

Asthma Policy

The John Frost School recognises that asthma is a widespread, serious but controllable, condition affecting many students at the school. Asthma affects 1 in 11 children. The school positively welcomes all students with asthma. This school encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and students. Supply teachers and new staff are also made aware of the policy. All staff that come into contact with students with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

Asthma medicines

- Immediate access to reliever medicines is essential. Students with asthma are encouraged to carry their reliever inhaler as soon as the parents/carer, doctor or asthma nurse and class teacher agree they are mature enough.
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The school will hold this separately in case the student's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parents/ carer.
- School staff are not required to administer asthma medicines to students (except in an
 emergency). School staff who agree to administer medicines are insured by local
 education authority when acting in agreement with this policy. All school staff will let
 students take their own medicines when they need to.

Record keeping

• At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their data form.

Exercise and activity – PE and games

- Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's Medical Register.
- Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students 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. It is agreed with PE staff that each student's inhaler can be taken to the site of the lesson. If a student 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

 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 are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs. PE teachers, classroom teachers and out-of-hours school sport coaches are aware of the
potential triggers for students with asthma when exercising, tips to minimise these
triggers and what to do in the event of an asthma attack. All staff and sports coaches are
provided with training from the school nurse, who has had asthma training.

School environment

• The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy.

Making the school asthma-friendly

The school ensures that all students understand asthma.

When a student is falling behind in lessons

• If a student is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the Progress Co-ordinator 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 co-ordinator about the student's needs.

Asthma attacks

 All staff who come into contact with students with asthma know what to do in the event of an asthma attack.

ROLES AND RESPONSIBILITIES

The School

The School has a responsibility to:

- provide a Salbutamol inhaler for emergency use only
- ensure the health and safety of their employees (all staff) and anyone else on the premises or taking part in school activities (this includes students). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips. Employers therefore have a responsibility to ensure that an appropriate asthma policy is in place
- make sure the asthma policy is effectively monitored and regularly updated
- report to parents/carers, students, school staff and local health authorities about the successes and failures of the policy
- provide indemnity for teachers who volunteer to administer medicine to students with asthma who need help.

The Headteacher

The Headteacher has a responsibility to:

- plan an individually tailored school asthma policy with the help of school staff, school nurses, local education authority advice and the support of their employers
- 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 students
- 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
- regularly 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
- report back to their employers and their local education authority about the school asthma policy.

School staff

All school staff have a responsibility to:

- understand the school asthma policy
- know which students they come into contact with have asthma
- know what to do in an asthma attack
- allow students with asthma immediate access to their reliever inhaler
- tell parents/carers if their child has had an asthma attack
- tell parents/carers if their child is using more reliever inhaler than they usually would
- ensure students have their asthma medicines with them when they go on a school trip
- ensure students who have been unwell catch up on missed school work
- be aware that a student may be tired because of night-time symptoms
- keep an eye out for students with asthma experiencing bullying
- liaise with parents/carers, the school nurse and SENCO if a child is falling behind with their work because of their asthma.

PE teachers

PE teachers have a responsibility to:

- understand asthma and the impact it can have on students. Students with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled
- ensure students have their reliever inhaler with them during activity or exercise and are allowed to take it when needed
- if a student has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better, allow them to return to activity. (Most students with asthma should wait at least five minutes)
- ensure students with asthma always warm up and down thoroughly.

School nurses

School nurses have a responsibility to:

- help plan/update the school asthma policy
- the school nurse has a responsibility to provide regular training for school staff in managing asthma
- provide information about where schools can get training if they are not able to provide specialist training themselves.

Individual doctor/asthma nurse of a child of young person with asthma

Doctors and asthma nurses have a responsibility to:

- complete the school asthma cards provided by parents/carers
- ensure the child or young person knows how to use their asthma inhaler (and spacer) effectively
- provide the school with information and advice if a child or young person in their care has severe asthma symptoms (with the consent of the child or young person and their parents/carers)
- offer the parents/carers of every child a written personal asthma action plan. Every young person should also be offered a written personal asthma action plan themselves.

Students

Students have a responsibility to:

- treat other students, with and without asthma, equally
- let any student having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- tell their parents/carers, teacher or PE teacher when they are not feeling well

- treat asthma medicines with respect
- know how to gain access to their medicine in an emergency
- know how to take their own asthma medicines.

Parents/carers

Parents/carers have a responsibility to:

- tell the school if their child has asthma
- ensure the school has a complete and up-to-date school asthma card for their child
- inform the school about the medicines their child requires during school hours
- inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name
- provide the school with a spare reliever inhaler labelled with their child's name
- ensure that their child's reliever inhaler and the spare is within its expiry date
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to twelve months)
- ensure their child has a written personal asthma action plan to help them manage their child's condition

Storage, care and disposal of the emergency inhaler

The school's emergency inhaler kit is maintained and checked regularly. The staff should check:-

- on a monthly basis that the inhaler and spacers are present and in working order, and the inhaler has sufficient number of puffs
- that batch numbers on the inhalers are recorded, and that replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the mouthpiece of the inhaler has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhaler will be kept in the main school office away from students. The spacer should not be reused by the school. However, the inhaler itself may be reused when it has been cleaned after use.



CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER THE JOHN FROST HIGH SCHOOL

You may wish to attach a photograph of your child for identification in an emergency

Child or young person showing symptoms of asthma / having asthma a	attac	ı atta	sthma	/ having as	astnma /	otoms o	sym	showing	person	young	ı or	Jhild	C
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Child's full name (PRINT):							
Class:							
 I confirm my child has been (please delete as appropriate) 	confirm my child has been diagnosed with asthma / has been prescribed an inhaler please delete as appropriate).						
	My child will have a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.						
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.							
You may wish to discuss this form	n with your child.						
Signed: Date:							
Parent/carer full name (PRINT)							
Mobile telephone number							
Home/work telephone number							
Parent/carer address:							
E-mail address							
Child's Doctor's name							
Child's Doctor's telephone number							
Child's Doctor's address							

Ratified by Governors: 04/04/15