



**Robert
Blair**
Primary School

ASTHMA POLICY 2017

**The policy was adopted by the governing body of Robert
Blair School in November 2017**

All students at Robert Blair Primary School who are known to have asthma will be supported by the implementation of Asthma standards.

- 1. We have a clear policy on Asthma Management in place**
- 2. The Whole school community will have access to asthma First Aid in an Emergency.**
- 3. Asthma training is accessed by all staff on an annual basis**
- 4. Students Known to have asthma will have an individual health care plan**
- 5. We maintain an up-to-date asthma register**

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Introduction

An Asthma Friendly school

We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated asthma leads to ensure these are adhered to. We commit to audit our procedures yearly. This policy will be reviewed annually by Arabella Yapp

We welcome parents and students views on how we can continue to improve and build upon our standards.

Robert Blair School recognises that asthma is a prevalent, serious but manageable condition. At Robert Blair we welcome all students with asthma. This policy was drawn up in consultation with parents, students, School Nurses, Local authority, school governors and health colleagues.

We ensure all staff is aware of their duty of care to Students. We have a “whole school” approach to regular training so staffs are confident in carrying out their duty of care. We have two asthma leads they are:

1. Cathy Torrens

2. Rory Devlin

Asthma Leads ensure procedures are followed and a ‘whole school’ approach to training is delivered on a yearly basis.

This policy reflects the requirements of two key documents

1. **Supporting Pupils at school with medical conditions (2014)** and
2. **Guidance on the use of emergency salbutamol inhalers in schools (2015)**

This policy sets out how we as a school support students with asthma. We work closely with students, parents and health colleagues to ensure we have robust procedures in place for the administration, management and storage of asthma inhalers at school. We will keep parents/guardians informed if their child has had medication during the school day beyond what has been agreed in the child’s care plan.

Parents are required to ensure the school is aware of their child’s needs. Parents should assist in the completion of their child’s school asthma plan and also provide school with at least one and if possible two named inhalers and spacers.

It is the responsibility of parents/guardians to ensure all medication is in date and that school are kept informed of any changes to your child’s medication/care needs throughout their time at school.

School staffs are not obliged to administer medication. However at this school some staff is happy to do this. School staff are insured to administer medication under **[school please detail insurance for staff here]**.

Students with asthma are fully integrated into school life and are able to participate fully in all activities including PE. Students require open and immediate access to their reliever medication (inhaler) at all times; we have clear procedures in place that facilitate this. Where students carry their own inhalers it is essential parents provide school with a spare.

2. Record Keeping

It is a parent/guardians responsibility to inform school on admission of their child's medical condition and needs. It is also important that school are informed by parents of any changes. **School will keep an accurate record of each occasion a student is given or supervised taking their inhaler.** (Record of administration template **Appendix 1**) Details of the supervising staff member, student, dose, date and time are recorded. Parents will be informed if a student uses their inhaler more than 3 times a week in excess of their usual requirements e.g. If a student normally uses their inhaler pre or post exercise this would be recorded, if they also require their inhaler in addition to this 3 times or more a letter should be sent to their parent informing them of this (**Appendix 2**). If a pupil refuses to have their inhaler, this is also recorded and parents are informed as soon as possible. (**Appendix 3**)

This school keeps a medical needs register, students with asthma are highlighted in yellow so we can identify and safeguard students with asthma; this is held in the **staffroom and school office and saved in staff share/inclusion/medical needs**. Students with asthma will have a School asthma plan. This is written jointly between health, education and parent/student.

In the event a student's inhaler and spare inhaler are unavailable/ not working we will use the schools emergency inhaler (if the parent/guardian has consented) and inform the parent as soon as possible. Consent to use emergency inhalers should be recorded on the medical needs register.

3. Parents are responsible for

- Informing the school if their child has asthma
- Ensure the school has a complete and up-to-date asthma plan 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, field trips and other out-of-school activities such as school sports events.
- Inform the school of any changes to their child's condition.
- Ensure their medicines and medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates.
- If their child is off school they catch up on any school work they have missed.

- Ensure their child has regular reviews (usually every 3 months) but at least annually with their doctor or specialist healthcare professional.
- Ensure their child has a written self-management plan from their doctor or specialist healthcare professional and they share this with school.
- It is the parent's responsibility to ensure new and in date medicines come into school on the first day of the new academic year.

