

Policy:	<b>Asthma Policy</b> (non statutory)	
This policy was adopted or reviewed on:	October 2017	
Review Date:	October 2019	

Signed \_\_\_\_\_ (Chair of Governors)

### **Background**

This policy has been written with advice from the Department for Education, Asthma UK, the local education authority and local healthcare professionals.

Oxley Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. Our school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, and pupils. Supply teachers and new staff are also made aware of the policy.

All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

### **Asthma medicines**

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/ carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom.

Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher 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/carers. School staff are not required to administer asthma medicines to pupils (except in an emergency). However many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority insurance scheme (LAOS) when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

### **Record keeping**

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. All parents/carers

of children with asthma are consequently sent and administration of asthma medication form which is updated annually or when needs change.

For some children who have severe asthma, a Personal Health Care Plan will be written, in conjunction with healthcare professionals and parents/carers, detailing procedures to be followed for the individual child.

The school maintains an up-to-date record of all pupils diagnosed with asthma. This register is shared with all school staff. School data forms will be sent to parents/carers of children with asthma on an annual basis to update.

### **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 children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. All inhalers for pupils are taken to the site of the PE lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. The same principles as described above for games and activities involving physical activity.

### **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 involve pupils with asthma as much as possible in after school clubs. Additional information, via a link to Asthma UK, can also be given to parents.

### **Training**

Classroom teachers and school sport coaches 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. All staff and sports coaches are provided with training from the school nurse, who has had asthma training. This is usually carried out in September.

### **School environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

*Asthma UK have a national helpline – **0800 121 6244** – which can be contacted at any time for advice.*

### **Making the school asthma-friendly**

The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE.

### **When 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 school nurse and special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

### **Asthma attacks**

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its School Asthma Pack. This procedure is visibly displayed in the staffroom and every classroom (see page 2 and 3 of Asthma Awareness for School Staff).

### **Emergency asthma medication (salbutamol)**

We recognise that asthma is the most common chronic condition, affecting one in eleven children. Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler with them, and if not it should be easily accessible to them (as outlined above). We recognise that at some time a child with asthma may be in school without their inhaler, having forgotten, lost or broken it, or the inhaler having run out.

We have decided to hold **2 emergency inhalers** in line with the guidance given by the MHRA. As a school we follow the guidance given in the Department of Health document 'Guidance on the Use of Emergency Salbutamol Inhalers in Schools' – September 2014.

Appendix 1 - emergency inhaler consent form.



## Oxley Primary School - CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children 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. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). Schools are not required to provide an emergency inhaler, but at Oxley we believe that doing so will enhance the school's provision for children's welfare and provides additional peace of mind for parents.

Emergency inhaler to be used if child showing symptoms of asthma / having asthma attack **and** their own inhaler is not available.

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler (and spacer, where appropriate), clearly labelled with their name, which will be kept in school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ..... Name (print).....

Date: .....

Child's name: ..... Class: .....

Parent's contact details: Address:

.....  
.....  
.....

Telephone: .....

E-mail: .....

**Please note:** this consent will remain in place from the date of this letter, for the remainder of your child's time at Oxley. If you subsequently decide you no longer wish to give consent for emergency administration of an inhaler, please contact the school. Thank you.