



Moor Hall School

Policy Name	Asthma
Contact Person	Miss Gwendda Jones
Committee	Full Governing Body
Date of Approval	November 2018
Date of the next review	November 2020

Moor Hall Mission Statement

Moor Hall is a caring school which aims to create a stimulating learning environment in which every individual has the opportunity to be the best that they can be.

Unicef Rights Respecting Link

Article 24 All children have a right to the best health care possible.

Background:

This policy has been written using guidance from Department for Education:

- [“Supporting pupils with Medical Conditions” – DFE 2014](#)

At Moor Hall Primary School, we maintain close links with parents, carers and agencies such as the school nurse and any others providing support for pupil health.

Community nursing teams are a valuable resource for school to seek advice and support in relation to children with a medical condition.

**School nurses can be contacted at:
North School Health Advisory Service on 0121 465 5457
Sutton Cottage Hospital
Sutton Coldfield
B**

The purpose of this Policy is therefore:

- To provide clear effective support to pupils with asthma
- To provide clear systems and guidelines for all members of the Moor Hall School community.
- To ensure that all staff and pupils are aware of the systems in place.
- To provide awareness of Health & Safety issues within school and on school trips, to prevent, where possible, potential asthma attacks.

At Moor Hall School we:

- Recognise the needs of pupils with asthma
- Recognise that immediate access to the pupil's inhaler is vital
- Will encourage and help children with asthma to participate fully in all aspects of school life
- Ensure all staff have a basic awareness training about asthma and the use of inhalers, and this is updated on a yearly basis
- Ensure all staff have a clear understanding of what procedures to follow if a pupil has an asthma attack
- Will maintain written details of pupils with asthma which are updated annually by the first aid co-ordinator

On Admission to Moor Hall School:

On admission to Moor Hall School, all parents and carers will be asked to complete an admissions form, giving full details of any known diagnosis of asthma. They will also be required to disclose any regular and/or emergency medication along with emergency contact details, the name of the family doctor, any hospital consultants. It is the responsibility of the parent/carer to inform school of any changes.

Administration and Storage of Medication in School:
(SEE MEDICINES IN SCHOOL POLICY)

All requests must be agreed with the a member of the Senior Leadership Team

If agreed:

- The medication must be prescribed by a doctor and be in its original container, with the child's name and dosage clearly visible on the label. Moor Hall School will not accept items of medication in unlabelled containers or out of date.
- A request form must be completed by the parent / carer and this must be signed by the Head Teacher or senior member of staff for authorisation.
- The medication must be handed over to the member of staff responsible.
- A long term medication form and asthma plan must be completed.
- School must be notified in writing if the medication is to change or cease.
- The parent must take responsibility for replenishing the supply.
- Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision.
- Children with asthma should be responsible for their own inhaler. (Older children in KS2 may carry their inhalers with them).
- The inhalers must be clearly marked with the child's name.
- Inhalers must be kept in the class medical box.
- Emergency asthma kits are located in each office.

(THESE KITS ARE ONLY TO BE USED BY CHILDREN WHO ARE DIAGNOSED WITH ASTHMA AND WHOSE MEDICINE HAS RUN OUT OR NOT IN SCHOOL.)

Individual asthma plans

Individual asthma plans should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can advise on the particular needs of the child. Plans capture the key information and actions that are required to support the child effectively. They provide clarity about what needs to be done, when and by whom. Where a child has an individual healthcare plan, this clearly defines what constitutes an emergency and explains what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Pupils should also be involved whenever appropriate. These plans should be reviewed annually.

Out of School Activities and Educational Visits:

Moor Hall School staff will ensure a full risk assessment is undertaken before every off-site visit. This must include an assessment of the possibility of administering medication or medical treatment.

The headteacher or a member of the Senior Leadership team must ensure that appropriate arrangements have been taken into account for administering medication during educational visits and the needs of the child.

All staff involved in such visits must be made aware of any pupils with medical needs, what medication or action is required or what medication or action may be required in an emergency.

