

Asthma Policy

Date	Review Date	Endorsed by	Approved by	Link Governor
Mar 2019	Mar 2020	Resources Committee	Governing Body	TBC

STATEMENT OF INTENT

We at The Devonshire Hill Nursery and Primary School are committed to safeguarding and promoting the welfare of all children and take account of the information contained in the DfE documents 'Working Together to Safeguard Children' and 'Keep Children Safe in Education: Statutory Guidance for Schools and Colleges (DfE 2018)', as the safety and protection of children is of paramount importance to everyone in this school.

Asthma is the most common long-term medical condition in children. It is a long-term inflammatory condition that affects the airways. It cannot be cured, but with appropriate management quality of life can be improved

Having asthma has implications for a child's schooling and learning. It impacts on care given within schools and early year's settings, and appropriate asthma care is necessary for the child's immediate safety, long-term well-being, and optimal academic performance. Whilst some older children may be fully independent with their condition younger children, children with learning difficulties or those newly diagnosed are likely to need support and assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents.

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

PURPOSE OF THIS DOCUMENT

To enable schools to effectively manage children and young people with asthma in a school setting.

The following is a summary of the London recommendations and based on guidelines derived from clinical practice at Whittington, London Borough of Islington and from contributions from key stakeholders from across London.

- Every child with asthma should have an individual health care plan (IHCP).
- School has an up to date medical /asthma conditions policy.
- Children and young people should have appropriate supervision depending on their individual needs.
- Children and young people should have access to their inhalers, usually in the medical room. Identified children may have access to their inhaler in the classroom and if used in class the teacher will inform the office for recording purposes.
- Early years settings and Primary schools: Children and young people may require support to manage their asthma in school in line with the Children and Families Act 2014 Schools should use their allocated funds for this (delegated school budget).
- The school will maintain a register of children and young people with asthma.

AN ASTHMA FRIENDLY SCHOOL

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly.

This policy will be reviewed annually by the schools Asthma Leads

We welcome parents and students views on how we can continue to improve and build upon our standards.

The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors and health colleagues.

We ensure all staff are aware of their duty of care to students. We have a "whole school" approach to regular training so staff are confident in carrying out their duty of care. We have two Asthma Leads they are called:

1. Sarah Stubbs
2. Hilmi Chelebi

Asthma Leads ensure procedures are followed and a 'whole school' approach to training is delivered.

This policy reflects the requirements of key legislation (Appendix A) and in particular two key documents:

1. Supporting Pupils at school with medical conditions (2014)¹
2. Guidance on the use of emergency salbutamol inhalers in schools (2015)²

This policy sets out how we as a school support students with asthma. We work closely with students, parents and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school.

Parents are required to ensure the school is aware of their child's needs. Parents should assist in the completion of their child's school asthma plan and also provide the school with two named inhalers and spacers in the original packaging detailing the prescription

It is the responsibility of parents/guardians to ensure all medication is in date and that the school are kept informed of any changes to their child's medication/care needs throughout their time at school.

School staff are not obliged to administer medication. However, at this school some staff are happy to do this. School staff are insured to administer medication under the school's insurance policy

Students with asthma are fully integrated into school life and are able to participate fully in all activities including physical education (PE). Students require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this. Parents of identified children will be expected to provide the school with a spare inhaler.

RECORD KEEPING

It is a parent/guardian's responsibility to inform school on admission of their child's medical condition and needs. It is also important that the school is informed by parents of any changes. The school will keep an accurate record of each occasion a student is given or supervised taking their inhaler. (Record of administration template (Appendix B) Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a student uses their inhaler more than 3 times a week in excess of their usual requirements e.g. If a student normally uses their inhaler pre or post exercise this would be recorded, if they also require their inhaler in addition to this 3 times or more a letter should be sent to their parent informing them of this (Sample: Appendix C). If a pupil refuses to have their inhaler, this is also recorded and parents are informed as soon as possible. (Appendix D) Consent letters opt in and out (Appendix E and F).

This school keeps an asthma register (Appendix H) so we can identify and safeguard students with asthma; this is held in the medical room, staffroom and school office.

Students with asthma will have a school asthma plan. (example Appendix I) This is written jointly between education and parent/student.

In the event a student's inhaler and spare inhaler are unavailable/ not working we will use the schools emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers should be recorded on the asthma register. Appendix C-G)

PARENTS' RESPONSIBILITIES

- Informing the school if their child has asthma
- Ensure the school has a complete and up-to-date asthma plan for their child.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines the child requires while taking part in visits, outings, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their child's medicines and medical devices are labelled with their full name in the original pharmacy packaging.
- Ensure their child's medicines are within their expiry dates.
- If their child is off school, they catch up on any school work they have missed.
- Ensure their child has regular reviews (usually every 3 months) with their doctor or specialist healthcare professional.
- If their child has a written self-management plan with their doctor or specialist healthcare professional, they share this with the school.
- Ensure new and in date medicines come into school when required.

