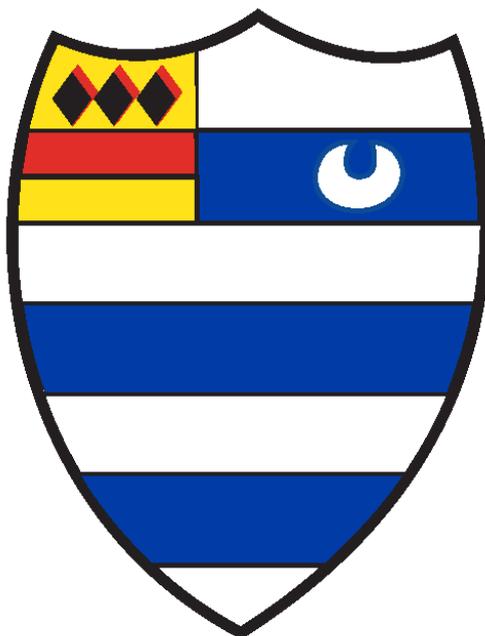


Stanford Junior and Infant School



Asthma Policy

*“Living Together,
Learning Together”*

Approved by Policy committee:
Date of next Review:

January 2018
January 2019

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Statement of Intent

Stanford Junior & Infant School

- Recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical activities, visits, field trips and other out-of-school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and their medicinal requirements.
- Ensures that the school environment is conducive to the education of pupils with asthma.
- Ensures that all members of school 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.
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this occurring.
- Works in partnership with interested parties, such as the Governing Body, members of school staff, parents, pupils and outside agencies to ensure the best educational outcomes possible for pupils with asthma.

1 . Background

- 1.1. This policy has been created with regard to guidance from the DfE, Asthma UK and healthcare professionals, and in consultation with parents / carers, the Governing Body, school nurses and pupils.
- 1.2. This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety. It also encourages and aids pupils with asthma to achieve their full potential in all aspects of school life.

2. Key roles and responsibilities

2.1. The Governing Body has a responsibility to:

- 2.1.1. Ensure the health and safety of staff and pupils on school premises and when taking part in school activities.
- 2.1.2. Ensure that the Asthma Policy, as written, does not discriminate on any grounds, including but not limited to: age, ethnicity / national origin, culture, religion, gender, disability or sexual orientation.
- 2.1.3. Handle complaints regarding this policy as outlined in the school's Complaints Policy.
- 2.1.4. Ensure the Asthma Policy is effectively monitored and updated.
- 2.1.5. Report any successes and failures of this policy to the Headteacher, members of school staff, local health authorities, parents and pupils.
- 2.1.6. Provide indemnity for teachers and other members of school staff who volunteer to administer medicine to pupils with asthma in need of help.

2.2. The Headteacher has a responsibility to:

- 2.2.1. Create and implement a school Asthma Policy with the help of school staff, school nurses, local authority guidance and the Governing Body.
- 2.2.2. Ensure this policy is effectively implemented, with good communication of the Asthma Policy to all members of the school community.
- 2.2.3. Ensure all aspects of this policy are effectively carried out.
- 2.2.4. Assess the training and development needs of staff and arrange for them to be met.
- 2.2.5. Ensure all supply teachers and new members of staff are made aware of the Asthma Policy.
- 2.2.6. Monitor the effectiveness of the Asthma Policy.

2.2.7. Delegate a staff member the responsibility to check the expiry date of spare reliever inhalers and maintain the school's Asthma Register.

2.2.8. Report to the Governing Body and local authority as necessary.

2.3. Members of school staff have a responsibility to:

2.3.1. Read and understand the Asthma Policy.

2.3.2. Know which pupils they come into contact with have asthma.

2.3.3. Know what to do in the event of an asthma attack (as outlined in sections 5 and 6).

2.3.4. Allow pupils with asthma immediate access to their reliever inhaler.

2.3.5. Inform parents/carers if their child has had an asthma attack.

2.3.6. Inform parents/carers if their child is using their reliever inhaler more than usual.

2.3.7. Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.

2.3.8. Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.

2.3.9. Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.

2.3.10. Be aware that pupils with asthma may experience bullying.

2.3.11. Make contact with parents/carers, the school nurse and special educational needs coordinators (SENCOs) if a child is falling behind with their school work because of their asthma.

2.4. Members of staff leading PE lessons have a responsibility to:

2.4.1. Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.

2.4.2. Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.

2.4.3. Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to take it when needed.

2.4.4. Allow pupils to stop during activities if they experience asthma symptoms.

2.4.5. Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (the school recommends a five minute waiting period before allowing the pupil to return).

2.4.6. Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.

2.4.7. Ensure pupils with asthma always perform sufficient warm ups and warm downs.

2.5. Pupils with asthma have a responsibility to:

2.5.1. Tell their teacher or parent / carer if they are feeling unwell.

2.5.2. Treat asthma medicines with respect.

2.5.3. Know how to gain access to their medication in an emergency.

2.5.4. Know how to take their asthma medicine.

2.6. All other pupils have a responsibility to:

2.6.1. Treat other pupils with and without asthma equally.

2.6.2. Let any pupil having an asthma attack to take their reliever inhaler (usually blue) and ensure a member of staff is called immediately.

