

Snaith Primary School Asthma Policy



Updated January 2024

Name of Co-ordinator	Victoria Chesworth
Role of Co-ordinator	Admin Assistant
School Nurse	Goole Team
Contact details	01405 725931
Date of Policy last reviewed	January 2024
Policy Review Date	January 2026

Policy Statement

This policy is based on guidance from Asthma UK and local healthcare and education professionals. It is based on the following documents: Supporting pupils at school with medical conditions (DfE December 2015) and Guidance on the use of emergency salbutamol inhalers in schools (DoH March 2015).

This school recognises that asthma and recurrent wheezing are important conditions affecting increasing numbers of school age children. This school welcomes pupils with asthma.

This school encourages all pupils to achieve their full potential in all aspects of life by having a clear policy and procedures that are understood by school staff, parents / carers and pupils.

Developing and implementing this asthma policy is important to our school.

Training

Staff should be given the opportunity to receive training on signs and symptoms of asthma and how to treat it from the school nursing team/specialist nurses biannually. Where possible, any new staff will receive appropriate training on their appointment.

Indemnity

School staff are not required to administer asthma medication to pupils except in an emergency. However, most staff would be happy to give routine medication on the advice of an appropriate healthcare professional. School staff who agree to administer asthma medication are insured by relevant authorities when acting in agreement with this policy.

All school staff will allow pupils immediate access to their own asthma medication when they need it.

Record Keeping

When a child with asthma joins this school, parents/carers will be asked to complete an asthma care plan, giving details of the condition and the treatment required. Information from this form will be given to the school nurse for review and used to compile an "Asthma Register" which is available for all school staff. This register will be updated at least annually or more frequently if required using the information supplied by the parent/carer.

School Trips/Residential Visits

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant.

The pupil's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1/2 children.

For residential visits, staff will be advised in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication, with the pharmacist instructions, is provided.

Group leaders will have appropriate contact numbers with them.

Confidentiality

All staff should treat medical information confidentially.

The school will agree with the pupil where appropriate or otherwise the parent, who else should have access to medical information.

Date of Policy	January 2024
Date of Review	January 2026
Responsibility of	Helen Calpin (Headteacher)

Compliance

This policy complies with the statutory requirements laid out in the document: Supporting Pupils at School with Medical Conditions December 2015 (DfE) and the School Partnership and local authority guidance: Medical Conditions at School – Management Resource Pack 2017.



ASTHMA EMERGENCY INFORMATION

This plan should be completed by parents, school and the specialist/school nurse and if necessary a copy sent to the child's GP.

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Child's Name		Child's Photo
Class/form		
Date of birth		
School Year		
Parent/Carer Name(s)		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Number		
School Nurse Number		

Known triggers	
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Location of medication in school	
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Designated school health official	
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Instructions for reliever inhaler use (please tick the appropriate statement)	
<input type="checkbox"/>	My child does not understand the proper use of his/her inhaler and requires help to administer them.
<input type="checkbox"/>	My child understands the proper use of his/her asthma medications, and in my opinion, can carry and use their inhaler at school independently; notifying the designated school health official after using their inhaler.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/school nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices and if necessary I give permission for the school to use the emergency inhaler if required. I approve this Asthma Care Plan for my child.

Parent/s Signature	Date
Health Care Practitioner Signature	Date
Headteacher's Signature	Review Date

SIGNS OF ASTHMA ATTACK

- 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).

NB: Not all symptoms need to be present for a child to be having an asthma attack.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child.
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler - if not available, use the emergency inhaler.
- Remain with the child while the inhaler and spacer are brought to them.

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL VIA THE SPACER



If there is no immediate improvement, continue to give
TWO PUFFS AT A TIME EVERY TWO MINUTES, UP TO A MAXIMUM OF 10 PUFFS



IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

Document medication given. Dose may be repeated if symptoms return. However, if this is within four hours, contact parent(s) as medical review is recommended.



NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**



If an ambulance does not arrive in 10 minutes
GIVE ANOTHER 10 PUFFS IN THE SAME WAY

The information in this flowchart is taken from the Department of Health - Guidance on the use of emergency salbutamol inhalers in schools (March 2015)

www.gov.uk/government/publications/emergency-asthma-halvers-for-use-in-schools