Named children will be identified on first aid risk assessment

COMMON TRIGGER FACTORS WHICH MAY CAUSE AN ASTHMA ATTACK

- exercise
- colds and viral infections
- sudden changes in temperature such as damp, cold air
- stress/anxiety
- pollen / mould spores
- chemicals (including cleaning products and toiletries)
- house dust mite
- smoking (passive and active)
- animal danger e.g. cats, hamsters.

MANAGEMENT OF ASTHMA IN SCHOOLS

TREATMENT OF ASTHMA

Most children with asthma will use a combination of inhalers to keep their symptoms under control. These are:

- **Preventer:** Usually in brown/cream/orange devices. They need to be used regularly twice a day to gain control of symptoms. They can take up to 7 days to be effective and therefore are of no benefit in the event of an attack where immediate relief of symptoms is required. These inhalers should not routinely be brought into school, as they should usually be used in the home situation before and after the school day.
- **Relievers:** Usually in blue devices. These begin to work immediately and should provide relief of symptoms for up to 4 hours. However, if a child needs to use it more frequently they should be allowed to do so, but it is important to let parents/guardians know. These inhalers are very important and should always be in school and immediately accessible to the child. Parents/guardians should be asked to provide a spacer device for use in school if the child uses this at home.
- Any queries about inhalers or spacer devices can be answered by the School Nurse or will be addressed through in service training.

RECOGNISING AN ASTHMA ATTACK

During an asthma attack a child may:

- have a persistent cough which does not settle;
- have noisy breathing (wheeze);
- have difficulty breathing;
- have difficulty talking;
- complain of a tight chest.

TREATING AN ASTHMA ATTACK

In any asthma attack the child should have immediate access to their reliever inhaler. Mild asthma attacks should not interrupt a child's participation in school activities. As soon as they feel better they can return to normal school activities.

In the event of an attack, all Moor Hall School staff will stay calm and reassure the child.

Help the child to -

- breathe slowly
- sit upright or lean forward
- loosen tight clothing;
- help the child to use their reliever inhaler;
- repeat use of the reliever inhaler as required until symptoms are relieved;
- ask for additional help to cover their class if necessary
- stay with child until attack is over;
- if child requires repeat medication within four hours allow them to do so, but always notify parents/guardians and advise the child is reviewed by their G.P./Practice Nurse the same day;

- always inform parents/guardians if a child has needed to use their reliever inhaler in school.

In the event of a severe asthma attack Moor Hall School will always call for an ambulance if:

- there is no significant improvement in the child's condition 5-10 minutes after using their reliever inhaler;
- the child is distressed and gasping or struggling for breath;
- the child cannot complete a sentence;
- the child is showing signs of fatigue or exhaustion;
- the child is pale, sweaty and may be blue around the lips;
- the child is exhibiting a reduced level of consciousness;
- there are ANY doubts about the child's condition.
- Whilst waiting for the ambulance to arrive
- stay calm and reassure the child;
- the child should continue to take puffs of their reliever (blue) inhaler as needed until symptoms resolve;
- alternatively, if a spacer inhaler is available, give up to ten puffs into the spacer, one puff at a time every 15 to 30 seconds (shaking the inhaler between each puff);
- ensure the child's parents/guardians are contacted

SAFETY AND STORAGE OF ASTHMA INHALERS

- The medication used for the relief of asthma is very safe.
- If too much of the reliever medication is taken, the worst that will happen is that the child may feel very shaky – this will wear off after a short time.
- If a non-asthmatic child uses a reliever inhaler they will not harm themselves.
- Where appropriate, with parental and school agreement, pupils should be responsible for their own inhalers, which should be clearly marked with the child's name.
- Make sure that inhalers are not stored where there is excessive heat or cold.
- Medication is clearly labelled and kept in class medical box
- Children in KS2 are encouraged to carry their own inhalers
- IT IS ESSENTIAL THAT INHALERS ARE EASILY ACCESSIBLE WHEN REQUIRED