

# **School Asthma Policy**

## **Springfield Infant school**



Springfield  
Infant School

***Space to grow, wings to fly***

**September 2024**

## **School Asthma Policy**

The school:

- Recognises that asthma is widespread, serious but controllable condition and the school welcomes all children with asthma
- Ensures that children with asthma can and do participate fully in all aspects of school life, including art, PE, science, educational visits and out of hours activities
- Recognises that children with asthma need immediate access to reliever inhalers
- Keeps a record of all children with asthma and the medicines they take
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to children with asthma
- Ensures that all staff (including supply teachers and support staff) who have children with asthma in their care, know who those children are and know the school's procedure to follow in the event of an asthma attack

### **Asthma Medicines**

Immediate access to reliever medicines is essential. The children's reliever inhalers are kept in the classrooms in the class inhaler bag. The child's spare inhaler/spacer is kept in a named wallet in the school office

Parents will be asked to provide the school with a suitable inhaler and age appropriate spacer (Blue not yellow). These will be checked periodically and parents will be informed if a new inhaler is required. All inhalers must be labelled with the child's name by the parent/carer. The medical officer will clearly label a wallet containing each child's Inhaler and spacer with their name, class, DOB, the expiry date and administering instructions.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. Further conversations may be appropriate at the discretion of the school.

Inhalers can be administered by the child with the support of a First Aider or appointed person.

For off-site visits the First Aider will be responsible for ensuring that all appropriate inhalers are taken on the visit and he/she will keep the inhalers with them throughout the visit.

Children's inhalers are date checked at the end of each term. Parents are contacted to supply a new inhaler and/or spacer near the end of their expiry date. Spacers must be age appropriate for the child (Blue not Yellow face mask type.)

At the end of the summer term, Year 2 children will be given both sets of inhalers/ and any other medication to take home. Children moving up into the next year group will have their inhaler and spacer checked and taken up to their new class and put in the inhaler bag.

**For information on how to clean spacers please go to [www.asthma4children.com](http://www.asthma4children.com)**

### **School emergency supply**

In accordance with West Sussex County Council guidance and changes to the Human Medicines Regulations 2012 (from 1st October 2014), the school will keep a small stock of back-up inhalers for emergency use. Inhalers may be requested/bought from a local pharmacist by a request in writing on headed paper signed by the principal or head teacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

It is recommended that emergency asthma medication is delivered via a spacer device and the school will ensure that it has a spacer / spacers on site. Spacers may not be shared, therefore, once used, a spacer should be allocated to the child that used it and a new one obtained. It is the school's responsibility to ensure the school inhaler remains in date.

It will be for the school to determine the number of backup inhalers and spacers required. Spacers can be different sizes; this will be addressed by the guidance advice that the school seek advice from its supplier.

### **Record Keeping**

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its

asthma register. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment.

Records must be kept for the administration of asthma medication as for any other prescribed medication.

The school must gain consent from parents/carers of children with asthma to administer the school's emergency inhaler and a register must be kept with the inhaler that details which parents/ carers have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

### **Exercise and Activity – PE and Games**

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and down. Each child's inhaler will be labelled and kept in a bag at the site of the lesson. Staff are aware of the location of the school's emergency inhaler for use when the child's own supply has run out or is not available.

### **School Environment**

The school endeavours to ensure that the school environment is favourable to pupils with asthma. The school will take into consideration any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

### **Access and Review of Policy**

The Asthma Policy will be accessible to all staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed on a two-yearly cycle.

## **Asthma Attacks – School's Procedure**

### **HOW TO RECOGNISE AN ASTHMA ATTACK**

The signs of an asthma attack are:

- Persistent cough (when at rest).
- Wheezing (a whistling sound when breathing).
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache).

**CALL AN AMUBLANCE IMMEDIATELY AND COMMENCE THE ATHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:**

- Appears exhausted.
- Has a blue/white tinge around lips or fingers.
- Is going blue.
- Has collapsed.

### **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – consult child's asthma form for correct dosage. Where the child's own inhaler has run out or is not available, the school's emergency inhaler will be used.
- Remain with the child while the inhaler and spacer are brought to them.
- If there is no immediate improvement consult pupil form for giving additional puffs from inhaler.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If the child does not feel better or you are worried at ANYTIME before you have reached ten puffs, CALL 999 FOR AN AMUBLANCE.
- If an ambulance does not arrive in ten minutes give another ten puffs in the same way.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate children to take their medicines when they need to.