



NETTLEWORTH INFANT SCHOOL AND NURSERY

ASTHMA POLICY

We nurture, we flourish, we achieve

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Approved/Ratified by:	Staff and Governors at Nettleworth School

This policy applies to children, their parents/guardians, the staff and governors at Nettleworth Infant and Nursery School.

Background

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common causes for childhood admission to hospital.

It is generally accepted that children under the age of six do not have skills and ability to recognise and manage their own asthma effectively. With this in mind, Nettleworth School recognises the need to educate staff about asthma and to promote responsible asthma management strategies.

Definitions

Metered Dose Inhaler (puffer) : common delivery device used to administer reliever medication.

Asthma Emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Health Care Plan: A record of information on the child's asthma and how to manage it, including contact details, what to do when the child's asthma worsens and emergency treatment. These are updated annually and are kept in the Meeting Room.

Asthma triggers: Things that may induce asthma symptoms e.g. pollens, colds/viruses, dust mites, smoke, exercise etc. Asthma triggers vary from child to child.

Puffer: common name for a metered dose inhaler.

Reliever Medication: This comes in a blue container and is used to relax the muscles around the airways to relieve asthma symptoms e.g. Airomir, Asmol, Epaq or Ventolin.

Spacer Device: A plastic device used to increase the efficiency of delivery of asthma medication from a puffer. It may be used in conjunction with a facemask.

Values

Nettleworth School is committed to:

- Raising awareness about asthma among the staff, governors, parents/guardians and any others dealing with children attending our school.
- Providing a safe and healthy environment for all children enrolled at the school
- Providing an environment in which all children with asthma can participate in order to realise their full potential
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma

Purpose

The aim of this policy is:

- For all children with asthma at the school to receive appropriate attention as required.
- To respond the needs of children who have not been diagnosed with asthma and who have an asthma attack at school.

Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if an inhaler was taken inadvertently it is unlikely there would be any adverse effects.

- If school staff are assisting children with their inhalers a consent form from their parent/carers must be in place. Individual care plans need only be in place if children have severe asthma which may result in a medical emergency.
- Inhalers must be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered e.g. in small schools inhalers may be kept in the school office.
- It would be considered helpful if the parent/carer could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
- All inhalers should be labelled with the child's name.
- Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.

- School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
- The parent/carers should be responsible for renewing out of date and empty inhalers.
- The parent/carer should be informed if a child is using the inhaler excessively.
- Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler must be available during P.E. and games. If pupils are unwell they should not be forced to participate.
- If pupils are going on off-site visits, inhalers must still be accessible.
- Asthma can be triggered by substances found in school e.g. animal fur, glues and hazardous substances. Care should be taken to ensure that any pupil who reacts to these are advised not have contact with these.

(These guidelines are taken from "Managing Medicines policy" published by Nottinghamshire County Council)

Staff will:

- Ask all parents/guardians as part of the enrolment procedure, whether the child has asthma and document this information on the child's record.
- Place a capital letter A in red biro by the side of the child's name on the register in school. The letter A will be circled if the child has medication kept at school.
- Compile a list of children with asthma and place it in a secure but readily accessible place which is known to all staff.
- Consult with the parent/guardian of children with asthma, in relation to the health and safety of their child and the supervised management of the child's asthma.
- Promptly communicate any concerns to parents if it is considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Action to be taken if a child suddenly collapses or has difficulty breathing with a possible asthma attack

Children with a known asthma condition: Staff will follow the agreed plan of action for the child as detailed in their Health Care Plan.

1. Sit the child upright and slightly forward and remain calm to reassure them.
2. Without delay shake a blue puffer and give 4 separate puffs through a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff. Try to encourage the child to breathe slowly.
3. Wait four minutes. If there is no improvement repeat step 2.
4. If there is still no improvement after 4 minutes call for an ambulance and state clearly that the child is "having an asthma attack."
5. Continually repeat steps 2 and 3 whilst waiting for the ambulance.
6. In an emergency, the blue reliever puffer may be the child's own or borrowed from another child.

<https://www.asthma.org.uk/advice/child/life/school/>