4. Teaching Staff are responsible for

- Read and understand the school's asthma policy
- Being aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
- Know which students have asthma and be familiar with the content of their individual health plan
- Allow all students to have immediate access to their emergency medicines
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure students who carry their medicines with them, have them when they go on a school trip or out of the classroom
- Be aware that asthma can affect a student's learning and provide extra help when needed
- Be aware of children with asthma who may need extra social support
- Liaise with parents, the student's healthcare professionals, and special educational needs co-coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE to raise pupil awareness about asthma **(SUFA contact details, Sally Martin HWB contact details)**
- Understand asthma and the impact it can have on students. (Students should not be forced to take part in activity if they feel unwell) If school identify a pattern or are concerned about an individual student they will inform parent/guardian and advise medical advice should be sought.
- Ensure students with asthma are not excluded from activities they wish to take part in
- Ensure students have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

Schools Asthma Lead /Champions responsibilities

Asthma Lead 1 and Asthma Lead 2 are delegated responsibility by the head teacher to ensure:

Schools have an adequate supply of Emergency kits and know how to obtain these from their local pharmacy.

- Procedures are followed
- All children on the register have consent status recorded, an inhaler, a spacer and a care plan.
- Expiry dates are checked monthly and impending expiry date are communicated to parent/guardian.
- Replacement inhalers are obtained before the expiry date
- Empty/out of date Inhalers are disposed of
- Register is up-to date and accessible to all staff
- Training is up-to-date
- Audit process' bi annually **(Appendix 6 of audit checklist)**
-
- Individual spacers are washed regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to the allergic child.
- Emergency kits are checked regularly and contents replenished immediately after use
- The blue plastic inhaler 'housing' is cleaned and dried and returned to the relevant Emergency kit after use
- Asthma Lead/s are confident to support in an emergency situation

6. All Staff responsibilities:

- Attend asthma training yearly
- Know what the procedures are and which students have asthma, be familiar with their care plan.
- Communicate parental concerns and updates to the asthma champions.
- Staff must inform the Asthma Lead/champion if a school emergency inhaler has been used
- Staff must record inhaler usage
- Staff must also record the usage in the main asthma register located in the school office stating that it is the schools Emergency Inhaler that has been used.

- All students with asthma must have easy access to their reliever inhaler and spacer
- All students are encouraged to carry and administer their own inhaler when their parents and health care provider determine they are able to start taking responsibility for their condition.
- Students, who do not carry and administer their own emergency medicines, should know where their inhalers are stored.
- All staff attending off site visits should be aware of any students on the visit with asthma. They should be trained about what to do in an emergency.
- If a student misuses medicines, either their own or another student, their parents will be informed as soon as possible and they will be subject to the school's usual disciplinary procedures.

8. Safe storage - emergency medicine

- Emergency medicines are readily available to students who require them at all times during the school day whether they are on or off site.
- Students who are self-managing are reminded to carry take their inhalers and spacers with them at all times.

9. Safe storage - general

- All inhalers are supplied and stored, wherever possible, in their original containers. All medicines need to be labelled with the student's name and date of birth, the name of the medicine, expiry date and the prescriber's instructions for administration, including dose and frequency.
- Medicines are stored in accordance with instructions paying particular note to temperature
- All inhalers and spacers are sent home with students at the end of the school year. Medicines are not stored in school over the summer holidays

10. Safe disposal

Parents are responsible for collecting out of date medicines from school

A named member of staff is responsible for checking the dates of medicines and arranging for the disposal of those that have expired. This check is done at least three times a year.

This school is registered as a lower tier waste carrier so we can dispose of expired emergency inhalers.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>

11. PE/Activities

.....ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favorable to students with asthma.

PE teachers will be sensitive to students who are struggling with PE and be aware that this may be due to uncontrolled asthma. Parents should be made aware so medical help may be sought.

This includes out of school visits we ensure these visits/trips are accessible to all students.

Children and young people with asthma will have equal access to extended school activities school productions, after school clubs and residential visits.

Staff will have training and be aware of the potential social problems that students with asthma may experience this enables us to prevent and deal with problems in accordance with the school's anti bullying and behavior policies.

Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of asthma amongst students and to help create a positive social environment and eliminate stigma. School staff understand that pupil's with asthma should not be forced to take part in activity if they feel unwell.

Staffs are trained to recognize potential triggers for pupil's asthma when exercising and are aware of ways to minimize exposure to these triggers.

PE teachers should make sure students have their inhalers with them during PE and take them when needed, before during or after PE.

Risk assessments will be carried out by class teachers for any out of school visit asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency. We recognize there may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

In an emergency situation school staffs are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines. We have posters on display in school that reiterates the steps to take during an emergency.

12. School Environment

The school environment is to as great an extent as possible kept free of the most common allergens that may trigger an asthma attack i.e. we do not keep warm blooded pets e.g. rabbits or guinea pigs. Smoking is explicitly prohibited on the school site. We are aware that chemicals in science, cookery and art have potential to trigger an asthma response and will be vigilant of any student who may be at risk from these activities. We will not exclude students who are known to have specific chemical triggers but will endeavour to

seek an alternative. Cleaning and grass cutting should as far as possible be carried out at the beginning or end of the school day.

14. Students who miss time off school due to their asthma

As a school we monitor students absence, if a student is missing a lot of time off school due to their asthma or we identify they are constantly tired in school, staff will make contact with the parent to work out how we can support them. The school may need to speak with the School Nurse or health professional to ensure Students asthma control is optimal.

15. Asthma Attacks

Staff are trained to recognise an asthma attack and know how to respond. The procedure to be followed is clearly displayed on posters in the staff room and office as a reminder. If a child has an asthma attack in school a member of staff will remain with them throughout, **(No student will ever be sent to get their inhaler in this situation, the inhaler must be brought to the student)** and administer their inhaler in accordance with the emergency procedure. Emergency services and parents will be informed. A member of staff will accompany the student to hospital until their parent/care giver arrives.

Where To find more information –

<http://www.asthma.org.uk>

School Nurse Contact details:
Highbury Grange Medical Practice
1-5 Highbury Grange
Islington
London
N5 2QB
Telephone: 020 7226 2462

Asthma clinical Nurse Specialist:
Laura Hale
Asthma/Allergy Paediatric Clinical Nurse Specialist
Whittington Hospital
07770704082

Children's Community Nurses Team:
Northern Health Centre
580 Holloway Road,
London
N7 6LB
Telephone: 0203 316 1800

Health and Wellbeing team.....

Breathe better London.....

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

(Appendix 1) Medicine Administration Form

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of staff | | | | | |
| Staff initials | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of staff | | | | | |
| Staff initials | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of staff | | | | | |
| Staff initials | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of staff | | | | | |
| Staff initials | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of staff | | | | | |
| Staff initials | | | | | |

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------|--------|---------|-----------|----------|--------|
| Date | | | | | |
| Time given | | | | | |
| Dose given | | | | | |
| Name of staff | | | | | |
| Staff initials | | | | | |

(Appendix 2)

Parents should be notified if a student is using their Inhaler more frequently than 3 times per week more than stated on their care plan. (For example some students will use their inhaler routinely before PE).

Please be aware of those students who carry their own inhaler and self-medicate.

Please use the letter below to inform the parent/carer if a child has used the inhaler more than 3x more than stated in their care plan



Headteacher: Michelle Bahn
 Brewery Road, Islington, London N7 9QJ Tel: 020 7607 4115 Fax: 020 7607 5395
 Email: admin@robertblair.islington.sch.uk
www.robertblairschool.com

Date _____

Dear _____

Childs Name _____ has required their reliever inhaler on the following occasions this week

Monday (date) – state am or pm

Tuesday (date) – state am or pm

Wednesday (date) – state am or pm

Thursday (date) – state am or pm

Friday (date) – state am or pm

We have been advised to inform you of this in line with our asthma policy as you may wish to take your child to see their GP or practice nurse for a review.

(Appendix 3)

SPECIMEN LETTER TO INFORM PARENT OF STUDENT REFUSAL TO USE INHALER OR SPACER



Headteacher: Michelle Bahn
Brewery Road, Islington, London N7 9QJ Tel: 020 7607 4115 Fax: 020 7607 5395
Email: admin@robertblair.islington.sch.uk
www.robertblairschool.com

Date

Dear _____ We are duty bound to inform you that

Students Name _____ has declined to use their inhaler today

We have been advised to inform you of this in line with our asthma policy as you may wish to discuss this with your child.

