



## **ASHMORE PARK**

## **AND**

# PHOENIX NURSERY SCHOOLS FEDERATION

### **ASTHMA POLICY**

Senior Leadership Team Review Date	12.09.2024
Governing Board Approved/Adopted	19.09.2024
Signed on behalf of the Governing Board/Committee	5.7 hacey
Policy to be Reviewed Date	30.09.2025

#### The Principles of our Federation Asthma Policy

- The Federation recognises that asthma is a widespread, serious, but controllable condition affecting many children
- Ensures that children with asthma participate fully in all aspects of school life
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
  - All Educators and the qualified 'First Aider at Work' complete the 'Supporting Children and Young People's Health: Improving Asthma Care Together' online training module, annually in the autumn term.
    - With the exception of the academic year when all Educators attend and complete their 'Level 3 Paediatric First Aid' training and the academic year when the Senior Administrator attends and completes their 'Level 3 First Aid at Work' training, both of which are renewed every three years.
- Will work in partnership with all stakeholders to ensure the policy is implemented and maintained successfully.

Our policy has been written with advice from the Department for Education and Employment, the National Asthma Campaign, the Local Authority and the School Health Service.

- The Federation encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by all school staff, the Governing Board and families
  - a. Supply staff and all newly appointed staff are also made aware of the policy 'in-year' when they commence their placement/employment.

#### **The School Environment**

All Educators are responsible for acquainting themselves with the triggers of a possible attack and are aware that triggers can include:

- Colds and infection
- Dust and house mites
- Pollen, spores and moulds
- Feathers and furry animals
- Exercise and laughing
- Stress
- Cold air, a change in the weather
- Chemicals, glue, paint and aerosols
- Food allergies
- Fumes and cigarette smoke (Source: Asthma UK).

The Federation does all that it can to ensure each schools' environment is fully inclusive to children with asthma. Subsequently, schools do not keep furry and/or feathery pets, and we have a strict no smoking policy on and around the school grounds. On occasions when children may be exposed to animals e.g. during our termly visits to Kingswood, a visit from an external provider etc. the school will identify any child who has a fur or feather allergy and will take the necessary actions to ensure all children remain safe.

Taking part in all aspects of school life is important to us, especially as we place an emphasis on the importance of our outdoor environment to both the children and their families. Educators are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in school life; however, if a child needs to use their inhaler during the session, they will be supported to do so.

Information pertaining to each child can be found in the medication wallet along with their medication, in the first aid box.

#### Medication

We understand that immediate access to a reliever inhaler (usually blue) is vital for all asthmatic children. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK). Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by their doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler into school, as it should be taken regularly as prescribed by the child's health professional at home. (Source: Asthma UK). Parents/Carers should always tell their child's Educator or the appointed first aider when their child has had to use their reliever inhaler as this will improve staffs understanding of the child and their condition, triggers etc.

Records are kept each time an inhaler is used. All reliever inhalers and spacers are kept in the designated first aid box marked with a green and white first aid sign. All inhalers are labelled with the child's name by the parent/carer. School staff are not required to administer medication to children except in an emergency. School staff who agree to do this are insured by the Local Education Authority when acting in accordance with this policy.

#### **Record Keeping**

When a child joins one of our schools, parents/carers are asked to inform the school if their child is asthmatic. All parents/carers of children with asthma are required to complete a 'School Asthma Card (Asthma UK)' and return it to the school, see Appendix 1. From this information the school keeps an asthma register which is uploaded to the staff's 'Microsoft Team' and a copy is retained in each school's office. If any changes are made to a child's medication it is the responsibility of the parents/carers to inform the school.

Both Ashmore Park Nursery School and Phoenix Nursery School hold an emergency inhaler and spacer as per 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015. This medication can only be administered to children on the school's Asthma Register. All Educators and the qualified 'First Aider at Work' have been trained to administer the emergency inhaler. Parents/ Carers of children with Asthma are sent a letter asking permission for the emergency inhaler to be used in the event that their own inhaler is not available, see Appendix 2. Parents/Carers will be informed by letter if their child has used the emergency inhaler, see Appendix 3.

Records are kept every time a child uses their inhaler and the member of staff administering the medication countersigns the child's 'Record of Medication Administered to an Individual Child' form, see Appendix 4.

The qualified 'First Aider at Work' regularly checks asthma inhalers for each child, for expiry dates. Each child's inhaler is kept in the designated first aid box marked with a green and white first aid sign. A medication wallet containing their individual asthma card is also available in the school office.

#### **School Trips and Outside Activities**

As part of our responsibility to ensure all children are kept safe within the school grounds and when on a school trip, a risk assessment will be undertaken by the Federation's 'Educational Visit Coordinator' (EVC). The risk assessments will establish asthma triggers, which children could be exposed to, and plans will be put in place to ensure all triggers are avoided, where possible. When out of the school grounds or on a school trip, the child's inhaler will be retained by the child's Educator/Parent/Carer and will be available to them at all times.

