Asthma Policy
(to be viewed in conjunction with our Medical Needs Policy)

Date agreed: January 2020
Review Date: January 2022

This policy, having been presented to, and agreed upon by the whole staff and Governors, will be distributed to:

- All teaching staff
- School governors

A copy of the policy will also be available in:

- The Staffroom
- The Head’s office
- School web site

This will ensure that the policy is readily available to visiting teachers, support staff and parents.

Southfields Primary is totally committed to social justice and improving life chances for potentially vulnerable children. It is dedicated to sharing its work and findings beyond the school to improve outcomes for as many children as it can reach and has a particular specialism in Speech and Language development.
At Southfields we recognise that asthma is widespread and is a serious but controllable condition affecting many school children. These children should participate fully in all aspects of school life including sports, visits and other extra-curricular activities or clubs and have access to their reliever inhaler as and when they require it. The school has a large number of first aid trained and support staff who know what to do in the event of an attack.

1. Procedures

1.1 On admission to the school the parents/guardians of a child who suffers from asthma will complete a form regarding the child’s medication. This will be updated annually to take account of changes to the child’s condition. It is then the parent/guardian’s responsibility to provide the medication which must be in date and clearly labelled. All class teachers will be given a list of children with medical conditions, held by the main office, at the beginning of a new school year and make any instructor or coach used by school aware of any asthmatics.

1.2 With parents/guardians signed permission KS2 children are allowed to carry and be responsible for their own reliever inhalers, in addition or alternatively they may bring an inhaler for which school will provide a box in each classroom for safe keeping. This box will be taken to all lessons thus providing easy access at all times. KS1 children will keep their inhalers in the classroom box at all times.

1.3 On off site visits, including residential, KS2 children are encouraged and reminded to carry their own reliever inhalers and KS1 children have them carried by an adult. However, on residential visits any other preventative inhalers (usually taken morning and evening) are stored by a first aid trained member of staff on the visit who will also oversee and record the use of. For residential visits school has a separate form for parental consent to administer medication.

1.4 The majority of children are able to administer their own inhalers however staff who are happy to can assist if required and will be covered by the school's insurance to do so. All inhaler medication overseen/assisted or administered by staff will be recorded in a log kept in each classroom box. The staff will also ensure they advise parents/guardians if more supplies are required or if it is out of date. Any irregularities or concerns over the use of inhalers, will be reported to the Welfare post who will contact parents/carers or the school nurse accordingly.

1.5 In the classroom boxes will be guidelines for dealing with asthma
   a. Signs of attack
   b. What you should do
   c. What to do in an emergency.
1.6 Our staff have annual, appropriate training and support, relevant to their level of responsibility. This will be presented by the school nurse, so that all are aware of the guidelines and how to deal with an asthma attack.

2. School Environment
The school has a non-smoking policy and will endeavour to ensure the environment is favourable to pupils with asthma. If any furry or feathered animals are on site or chemicals are used in science experiments the risk to these children will be considered.

WHAT TO DO IN THE CASE OF AN ASTHMA ATTACK

Signs and symptoms:
- Coughing (intermittent cough)
- Being short of breath
- Wheezy breathing (a ‘whistle’ may be heard on breathing out)
All of the above are common symptoms of asthma.

However, an asthma attack may also include:
- Persistent cough (when at rest)
- Wheezing sound from chest (when at rest)
- Difficulty in breathing (could be breathing fast with lot of effort)
- Nasal flaring
- Appearing exhausted
- Being unusually quiet
- Shortness of breath at rest, feeling tight in the chest, a younger child may express this feeling as a tummy ache
- Being unable to complete sentences
- A blue/white tinge around the lips
- Going blue

If a child:
- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed

CALL AN AMBULANCE IMMEDIATELY
3. Responding to an asthma attack
   - Keep calm, reassure the child and remain with them
   - Encourage the child to sit up and lean slightly forward loosening any restrictive clothing
   - Make sure patient takes two puffs of reliever inhaler
   - If there is no immediate improvement, continue to give 2 puffs every 2 minutes up to a maximum of 10 puffs or until symptoms improve, always remember to shake the inhaler before each use.
   - If the child feels better they can return to normal activities but school will ensure parents/guardians are advised.
   - If the child does not feel better or you are worried at any time, even before reaching 10 puffs call for an ambulance and advise parents/guardians.
   - If ambulance does not arrive in 10 minutes give another 10 puffs in the same way
   - If the child’s parents/guardians have not arrived when the ambulance arrives than 2 members of school staff will accompany the child to hospital and stay until parents/guardians arrive
   - Immediately after, the attack should be recorded in detail and a letter outlining this should be given to parents/guardians for their GP.

DON’T - hug or lie them down this will restrict breathing.
LISTEN - to what they say i.e. ‘I have had attacks before’. But don’t encourage them to chat since they are struggling to breathe
RELIEVER medication is very safe, during an attack do not worry about overdosing.

4. Use of Emergency Salbutamol Inhalers in school
   From 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies. The inhaler can be used if the pupil’s prescribed inhaler is not available (for example if it is broken or empty). This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler—this is a discretionary power enabling schools to do this if they wish.

Southfields will hold emergency salbutamol inhalers and we will ensure that they are only used by children, for whom written parental consent has been obtained.

Please note: A child may be prescribed an alternative inhaler (such as terbutaline). The salbutamol emergency inhaler can still be used in an emergency, it will still help to relieve their asthma.

   - The use of an emergency inhaler will be recorded and the parent/guardian informed.
   - We will have 2 emergency inhalers, both clearly labelled, one in the KS1 Medical room and the other in the KS2 Medical room, both will be in the locked medicine cabinet.