(Appendix 4)

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE



Headteacher: Michelle Bahn
Brewery Road, Islington, London N7 9QJ Tel: 020 7607 4115 Fax: 020 7607 5395
Email: admin@robertblair.islington.sch.uk
www.robertblairschool.com

Date

Child's name:

.....

Class:

Date:

Dear.....,

This letter is to formally notify you that.....has had problems with their 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.

Although they soon felt better, we would strongly advise that your child is seen by their own doctor as soon as possible.

Please can you ensure your child brings in a working in-date inhaler and spacer for use in school both should be clearly labelled with your child's name and date of birth.

Yours sincerely,

(Appendix 5)

| <h1>Asthma Friendly School Criteria</h1> | | |
|---|--|--|
| School | Name of contact | Borough |
| | | |
| <p>Standard 1</p> <p>Policy</p> <p>Schools policy should be available to view, all staff should be aware of where it is kept.</p> | <p>Details</p> <p>Amended the Template policy to reflect internal procedures. All staff and parents are aware of the policy. (please note evidence source)</p> <p>Date for review</p> <p>Named contact that has responsibility for review of policy.</p> | <p>Criteria Met</p> <p>Yes</p> <p>No</p> <p>Action</p> |
| <p>Standard 2</p> <p>Asthma Register</p> | <p>Register Should clearly state name and DOB of student. Consent to administer emergency medication should also be recorded.</p> <p>If prevalence was low (less than 10%) at initial audit a sweep of whole school should have been undertaken and register updated with newly identified students.</p> <p>Consent for use of emergency inhaler recorded on register</p> <p>Must be displayed in School office and staffroom/common</p> | <p>Yes</p> <p>No</p> <p>Action</p> |

| | | |
|---|---|---|
| | room with Emergency poster. | |
| <p>Standard 3</p> <p>Emergency Kits/Procedures</p> | <p>Emergency Kits (minimum of 2 in any school) conveniently located at key points throughout the school. Staff aware of where these are and have easy access to them.</p> <p>Emergency Kit for off - site activities/evacuation of building.</p> <p>Contains Checklist and clear procedures on monitoring use and contents.</p> <p>Parents are informed promptly if emergency kit is required and advised to bring child for review.</p> <p>Asthma Champion/ Leads are easily identified by staff members</p> | <p>Yes</p> <p>No</p> <p>Action</p> |
| <p>Standard 4</p> <p>Individual Health Care Plan (IHCP)</p> <p>Recording use of students medications</p> | <p>Students have a care plan and know where it is kept – usually school office.</p> <p>IHCP signed by a Dr or Nurse.</p> <p>Records kept of medication usage and</p> | <p>Yes</p> <p>No</p> <p>Action</p> |

| | | |
|---|---|--|
| | <p>parents informed promptly of any incidents/usage outside of the IHCP.</p> <p>Check that if recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use.</p> <p>Students should be encouraged to self-manage their condition where appropriate. Where students self-manage a spare inhaler and spacer must be kept in school.</p> | |
| <p>Students who self-Manage</p> | | |
| <p>Storage of Inhalers/spacers</p> | <p>Asthma medication and spacer is clearly labelled and stored in a cool Location</p> <p>Expiry dates are checked regularly by staff and Replaced when required.</p> <p>Inhaler is administered via a spacer</p> <p>Spacers are single person use</p> | |
| | <p>Procedure in place for washing spacers at regular intervals</p> | |

| | | |
|--|---|---|
| <p>Standard 5</p> <p>Whole School Training</p> | <p>Asthma training should be taken up by the whole school – a minimum of 85% is required to achieve Kite Mark status.</p> | <p>Yes</p> <p>No</p> <p>Action</p> |
|--|---|---|

Benefits of Kite Mark –

- Whole School Asthma training
- A **FREE** Asthma Emergency Kit: bag and necessary paperwork.
- free templates & Emergency guidelines and posters
- Advice and support every step of the way
- Certificate awarding you Asthma Kite Mark status