



Brady Primary School

Asthma Policy





Aims of Brady Primary School

“Inspiring teaching for ambitious learners”

At Brady Primary School we aim to provide a safe, caring and stimulating environment, which offers opportunities:-

- For everyone within the school to reach their full potential and develop self-worth, self-confidence, the ability to take responsibility for their own individual actions, and resilience.
- For everyone within the school to have a sense of wonder, an enthusiasm for learning and help pupil's to develop as independent thinkers and learners with enquiring minds.
- To encourage and develop a respect and understanding for others.
- To develop all partnerships, small and large, from the individual parent to the wider community and beyond to support pupil's learning.
- To give pupil's access to a broad and balanced creative curriculum to attain the highest possible standards in relation to prior attainment through assessment, teaching and learning.

Equal opportunities and Inclusion

At Brady Primary school we believe that every pupil is entitled to equal access to the curriculum, regardless of race, gender, class or disability.

We are committed to promoting learning and teaching environments, for all that embed the values of inclusive educational practices.

Through a pupil centered approach, we aim to ensure that education is accessible and relevant to all our learners, to respect each other and to celebrate diversity and difference.

Objectives

- To encourage and support inclusive practice



- To ensure regular attendance by all pupils

Rationale

Brady Primary School recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma. We have many pupils at Brady Primary with asthma.

We ensure that pupils 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 pupils have access to their inhalers as and when required.
- keeping a record of all pupils with asthma and the medicines they take.
- creating a whole school environment, including the physical, social, sporting and educational environment, that is favourable to pupils with asthma.
- helping all pupils to understand asthma as a medical condition.
- making sure that all staff (including supply teachers and support staff) who come into contact with pupils 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 pupils to ensure the policy is planned, implemented and maintained successfully.

Aims

To outline the policy and procedures for managing asthma in schools so it is understood by staff, parents and pupils and so that all pupils, including those with asthma receive proper care and support in our school.

Asthma medicines

Immediate access to reliever medicines is essential. The reliever inhalers of pupils 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 pupils, but pupils will be encouraged to administer their own inhaler when they require it. All pumps are labelled in the original packaging with the doctors prescribed dosage and kept in the school office. The asthma register clearly states which pupils are asthmatic, their class, expiry date of their inhaler and any additional notes from their parent/carer. In the event of an attack, the inhaler must be taken to the pupil. Pupils on the asthma register who have parental consent for the use of the emergency inhaler are also clearly indicated. The emergency inhaler can be



used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency inhalers are labelled and stored in the school office.

Record keeping

When a pupil joins the school, parents/carers are asked if their child has any medical conditions including asthma on their admission form. All parents/carers of pupils with asthma will be sent an Asthma UK *School Asthma* plan sheet to give to their pupil's doctor or asthma nurse to complete. Parents/carers will be asked to return the asthma sheet to the school. From this information the school keeps its asthma register, which is available to all school staff and can be located in the medical cupboard in the school office. A record of when the pupil 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 plan sheets will then be sent to parents/carers of pupils with asthma on an annual basis to update. Parents/carers will also be asked to update or complete a new sheet if their child's medicines 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 pupils. All teachers know which pupils in their class have asthma; they receive regular up-to-date class medical information. We encourage pupils as they get older to try to remember this themselves and to take more control in remembering their medication. Pupils with asthma are encouraged to participate fully in PE. Pupils 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 pupil 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 pupils 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 office once back on school grounds.

If a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher 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 pupil's needs. We recognise that it is possible for pupils with asthma to have special education needs due to their medical condition.



Asthma attacks

In the event of an asthma attack, school staff follow the T.I.M.E advice from Whittington Health. (Appendix A)

ALWAYS SEEK THE ADVICE/ATTENTION OF A QUALIFIED FIRST AIDER IN THE EVENT OF AN ASTHMA ATTACK

Staff Development

CPD kept up to date for Paediatric first aid, epipen etc and logged annually

Review

This policy will be reviewed annually by SLT. Any alterations that come from this review will be discussed with the Headteacher and ratified by the teaching staff and appropriate governing body sub-committee.

Chair of Governors (SEN link Governor) Date
.....

Deputy Head (SENCO)
Date

Headteacher
.....Date

Appendix A TIME



Appendix B: Guidance on the use of emergency salbutamol inhalers in schools

Taken and edited from the Department of Health's published document 'Guidance on the use of emergency salbutamol inhalers in schools' September 2014.

We have many pupils at Brady Primary with asthma. These pupils should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. All pumps are labelled and kept in the school office except for nursery pupils who store theirs in the nursery office. The emergency inhalers and spacers are labelled and kept in the school office. The asthma register is located with the inhaler cupboard in the school office.

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

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the pupil 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 pupil could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- ✗ Unable to talk or complete sentences. Some pupils will go very quiet.
- May try to tell you that their chest 'feels tight' (younger pupils may express this as tummy ache)

CALL AN AMULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE PUPIL

- Appears exhausted
- Has a blue/white tinge around lips



- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

In the event of an asthma attack follow the T.I.M.E advice from Whittington Health (the details of this can be found at the end of this policy).

The pupil's parents or carers should be contacted after the ambulance has been called in the event of an asthma emergency. A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until a parent or carer arrives.

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.

It should only be used by pupils, 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. Consent should be updated regularly to take account of changes to

a pupil's condition. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

Keeping an inhaler for emergency use will have many benefits:

- Prevent an unnecessary and traumatic trip to hospital, and potentially save their life
- Parents are likely to have greater peace of mind about sending their pupil to school

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 pupil having an asthma attack.

The emergency kit

An emergency asthma inhaler kit should 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;
 - manufacturer's information;
 - a checklist of inhalers, and expiry date, with monthly checks recorded;
 - a note of the arrangements for replacing the inhaler and spacers
- ∕ a list of pupils permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used)



Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The pupil may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Storage and care of the inhaler

- a message will be sent to Parents informing them that their pupil's inhaler is soon to expire and that a replacement is needed.
- replacement spacers are available following use;

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.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given, and by whom. The record book is kept in the medicines cupboard in the office. The pupil's parents must be informed in writing so that this information can also be passed onto the pupil's GP. These notes are kept in the asthma folder, also located in the medicines cupboard.

Designated members of staff should be trained in:

- 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