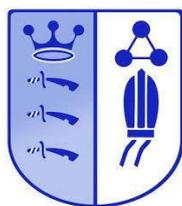


Our Vision - 'Rooted, Grow, Flourish'



HOLY TRINITY CHURCH OF ENGLAND SCHOOL

Living and learning together as part of the family of God; we seek to inspire every person to be deeply rooted in the values of the Christian faith and to experience being connected in a loving community - to grow, flourish and bear much fruit. Inspired by John, Chapter 15:5

Date policy accepted by the Governing Body:	Spring 2024
Date for review:	Spring 2027

Asthma Policy

The school believes that the Asthma Policy:

- Welcomes all children and members of staff with asthma.
- Recognises that asthma is a widespread, serious but controllable condition affecting some pupils at this school. Our school positively welcomes all pupils with asthma. We encourage pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, and other employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff that come into contact with pupils with asthma are provided with annual asthma training which is delivered by Hillingdon Hospital Paediatric Asthma Team and School Nurses.
- Encourages children with asthma to achieve their potential in all aspects of school life including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is favorable to pupils with asthma.
- Ensures that all staff (including supply teachers and support staff) understand what to do in the event of a child or member of staff having an asthma attack. Will if necessary, give emergency treatment and inform parents accordingly.
- When a child joins the school, Parents/Carers are encouraged to notify the school if their child suffers with asthma. They must provide full details of treatment together with clear instructions on dosage, triggers, how to recognize when a child/adult's asthma gets worse and what action should be taken. Asthma cards are given to all parents of children who have asthma (see Record Keeping section of policy for further information).
- Keep a record of all pupils with asthma and the medicines to be taken.

- Ensure that regular monthly checks are made on medication expiry dates, while making sure that the correct medications are labeled and stored in the correct class medical bags.

Asthma Friendly School Award

Our school aims to achieve Asthma Friendly School status annually by meeting the following criteria:

- We have a named Asthma Lead who is Mrs. C. Stangroom
- We have a named asthma champion who is Mrs. N. Hunt
- We keep a register of known asthmatic children
- We keep a management plan for all children
- Our Champion takes part in the annual asthma training by Hillingdon Asthma Nurses
- We have a clear asthma policy
- We give a monthly asthma return to Hillingdon Paediatric Asthma Nurses
- We have accessible inhalers and emergency plans
- Our staff are trained annually
- We keep Emergency Inhaler packs
- We have an annual asthma audit

Asthma medicines

Preventative / Anti-Inflammatory Inhalers

These are generally manufactured in orange, green, purple, brown containers and contain steroids and are kept at home (except for INTAL). Their purpose is to control and treat the condition and to prevent the occurrence of an attack.

The Hillingdon Children's Asthma Team advises that owing to the nature of their purpose, "preventers" are usually given at home twice daily. These are not kept in school.

Relief Inhalers

These are generally in blue containers and are relief inhalers, which open the airways to bring rapid relief for breathing. The inhaler must be vigorously shaken up to 10 times before administering.

Parents/carers are asked to ensure that the school is provided with one labeled, in date, reliever inhaler. All inhalers must be labeled with the child's name by the parent/carer and given to the school in the prescribed packaging from the pharmacy.

One clearly labeled reliever (blue) asthma inhaler and one spacer are retained at school at all times. The inhaler is stored in the class medical bag with the child's own spacer, which is retained in each classroom for immediate access and relief. The arrangement is for ease of use in the classroom and for ease of transportation of inhalers to any place of external activity: Church hall, swimming, PE and for access at all times during the school day. The class medical bag is taken to the playground during playtimes for quick access. Each class bag contains an emergency inhaler and spacer in case the child's own inhaler is broken, lost or empty. If the emergency inhaler is used, the case is thoroughly cleaned and replaced in the emergency kit.

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor, or asthma nurse and class teachers agree they are mature enough. The reliever inhalers of younger children are kept in the classroom medical bag

In the event of an emergency evacuation, the Teacher is responsible for taking the medical bag with the inhalers to the evacuation meeting point.

School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they are able to do so.

We will work in partnership with all interested parties, all school staff, school nurses, and parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Emergency Inhalers

In line with the Department of Health Guidelines (March 2015) the school holds a number of emergency salbutamol inhalers on the school premises, that are not attributed to a specific child. In the event of a child's own reliever inhaler (Salbutamol or other) not being available to use (for example if defective or empty) these will be administered to children who have an asthma diagnosis and asthma card in school. An emergency inhaler can only be used by children with prior written parental consent.

- Emergency salbutamol inhalers are kept in a clearly labelled, zip-lock bag (Emergency Kit) with:
 - a copy of the Asthma Register (detailing all children in school with an Asthma diagnosis) and those who have permission to be given the emergency inhaler
 - instructions for cleaning and storing the inhaler
 - instructions on how to use the inhaler (with a spacer)
- The Emergency Kits can be found in the following locations, all of which already contain a P/V Spacer:
 - Two in each class medical bag
 - Two in the medical room
 - Two on the Out of Hours Club tray on the shelf
 - Two in the Residential/ sports Trip Medical bag
- The Welfare Officer is responsible for:
 - Checking that emergency salbutamol inhalers are kept within expiration date
 - expiration dates are recorded and inhalers disposed of responsibly
 - Inhalers are checked and in full working order.

If a child requires the use of an emergency inhaler, parents are advised as per our normal protocol, i.e. a dojo message will be sent to one parent detailing the time and number of puffs required.