#### **Asthma Attacks**

All Educators and the qualified 'First Aider at Work' know what to do in the event of an asthma attack. All staff take the necessary action and follow the emergency procedure:

- 1. Stay calm and reassure the child
- 2. Encourage the child to sit up and slightly forward
- 3. Use the child's own reliever inhaler, if not available, use the emergency inhaler
- 4. Remain with the child while the inhaler and spacer are brought to them
- 5. Help the child to breathe by ensuring tight clothing is loosened
- 6. Immediately help the child to take two separate puffs of their salbutamol inhaler, via their spacer
- 7. If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until the symptoms improve
  - a. The inhaler should be shaken between puffs.
- 8. Stay calm and reassure the child, stay with the child until they feel better
  - a. The child can return to school activities once they are feeling better.
- 9. If the child does not feel better or the member of staff is worried at any time before reaching 10 puffs from the inhaler, the member of staff will call 999 for an ambulance
- 10. If the ambulance has not arrived in 10 minutes, an additional 10 puffs will be given, as detailed above
- 11. In the event of an ambulance being called, the child's parents/carers will always be contacted
- 12. If the child is taken to hospital by an ambulance, a member of staff will always accompany them to the hospital and remain with them until a parent/carer arrives.

#### **Children Not Known to have Pre-existing Asthma:**

In this situation staff will:

- 1. Call an ambulance and state that the child is having difficulty breathing
- 2. Sit the child upright and calm them to reassure them
- 3. Stay with the child until the emergency services arrive
- 4. In the event of an ambulance being called, the child's parents/carers will always be contacted
- 5. If the child is taken to hospital by an ambulance, a member of staff will always accompany them to the hospital and remain with them until a parent/carer arrives.

#### **After the Attack**

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. The child's parent/carer must be informed about the attack.

# Ashmore Park

#### **SCHOOL ASTHMA CARD**



## School Asthma Card

To be filled in by the parent/carer				
Child's name				
Date of birth D.D. M.M. Y.Y.				
Address				
Parent/carer's name				
Telephone - home				
Telephone - mobile				
Email				
Doctor/nurse's name				
Doctor/nurse's telephone				
This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.				
For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.  Medicine  Parent/carer's signature				
If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.  Parent/carer's signature  Date				
D.D M.M	Y Y			
Expiry dates of medicines				
Medicine Expiry Date checked Parent/carer's	ignature			
Parent/carer's signature Date				
D'D M'M				

What signs can indicate that your child is having an asthma attack?				
Does you	r child tell you w	hen he	she needs	medicine?
Yes	No			
Does you	r child need help	taking	his/her as	thma medicines?
Yes	No			
What are asthma w	your child's trigg	ers (th	ings that r	nake their
Poll			Stress	
Exercise Weather				
Cole	d/flu		Air pol	lution
	olease list		_ All poi	idiloii
T Other p	71-03-013-0			
	child need to tal	ke any	other asth	ma medicines
while in th Yes	ne school's care?			
_	se describe			
Medicine			How mu	ch and when taken
	rd checked			
Date	Name	Job title		Signature / Stamp
To be completed by the GP practice				
What to do if a shild is				

## What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
  - their symptoms get worse while they're using their inhaler this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
  - . they don't feel better after 10 puffs
  - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?
Call our friendly helpline nurses
0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk



## CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER



Child	's Name		Educator	
		ny child has been prescribed an o be kept at school with their la		which is clearly labelled with their lease tick all which apply)
	My child has been prescribed an inhaler			
	My child has been diagnosed with Asthma			
unusa	ble we ask	• • • •	amol from an en	f their inhaler is not available or is nergency inhaler held by the school
	I do consent for my child to receive Salbutamol from an emergency inhaler			mergency inhaler
	I do not consent for my child to receive Salbutamol from an emergency inhaler			
J		me:		
Paren	t/Carer's A	address and Contact Details:		
•••••				
	•••••			
•••••	•••••			
Telepł	none:			

E-Mail: .....



#### **EMERGENCY SALBUTAMOL INHALER**



#### **USE FORM**

Child's Name:
Educator Group:
Name of Person Administering Medication:
Date Administered:
Dear Parent/Carer
This letter is to formally notify you that your child has had problems with his/her breathing today.
This happened when
*They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol. They were given Puffs.
*Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol. They were given puffs.
*N.B: Delete as appropriate
Although your child soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.
Yours sincerely
Mrs Jane Parocki
Headteacher



#### **RECORD OF MEDICATION ADMINISTERED**



#### **TO AN INDIVIDUAL CHILD**

Name of School	
Name of Child	
Date Medicine Provided by Parent/Carer	
Educator Group	
Name of Medication	
Expiry Date	
Quantity returned	
Dose and Frequency of Medication	

DATE	TIME	DOSAGE	NAME OF STAFF MEMBER ADMINISTERING MEDICATION	STAFF SIGNATURE