TEACHERS' RESPONSIBILITIES

- Read and understand the school's asthma policy.
- Being aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency.
- Know which students have asthma and be familiar with the content of their individual health plan
- Allow all students to have immediate access to their emergency medicines.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure students have their medicines when they go on a school trip.
- Be aware that asthma can affect a student's learning and provide extra help when needed
- Be aware of children with asthma who may need extra social support.
- Liaise with parents, the student's healthcare professionals, and special educational needs co-ordinator and attendance officer if a child is falling behind with their work because of their condition.
- Use opportunities such as Personal Social Health Education (PSHE) to raise pupil awareness about asthma (see Healthy London Partnership website for example lesson plans and videos) [insert link here to toolkit page](#).
- Understand asthma and the impact it can have on students. (Students should not be forced to take part in activity if they feel unwell) If school identify a pattern or are concerned about an individual student, they will inform parent/guardian and advise medical advice should be sought.
- Ensure students with asthma are not excluded from activities they wish to take part in.
- Ensure students have access to their medicines during activity or exercise and are allowed to take it when needed. Identified children with inhalers in class will need their inhalers in PE lessons/ exercise.

SCHOOL ASTHMA LEADS / CHAMPIONS' RESPONSIBILITIES

Asthma Lead 1 and Asthma Lead 2 are delegated responsibility by the head teacher to ensure:

- Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.
- Procedures are followed.
- All children on the register have consent status recorded, an inhaler, preferably with a spacer and a care plan.
- Expiry dates are checked regularly and impending expiry date are communicated to parent/guardian.

- Replacement inhalers are obtained before the expiry date.
- Empty/out of date Inhalers are disposed of.
- Register is up-to date and accessible to all staff.
- Training is up-to-date.
- Audit process' bi annually (Appendix I audit checklist).
- Individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child.
- The blue plastic inhaler 'housing' is cleaned, dried, and returned to the relevant Emergency kit after use.
- Emergency kits are checked regularly and contents replenished immediately after use.
- Asthma Lead/s are confident to support in an emergency situation.

ALL STAFF RESPONSIBILITIES

- Attend asthma training yearly
- Know what the procedures are and which students have asthma, be familiar with their care plan.
- Communicate parental concerns and updates to the asthma champions.
- Staff must inform the Asthma Lead/champion if a school emergency inhaler has been used
- Staff must record inhaler usage
- Staff must also record the usage of the emergency inhaler in the main asthma register located in the medical room stating that it is the schools emergency inhaler that has been used.
- All students with asthma must have easy access to their reliever inhaler and spacer
- Students should know where their inhalers are stored.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should be trained about what to do in an emergency.
- If a student misuses medicines, either their own or another student, their parents will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

SAFE STORAGE

General

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature.
- All inhalers and spacers are sent home with year 6 students at the end of the school year.

Emergency medicine

- Emergency inhaler is readily available to students who require it at all times during the school day whether they are on or off site.

Safe disposal

- Parents are responsible for collecting out of date medicines from school
- A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year.
- The school can register as a lower tier waste carrier so we can dispose of expired emergency inhalers. <https://www.gov.uk/waste-carrier-or-brokerregistration>

Disposal

- Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

PE/ACTIVITIES

- We will ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to students with asthma.
- PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.
- We ensure out of school visits/ trips are accessible to all students.
- Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.
- Staff will have training and be aware of the potential social problems that students with asthma may experience. This enables us to prevent and deal with problems in accordance with the school's anti bullying and behavior policies.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.
- Staff are trained to recognize potential triggers for pupil's asthma when exercising and are aware of ways to minimize exposure to these triggers.
- Physical Education (PE) teachers should make sure students have access to their inhalers during PE and take them when needed, before during or after PE.
- Risk assessments regarding asthma will be carried out for any out of school visit. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.
- In an emergency situation school staff are required under common law duty of care, to act like any reasonable parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

SCHOOL ENVIRONMENT

- The school environment, as far as possible, is kept free of the most common allergens that may trigger an asthma attack – Smoking is explicitly prohibited on the school site.
- We are aware that chemicals in science, cookery and art have the potential to trigger an asthma response and will be vigilant to any student who may be at risk from these activities.
- We will not exclude students who are known to have specific chemical triggers but will endeavour to seek an alternative. Cleaning and grass cutting should, where possible, be carried out at the end of the school day.

Students who miss time off school due to their asthma

- As a school we monitor student absence, if a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them.
- The school may need to speak with the School Nurse or other health professional to ensure the students asthma control is optimal.

ASTHMA ATTACKS

- Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters in the medical room, staff room and school office as a reminder. Please also see Appendix J for example emergency kit.
- If a child has an asthma attack in school a member of staff will remain with them throughout, and administer their inhaler in accordance with the emergency procedure. Emergency services and parents will be informed.
- A member of staff will accompany the student to hospital until their parent/carer arrives. (No student will ever be sent to get their inhaler in this situation, the inhaler must be brought to the student).

EQUALITY IMPACT ASSESSMENT

Under the Equality Act 2010 we have a duty not to discriminate against people based on their age, disability, gender, gender identity, pregnancy or maternity, race, religion or belief and sexual orientation.

This policy has been equality impact assessed and we believe that it is in line with the Equality Act 2010 as it is fair, it does not prioritise or disadvantage any pupil and it helps to promote equality at this school.

MONITORING THE EFFECTIVENESS OF THE POLICY

The practical application of this policy will be reviewed annually or when the need arises by the coordinator, the Headteacher and the link governor.

A statement of the policy's effectiveness and the necessary recommendations for improvement will be presented to the Governing Body for further discussion and endorsement.

This policy has been reviewed and endorsed by the Full Governing Body of The Devonshire Hill Nursery and Primary School.

Headteacher - Julie D'Abreu

Date

Chair of Governors - Steven Lock

Date