



Brady Primary School
Wennington Road
Rainham
Essex RM13 9XA

Tel: 01708 555 025
office@brady.havering.sch.uk
www.bradyprimaryschool.co.uk
Twitter: @BradyPrimary

Headteacher: Mr M W Nunn BA(Hons), NPQH

Brady Primary Asthma Policy

Brady Primary School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all children with asthma.

We ensure that children with asthma can and do fully participate in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.

This is achieved through:

- ensuring that children have access to their inhalers as and when required.
- keeping a record of all children with asthma and the medicines they take.
- creating a whole school environment, including the physical, social, sporting and educational environment, that is favorable to children with asthma.
- helping all children to understand asthma as a medical condition.
- making sure that all staff (including supply teachers and support staff) who come into contact with children with asthma know what to do in the event of an asthma attack.
- working in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, the local authority, doctors, nurses and children to ensure the policy is planned, implemented and maintained successfully.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough





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These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- 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)

The signs of a severe asthma attack are:

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

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER AND CALL AN AMBULANCE IMMEDIATELY IN THE EVENT OF A SEVERE ASTHMA ATTACK

In the event of an asthma attack emergency the child's parents or carers should be contacted after the ambulance has been called. A member of staff should accompany a child taken to hospital by ambulance (if parents are not present when ambulance arrives) and stay with them until a parent or carer arrives.

All members of staff should be trained in:





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- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers of children are kept in the medical cupboard of the school office – this is carried out to the playground in the event of a fire. School staff will assist in the administration of asthma medicines to children, but children will be encouraged to administer their own inhaler when they require it. All inhalers are labelled in the original packaging with the doctors prescribed dosage and kept in the school office except for nursery children who store theirs in the nursery office. The emergency inhalers and spacers are labelled and kept in the school office.

The asthma register clearly states which children are asthmatic, their Reg group/class, expiry date of their inhaler and any additional notes from their parent/carer.

Record keeping

When a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. All parents/carers of children with asthma will be asked for an inhaler to be kept in school along with a copy of the child's Asthma plan, which is devised by the child's GP/asthma nurse. Parents/carers will also need to complete a parental agreement for setting to administer medicine form.

Parents/carers will be asked to return all the relevant forms to the school so their child can be added to the asthma medication register, which is available to all school staff and can be





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located in the medical cupboard in the school office. A record of when the child

takes their asthma relief is kept in the office, Parents/carers will also receive a note to inform them that their child has used their inhaler. Asthma plans should be updated by the child's GP/asthma nurse on an annual basis. Parents/carers will also be asked to update or complete a new sheet if their child's medicine changes during the year.

Exercise and activity - PE and games

Taking part in sports, games and activities is an essential part of school life for all children. All teachers know which children in their class have asthma; they receive

regular up-to-date class medical information. We encourage children as they get

older to try to remember this themselves and to take more control in remembering

their medication. Children with asthma are encouraged to participate fully in PE.

Children whose asthma is triggered by exercise are encouraged to take their

reliever inhaler before the lesson, and to thoroughly warm up and down before

and after the lesson. If a child needs to use their inhaler during a lesson they will be

encouraged to do so.

Offsite sport, swimming and educational visits

All inhalers must accompany children when they are off the school grounds e.g.

on a trip, swimming, visiting another school, etc. A copy of the school asthma

sheet will be kept in the bag with the asthma pump. This is returned to the school





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office once back on school grounds.

If a child is falling behind in lessons

If a child's attendance becomes affected due to their asthma, the Headteacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the Special Education Needs Coordinator about the child's needs. We recognise that it is possible for children with asthma to have special education needs due to their medical condition.

Guidance on the use of emergency salbutamol inhalers in schools

In September 2014, the Department of Health published guidance on the use of emergency salbutamol inhalers in schools. From the 1st October 2014 the Human Medicines (Amendment) (No.2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.





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It should only be used by children, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Keeping an inhaler for emergency use will have many benefits such as preventing an unnecessary and traumatic trip to hospital and potentially save a life if the child's own inhaler is not available. Parents are likely to have greater peace of mind sending their child to school knowing that the setting has an emergency inhaler should their child need it.

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The emergency kit

The emergency asthma inhaler kit will include:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/plastic chamber;
- instructions on cleaning and storing the inhaler;
- a record of administration (i.e. when the inhaler has been used)

The emergency inhalers and spacers are labelled and kept in the school office

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked when not used over a period of time. To avoid possible risk of cross-infection, Brady primary will use disposable spacers. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. If the inhaler has been used without a spacer, it should also not be re-used but disposed of.

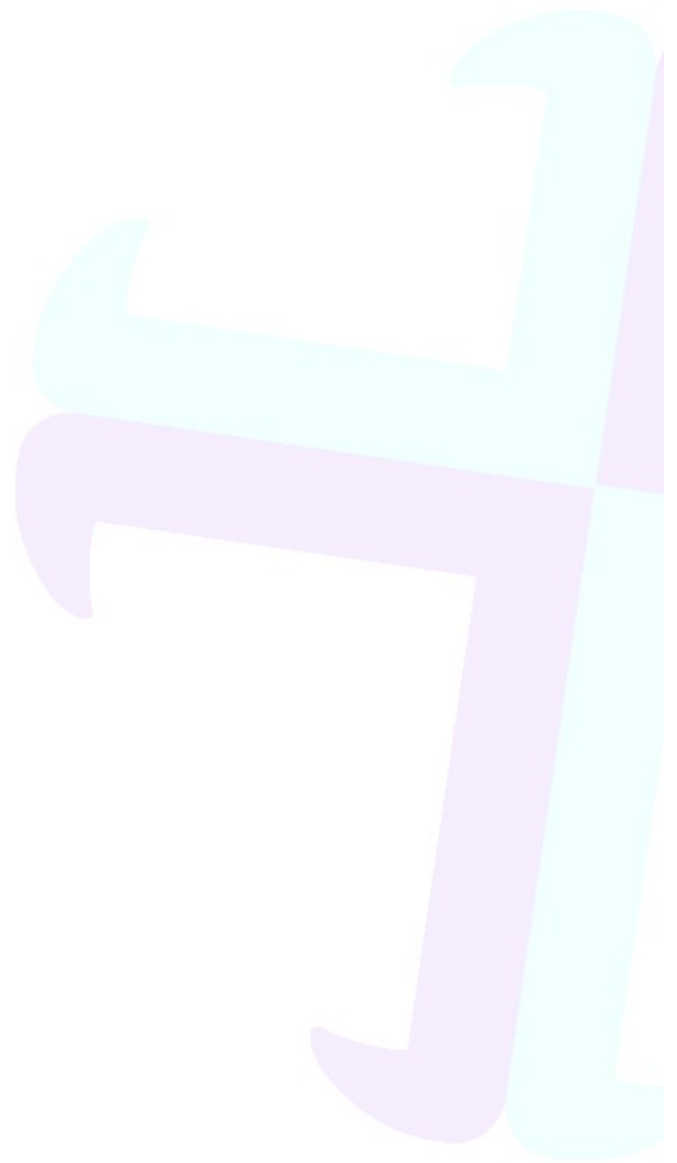




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