

Woodlands Primary School September 2019

Policy on The Management of Asthma

1 BACKGROUND

- 1.1 Woodlands recognises that asthma can be a life-threatening condition affecting many school children and positively welcomes all pupils with asthma. It recognises that it is possible for pupils with asthma to have special educational needs and ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma. The school considers individual circumstances prior to exposure to triggers such as furry animals and chemicals.
- 1.2 The school understands that pupils with asthma may experience bullying and has procedures in place to prevent this (Angus Council School Anti bullying Policy). Education and the NHS work together to promote greater awareness of asthma to all young people and staff in school.
- 1.3 Woodlands 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 and pupils. Supply teachers and new staff are also made aware of the policy. Medical details can be accessed via the school office.
- 1.4 Woodlands works in partnership with all interested parties including Angus Council, all schools staff, parents, pupils and NHS staff to ensure the policy is planned, implemented and maintained successfully.
- 1.5 At the beginning of each school year or when a child or young person joins the school, parents are asked if their child has any medical conditions including asthma on their enrolment form. All parents of children and young people with asthma are consequently asked to complete this document.
- 1.6 The arrangements set out below are intended to assist the child, his/her parents and the school in achieving the least possible disruption to his/her education, but also to make appropriate provision for his/her medical requirements.

2 DETAILS

- 2.1 Any pupil who has asthma and receives prescribed medication from his/her GP/Medical specialist.

Asthma medication required on a regular basis during the school day includes:

DRUG	DOSE	METHOD OF ADMINISTRATION	TIME
e.g. Salbutamol	2 puffs	via aerochamber	before PE

- 2.2 Immediate access to reliever inhalers is vital. Within the school children are encouraged to carry their reliever inhaler as soon as the parent, doctor/nurse and teacher agree they are mature enough. The reliever inhalers of younger children are kept in a visible, but easily accessible place within the classroom. Inhalers are to be clearly marked and show an expiry date.
- 2.3 Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler. The school will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent. The parents accept responsibility for maintaining appropriate up-to-date medication.
- 2.4 All school staff will let pupils take their own medicines when they need to and in accord with 2.2 above.
- 2.5 School staff are not required to administer medication to children except in an emergency, however many of our staff are happy to do this.
- 2.6 **PE.** Children with asthma are encouraged to participate fully in PE.
- 2.7 PE teachers will be aware of which children have asthma. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and undertake a warm-up along with the class at the start of the lesson. Each pupil's inhaler will be labelled and be accessible at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.
- 2.8 Classroom teachers follow the same principles as described above for games and activities involving physical activity.

- 2.9 **Out-of-hours sport.** There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involves pupils with asthma as much as possible in after school clubs.
- 2.10 PE teachers, classroom teachers and active school co-ordinators are provided with training and are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

3. **ASTHMA ATTACKS**

- 3.1 All staff who come into contact with children with asthma know what to do in the event of an asthma attack.
- 3.2 In the event of an asthma attack the school follows the procedure outlined below. This procedure is readily accessible in every classroom.

What to do

- keep calm
- encourage the child or young person to sit up and slightly forward – do not hug or lie them down
- ***make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately (preferably through a spacer)***
- ensure tight clothing is loosened
- reassure the child.

If there is no immediate improvement

Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve

Call 999 or a doctor urgently if:

- the child or young person's symptoms do not improve in 5–10 minutes
- the child or young person is too breathless or exhausted to talk
- the child or young person's lips are blue
- you have any doubts about the child's condition.

Ensure the child takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a pupil with asthma in school. When the pupil feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Asthma UK-[Asthma Awareness for School Staff](#)

Never attempt to transport a child to hospital by car.

4. STAFF INDEMNITY

The Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment, have been provided with adequate training and are following the Education Authority's guidelines. For the purposes of indemnity, the administration of reliever inhalers falls within this definition and staff can be reassured about the protection provided by the council. The indemnity covers the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent and employer.

5. ROLES & RESPONSIBILITIES

NHS Tayside will

- Taking account of most recent national guidelines, provide training and advice to school staff on the management of asthma.

Angus Council Education Department will

- Bring this policy to the attention of all Head Teachers
- On an annual basis, ascertain the training needs of schools
- Liaise with NHS Tayside to co-ordinate the training provision to staff in Angus schools
- Collate the total numbers of pupils on the asthma registers in schools.

Head Teachers will

- Ensure that all teaching and support staff are knowledgeable about the contents of this policy and that the guidance therein is followed
- Maintain the school asthma register and, as required, inform Angus Council of the number of pupils on the school asthma register
- Ensure that all staff are aware of the actions required to deal with a pupil suffering an asthma attack
- On an annual basis ascertain the training needs of staff.

6. AGREEMENT AND CONCLUSION

A copy of these notes will be held by the school and the parents. A copy will be sent to the relevant School Health Office, the GP and the Education Authority for information.

Any necessary revisions will be the subject of further discussions between the school and the parents. Any changes in routine will be noted and circulated.

ASTHMA MANAGEMENT PLAN FOR <NAME OF PUPIL>

School		
Pupil's Name		
Address		
		Post Code
Date of Birth		

CONTACT INFORMATION		
Family Contact (1)		
Name		
Phone No	(Home)	(Work)
Relationship		

CONTACT INFORMATION		
Family Contact (2)		
Name		
Phone No	(Home)	(Work)
Relationship		

Name of GP		
Phone No		
Clinic/Hospital Contact		
Plan prepared by		Date
Distribution	School Doctor <input type="checkbox"/>	School Nurse <input type="checkbox"/>
	Parent <input type="checkbox"/>	Other <input type="checkbox"/>

Pupil's Name	
Medical Condition	Asthma
Triggers known) (if	Colds / viral infections / pollen / exercise / laughter / stress / others – please specify:
Inhaler Medication	
Where Medication is kept	
Medication Expiry Date	

AGREED AND SIGNED

On behalf of the school

..... Head Teacher Date

Parent(s)/Guardian(s) of

..... Date

..... Date