If an emergency inhaler has been used because the child's individual inhaler was broken or lost, the member of staff administering the emergency inhaler will advise the Welfare Officer.

The use of emergency inhalers will be recorded via our usual documentation.

The member of staff administering the child's inhaler or the emergency inhaler is responsible for informing the Welfare Officer immediately afterwards.

School Visits

Children will be placed in a group with a qualified first aider on all school visits.

An emergency generic inhaler and each child's own spacer will be carried in the medical bag that is carried by the first aider. Children who are considered to be mature enough may be given the responsibility to carry their own inhaler and spacer while on school visits.

On residential trips 1 inhaler and child specific spacer will be taken along with 2 school emergency inhalers and a spare emergency spacer.

Record keeping

All parents/carers of children with asthma are sent an Asthma UK School Asthma Card to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return this to the school along with a completed treatment plan form, from this information the school keeps its asthma register. Parents/carers are asked to inform the school in writing of any update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

A record of the medication, dosage, date and time when it was taken must be recorded in the child's own personal record sheet in the Asthma folder.

If the inhaler is administered but is ineffective, the Welfare Officer or member of staff will immediately notify the parents if there is any apparent change in the pattern of the child's asthma or if there are any noticeable changes or signs of a severe attack the emergency services will be contacted immediately.

The Welfare Officer will carry out regular monthly checks on medication expiry dates, while making sure that the correct medications are labeled and stored in the correct class medical bags. The Welfare Officer will notify Parents/carers of expiry dates or if supplies are becoming low and request replacements.

Notifications

If an inhaler has been administered during the school day a dojo message will be sent to parents detailing the time and dosage administered.

If a child needs to use an inhaler again within 4 hours of initial treatments or if a child needs 4 puffs at any one time parents will be notified as it may indicate the asthma is worsening. The parents/carers are advised to collect the child and take the child to the GP as soon as possible.

Each month the "School Asthma Champion" Mrs Hunt returns to the Paediatric Asthma Team a form that they have provided. The form documents the initials and date of birth of any child known to have been absent from school as a result of asthma and any child using the inhaler in school once or more during the month.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the asthma register.

Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. Only those with a plan from the hospital should be advised to use Salbutamol prior to exercise, this should be very rare. It is agreed with PE Staff that each pupil's inhaler will be labeled and kept in the Class medical bag at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport and clubs

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise is well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

PE teachers, classroom teachers, out-of-hours school sport coaches, breakfast and Cool Kids club are given a register clearly stating the children who have asthma and are fully aware of the potential triggers for a pupil's asthma attack. All school staff are provided with annual training from the local authority school nurse. External sports coaches must hold a current First Aid qualification.

Asthma attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack, and have had annual asthma training.

In the event of an asthma attack the school follows the procedure outlined by Asthma UK in It's School Asthma Pack. This procedure is visibly displayed in the staffroom, medical room and every classroom.

WHAT TO DO IN AN ASTHMA ATTACK

If a pupil with Asthma becomes breathless, wheezy, coughs continually or is tight-chested.

1. Remain calm and treat the child where they are.
2. Sit the pupil in a position they find the most comfortable. Do not make them lie down.
3. Let the pupil take his/her usual reliever treatment inhaler as stated on their Health Care Plan or Asthma Card. Always shake inhaler 10 times before use and between doses and use a spacer. (The salbutamol has optimum effect after 15 minutes).
4. If no or minimal effect repeat as necessary from 2 – 6 puffs
5. If the symptoms resolve, the pupil can resume normal activities. A dojo message must be sent home informing parents of the number of puffs required and the time of administration.
6. If there is little or no improvement this should be treated as a severe attack – see below.
7. If a child requires their inhaler more than once in a 4 hour period or needs 4 puffs at any one time this could be an indication their asthma is worsening. Contact the parent and ask them to collect from school and take them for a medical assessment.

A SEVERE ATTACK

Any of the following signs indicate a severe attack:

- Normal relief medication has no effect.
 - The pupil is breathless or has difficulty talking normally.
 - The child is too breathless to speak
 - Breathing is unduly rapid.
1. Commence administration of emergency blue reliever inhaler up to 10 puffs every 30 – 60 seconds.
 2. An emergency ambulance should be called if:
 - a. If at any time symptoms feel worse
 - b. The child is too breathless to speak.
 - c. The child is becoming exhausted.
 - d. The child's lips or face look blue.
 3. Continue to give blue reliever inhaler until medical help arrives or condition improves; 10 PUFFS every 10 minutes (It is not possible to overdose)
 4. Call 999 again if the condition is not improving after 10 minutes
 5. See relevant link here: <https://www.asthmaandlung.org.uk/conditions/asthma/asthma-attacks>
 6. Contact parents or named contact.
 7. First aider or member of staff will continue to reassure the child until parent or emergency services arrive.

School environment

The school does all that it can to ensure the school environment is favorable to pupils and staff with asthma.

The school has a definitive non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school medical room if particular fumes trigger their asthma.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.

Headteachers

Headteachers have a responsibility to:

- Plan an individually tailored school asthma policy with the help of school staff and school nurses.

- Ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips.
- Plan the school's asthma policy in line with devolved national guidance.
- Liaise between interested parties – school staff, school nurses, parents/carers, governors, the school health service and pupils.
- Ensure the plan is put into action, with good communication of the policy to everyone.
- Ensure every aspect of the policy is maintained.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all supply teachers and new staff know the school asthma policy.
- Annually monitor the policy and how well it is working.
- Delegate a staff member to check the expiry date of spare reliever inhalers and maintain the school asthma register.