

**Highfield Hall Primary School**

**Asthma Policy**

About one in seven children have asthma and numbers are increasing. We want to make sure that having asthma does not mean children losing out when they are at school. Most children with asthma can have a full and active life. This policy will help pupils with the management of their asthma while they are at school. This policy supplements the ‘Administration of medication in school’ and ‘Health and Safety’ policies.

**Asthma Register**

* When a child joins the school part of their admission pack is a form to alert the school to asthma needs; this includes parental consent. The return of this completed form will ensure that they are placed on the School Asthma Register. **A copy of the Asthma Register is held in the school office**. Parents or named responsible carers will then be contacted to obtain the inhalers that will be held by the school. Parents must provide an appropriate inhaler to be kept in school, which they sign in at the beginning of every school year and sign out again at the end.
* Each young person diagnosed with asthma will have an individual asthma care plan. These will be produced by prescribing health professionals (eg Asthma Nurse or GP) and parents/carers will be required to share a copy with school.

**Indemnity**

* Staff who are happy to administer medication will be covered by the local authority insurance scheme.
* In emergencies staff should act as any prudent parent would, which may include giving medication.
* Each inhaler provided by parents / carers for pupils to use must be within date, named and prescribed with an appropriate pharmacy label. **It is the responsibility of parents to check that inhalers are in date and have medication in them.** However reminders will be sent home by the Midday Meal Supervisor responsible for First Aid.
* After a child has used an inhaler, a note will be sent home so that parents are aware of the number of times it has been used. This will help parents to judge when an inhaler may be running low or need replacing.

**Access to Inhalers**

* By the sink in each class is either a named box containing individual children’s inhalers or a sign explaining where the box is kept. These will **never** be kept in a locked cupboard.
* Children are allowed access to their inhalers at any time in the school day, should they feel the need to use it.
* Inhalers should accompany them when taking part in off site activities, or residential trips.
* Inhalers are taken to the first aid rooms at playtimes and lunchtimes for children who need them to access them from there.
* Inhalers are taken to PE lessons and assemblies for children who need them to access them there.
* Inhalers should be taken outside along with the register for fire drills.
* School have an emergency inhaler kit in KS1 and KS2 in the first aid area. Each month Kelly-Anne Thring of Tiff Martin will check that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available and that the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

**Forgotten or Lost Inhalers**

* If a child’s condition does not indicate the need to dial 999 i.e. not a severe attack, contact parents to bring in inhaler or collect child.
* If the child is experiencing a severe attack call 999 without delay.

**Training**

* The Head Teacher is responsible for assessing and arranging for training needs to be met.

**Home/School Liaison**

* Parents are asked to complete and update asthma records on admission, and to update them annually. They are also required to update them more frequently if the condition or medication changes.
* Absence of parental consent should not stop staff from acting appropriately in emergencies. Retrospective consent will then be sought.
* Parents will be informed if their child has had significant problems with their asthma during the day and this call will be logged by the person making the call at the back of the care plan in the main office

**Staff Awareness and Action in Asthma Emergencies**

All staff need to be able to manage attacks. Staff will do what a ‘reasonable parent’ would do in the circumstances.

**Common signs of an asthma attack:**

* coughing
* shortness of breath
* wheezing
* feeling tight in the chest
* being unusually quiet
* difficulty speaking in full sentences

**What to do:**

* keep calm
* encourage the child or young person to sit up and lean slightly forward – do not hug or lay 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 two puffs of reliever inhaler every two minutes until the symptoms improve.

**Call 999 and the parent/carer 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 are in doubt

**Important things to remember in an asthma attack:**

* never leave a pupil having an asthma attack
* in an emergency situation school staff are required under common law to act like any
* reasonably prudent parent
* reliever medicine is very safe, during an asthma attack do not worry about a pupil overdosing
* send another pupil to get another teacher/adult if an ambulance needs to be called
* contact the pupil’s parents/carers immediately after calling the ambulance/doctor
* a member of staff should always accompany a pupil taken to hospital by ambulance and stay with them
* until their parent/carer arrives
* if staff have to take pupils to hospital in their own car they must be accompanied by another member of staff and have appropriate car insurance, mot etc
* the incident must be recorded in the main office by the person who dealt with the attack, and the entry should be signed and dated by them

**HHPS Autumn 2023**

**Next review date: Autumn 2026**

**Emergency Inhaler Check**

* inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available and that the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

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| **Date** | **Inhaler present** | **Spacer present** | **Inhaler housing clean** | **Initial** | **Print name** |
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