers**

Some children with severe asthma may use an electric device called a Nebuliser to deliver asthma drugs. In such cases, school will liaise closely with both parent/carer and the School Health Advisor to determine the appropriate Asthma Management Plan.

### **Safety and Hygiene**

Inhalers and spacers should be checked regularly. Spacer devices should be washed in warm soapy water (not rinsed) and allowed to air dry after each use.

### **Physical Education**

Teacher and Teaching Assistants have a major role to play in the good management of asthma during P.E. Normal activity should be the goal for all but the most severely affected pupils with asthma. However, some children with asthma may cough, wheeze or become breathless with exercise.

Staff should be aware that a number of pupils with asthma may need to take a dose of their reliever inhaler BEFORE exercise. This helps to prevent exercise induced asthma. If the pupil develops asthma symptoms of cough, wheeze, breathlessness or chest tightness they should use their reliever inhaler again.

Pupils should not be forced to participate in games or sports if they say they are unable to do so.

The teacher will ensure that where they are aware that a child may have their asthma triggered by exercise will take their inhaler into PE and sports sessions.

### **Passive Smoking**

Smoking is not permitted anywhere on the school site including outside. Parents/carers must understand that inhaling someone else's cigarette smoke can trigger attacks of asthma.

### **Trips, Off-Site Visits and Extra-Curricular Activities**

It is the responsibility of the class teacher / adult organising the trip to ensure that all asthma inhalers and the class' asthma box are taken on all trips and off-site visits. If an activity is taking place outside normal school hours e.g. extracurricular club but within the school grounds, inhalers can remain in their usual location.

### **Success Indicator**

A positive approach to the management of asthma by school staff, parents, and pupils and adherence to guidelines set out in this policy will enable the majority of pupils with asthma to participate fully in the life of the school.

### Prescribed Asthma medication

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. I have provided a working, in-date inhaler, clearly labelled with their name, which can be kept in school.

Child's name: \_\_\_\_\_

The treatment and dosage (including if a spacer is needed):

Expiry date of inhaler:

Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date \_\_\_\_\_

### USE OF EMERGENCY SALBUTAMOL INHALER

2. 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: \_\_\_\_\_

Name (print): \_\_\_\_\_ Date \_\_\_\_\_

### Parent's contact details

Telephone: \_\_\_\_\_