

PARSLOES PRIMARY SCHOOL



Asthma Policy

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PARSLOES PRIMARY SCHOOL

School Policy Statement

A S T H M A

Introduction

This policy has been written with advice from the National Asthma Campaign, the Local Authority, the school health service, parents, the governing body and pupils.

The School:

- recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- ensures that children with asthma participate fully in all aspects of school life including P.E.
- recognises that immediate access to reliever inhalers is vital
- keeps records of children with asthma and the medication they take
- ensures that the school environment is favourable to children with asthma
- ensures that other children understand asthma
- ensures that all staff who come into contact with children with asthma know what to do in the event of an asthma attack, i.e. enable the child to immediately use their inhaler or if the child is unable to do this, send for a First Aider.
- will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully.

RATIONAL

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff and pupils. Supply teachers and new staff are also made aware of the policy.

Medication

Immediate access to reliever inhalers is vital. All inhalers are kept in the relevant classrooms. All inhalers must be labelled with the child's name. School staff are not required to administer medication to children except in an emergency. However, many of our staff are happy to do this and they are insured by the local authority when acting in accordance with this policy. **All school staff will let children take their own medication when they need to.**

Record Keeping

At the beginning of each school year, or when a child with asthma joins the school, parents are asked to complete the school's medication consent form and details of the child's condition are kept on file. A child who has severe asthma or whose asthma may affect their access to the curriculum will have a Health Care Plan. This Health Care Plan will be written in co-operation with the school nurse, the parents, the pupil and the school. Care Plans are updated annually or when the need arises.

PE

Taking part in sports is an essential part of school life. Class teachers are aware of which children have asthma from the medical register. Teachers will remind children, whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Should a child need to use their inhaler during the lesson, the child will be allowed to use their inhaler stored in the classroom. If necessary this will be collected from the classroom by an adult. Children, who always need their inhaler during the P.E. lesson, are encouraged to take it with them.

The school environment

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not use chemicals in science and art lessons that are potential triggers for children with asthma

When a child is falling behind in lessons

This will be reported to the SENDCo and the parents will be involved. Appropriate support will be given through the child's IEP if applicable or the Health Care Plan.

Asthma attacks

Appropriate action will be advised by the parents and the school nurse via the Health Care Plan. The action may be different for each child. This action is generally:

- *Ensure that the reliever inhaler is taken immediately*
- *Stay calm and reassure the child*
- *Help the child to breathe by ensuring tight clothing is loosened*

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 parents must be told about the attack.

Emergency procedure:

Call an ambulance and then notify the parents if:

- *the reliever has no effect after five to ten minutes*
- *the child is either distressed or unable to talk*
- *the child is getting exhausted*
- *you have any doubts at all about the child's condition*