2.7. Parents / carers have a responsibility to:

2.7.1. Tell the school if their child has asthma.

2.7.2. Inform the school of the medication their child requires during school hours.

2.7.3. Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.

2.7.4. Inform the school of any changes to their child's medicinal requirements.

2.7.5. Inform the school of any changes to their child's asthma. For example, if their child is currently experiencing sleep problems due to their condition.

2.7.6. Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.

2.7.7. Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.

2.7.8. Ensure their child catches up on any school work they have missed due to problems with asthma.

2.7.9. Ensure their child has regular asthma reviews with their doctors or asthma nurse (every six to twelve months).

2.7.10. Ensure their child has a written Personal Asthma Action Plan to help them manage the child's condition.

3. Asthma medicines

- 3.1. Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent / carer and the school nurse agree they are mature enough.
- 3.2. Reliever inhalers of younger children are held in the classroom in a designated storage area.
- 3.3. Parents / carers must label their child's inhaler.
- 3.4. Parents / carers must ensure that the school is provided with a labelled spare reliever inhaler, in case a pupil's inhaler runs out, is lost or forgotten.
- 3.5. Members of school staff are not required to administer medicines to pupils (except in emergencies). However, most of the staff members at Stanford School agree to administer asthma medicines.
- 3.6. Staff members who have agreed to administer asthma medicines are insured by North East Lincolnshire Council when acting in agreement with this policy.
- 3.7. Staff will let pupils take their own medicines when they need to.
- 3.8. This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them if they consistently forget.
- 3.9. School has an onsite asthma kit with spare inhalers.

4. Symptoms of an asthma attack

- 4.1. Members of school staff will look for the following symptoms of asthma attacks:
 - 4.1.1. Coughing.
 - 4.1.2. Shortness of breath.
 - 4.1.3. Wheezing.
 - 4.1.4. Tightness in the chest.
 - 4.1.5. Being unusually quiet.
 - 4.1.6. Difficulty speaking in full sentences.
 - 4.1.7. Younger pupils may express feeling tight in the chest as a 'tummy ache'.

5. What to do when a child has an asthma attack

- 5.1. In the event of an asthma attack, staff will follow the procedure outlined below:

5.1.1. Keep calm and instruct pupils to do the same.

5.1.2. Encourage the child to sit up and slightly forwards - **do not hug them or lie them down.**

5.1.3. Make sure the child takes two puffs of their reliever inhaler immediately, preferably through a spacer.

5.1.4. Ensure tight clothing is loosened.

5.1.5. Reassure the child.

5.2. If there is no immediate improvement:

5.2.1. Continue to make sure the child takes one puff of their reliever inhaler every minute for five minutes or until their symptoms improve.

5.3. Call 999 immediately if:

5.3.1. The child's symptoms do not improve in 5-10 minutes.

5.3.2. The child is too breathless or exhausted to talk.

5.3.3. The child's lips are blue.

5.3.4. You are in any doubt.

5.4. Ensure the child takes one puff of their reliever inhaler every minute until the ambulance arrives.

6. Important points to remember

6.1. Never leave a pupil having an asthma attack.

6.2. If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler.

6.3. In an emergency situation, members of school staff are required to act like any reasonably prudent parent - known as having a 'duty of care'.

6.4. Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.

6.5. Send another pupil to get a teacher / adult if an ambulance needs to be called.

6.6. Contact the pupil's parents immediately after calling the ambulance.

6.7. A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent / carer arrives.

6.8. Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations it may be the best course of action.

6.9. If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

7. Record keeping

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

7.2. The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.

7.3. Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Policy Information Slip (Appendix 2).

8. Exercise and physical activity

8.1. Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.

8.2. Outside suppliers of clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.

8.3. Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and warm down before and after the session.

8.4. During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.

8.5. Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

9. Out-of-hours sport

9.1. Stanford School believes sport to be of great importance and utilises out-of-hours clubs to benefit pupils and increase the number of pupils involved in sport and exercise.

9.2. Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.

9.3. Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in section 8 of this policy.

10. The school environment

- 10.1. Stanford School does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.
- 10.2. As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.
- 10.3. If chemicals that are known to be asthmatic triggers are to be used, the pupil will be taken outside of the classroom and provided support and resources to continue learning.

11. Pupils falling behind

- 11.1. If a pupil is falling behind in lessons because of their asthma, the class teacher will talk to the parents / carers to discuss how to prevent the child falling further behind and possible ways for the child to catch-up.
- 11.2. If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs and possible interventions.
- 11.3. The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Signed By

Chair of Governors:



Date: 19th January 2018

Headteacher:



Date: 19th January 2018

Review Date	Amendments	Approved Date
November 2016	New Policy	November 2016
January 2018	Reviewed Policy	January 2018