

Asthma Policy 2024-2027

This policy has been written with reference to:

- Asthma UK : <http://www.asthma.org.uk/>
- Advice received during asthma and allergy training from school nurses
- *London schools' guide for the care of children and young people with asthma*, Feb 2021
- The Harrow Respiratory Nurse and local School Nursing team Asthma Friendly School Award Checklist

It should be read in conjunction with the School's ***Supporting Medical Needs of Children at School Policy*** and the ***School's Allergy Policy***.

The school will seek to maintain its Asthma Friendly School Award Status. This involves an annual assessment, carried out by the Harrow School Nursing Team, to ensure the school's practice is fit-for-purpose.

Meeting the needs of the children

Kenmore Park Infant and Nursery School is a rights respecting school. We will seek to meet the needs of children with asthma and/or inhalers in school through carefully considering their needs; being aware of and minimising possible triggers; ensuring their safety through good communication with parents and children and through systems ensuring effective record keeping and sharing of necessary information. **(CRC Article 19: a right to be cared for and protected)**

We will respect the children's rights to experience a full range of experiences and access to the full curriculum through keeping them safe. We will not unnecessarily exclude children from activities that are an important part of school life, e.g. trips, whilst considering the child's safety as paramount. **(CRC Article 18: a right to be thought about)**

The school will liaise with the School Nurse and/or the Harrow Respiratory Nurse over any queries over practical asthma management.

Identifying children

Parents are asked on the admission form for specific details about their child including medical information. A child identified by the parent as having asthma **or who requires an inhaler** will be added to the **medical conditions register** and colour-coded as having asthma/requiring an inhaler (see below for further details). ~~They will also be placed on the school's asthma register.~~ In conjunction with the Deputy Head Teacher (DHT) or Head Teacher(HT) if the DHT is absent, the parents will complete an Individual Health Care Plan (IHCP) relating to their child and will be directed towards the location of the policy on the website and given the option of taking a hard copy. Parents who inform the school mid-year of a new diagnosis of asthma will be asked to contribute to the construction of an Individual Health Care Plan.

All children who have been prescribed inhalers (whether they have been diagnosed with asthma/been prescribed an inhaler) **must** have completed on their behalf an **Individual Health Care Plan (see Appendix 2)** and the **Parental agreement for setting to administer medicine form (see Appendix 3)**. The only exception to this is when a child has been prescribed a 'weaning inhaler' i.e. an inhaler for a set, short amount of time to clear up

an infection. In these cases, the parents will be asked to keep the school up to date regarding whether or not the child is to be prescribed an inhaler over the longer term. A meeting will typically have to be held between the parent and Asthma Lead regarding other possible implications, e.g. the child requiring the inhaler at school during this weaning period.

Keeping children safe

(CRC Article 16: a right to be safe)

- A protocol sheet detailing what to do in the event of an asthma attack will be displayed in each classroom – see **Appendix 1 Emergency Asthma Plan** – these will be displayed in all classrooms and in other key areas of the school e.g. Welfare room and Staff room.
- The school will only administer (usually blue) reliever inhalers. The school will not administer brown preventer inhalers (which should be given to the children at home) unless a health professional advises the school to do so.

Guiding Principles:

- **Every child with asthma/an inhaler should have an individual health care plan (IHCP)**
- **The school will ensure medical and asthma policy is up to date**
- **Children and young people should have immediate access to their inhalers ideally in the classroom.**
- **It is the school's responsibility to make sure staff know where the inhalers are kept.**
- **In an asthma attack the inhaler should always be taken to the child – 'treat at the scene'**
- **We will ensure that we have at least one emergency asthma inhaler kit available which will be stored in the welfare room**

Medical Conditions Register and Asthma Register:

- All children who have asthma or who require an inhaler will be noted on the school's medical conditions register, highlighted as having asthma/requiring an inhaler to inform all staff and supply staff.
- An electronic version of the medical conditions register will be stored in Staff shared drive on the school system in a folder marked **MEDICAL CONDITIONS** and will be updated **whenever** a child enters the school with asthma/requires a reliever inhaler.
- The school will liaise with the school nurse whenever advice is required and whenever parental advice (e.g. regarding the amount of medication – 2 puffs is usually the suggested dose) contradicts advice given in training
- A hard copy of the register relating to the applicable year group will be kept in each class' Class Folder medical conditions folder and an additional copy will be kept on the class notice board.
- When the medical conditions register and asthma register has been updated, new copies will be distributed to the relevant year groups.

Awareness of Policy:

- All staff will be made aware of the location of the asthma policy on the school system. Additionally, a copy will be put in each class' medical conditions folder.

Access to inhalers:

- Parents are expected to have the relevant medical equipment required for their children to access at home.
- They are also expected to provide the school with a set of equipment – typically a spacer (**as approved by the school-nursing service**) and reliever (blue) inhaler
- The inhaler **and** spacer should be marked with the children's names.
- Inhalers and spacers specific to the child are stored in the child's class in a clear plastic wallet with the child's name, a photo of the child, and the child's IHCP. They are stored in a cupboard, out of reach of the children with a sign on the cupboard denoting it as the storage place of medical equipment. In the event a student's inhaler and spacer are unavailable/ not working the school 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, the medical conditions register and the pupil's Individual Health Care Plan (IHCP).
- The school's emergency inhaler will also be available in the Welfare Room/where the Welfare Assistant is monitoring playtimes e.g. the area between the key stage 1 playgrounds **if this is in use**. This will be used for children who may be experiencing an asthma attack during play as long as parents have consented to its use.
- Inhalers must only be used for children for whom they have been prescribed and under supervision. If an inhaler is used in the classroom, a note recording when and who supervised the giving of the medication must be completed at the time and shared with the Welfare Staff who will liaise with the Deputy Head Teacher/Head Teacher. This will be used to update the central record of medicine being administered, kept in the Welfare room. Parents/carers will be informed verbally by the Class Teacher and via a 'White Slip' from Welfare.

Emergency inhaler/medical kits

The school will keep at least one emergency **inhaler/medical kits**, kept in the Welfare Room or different areas of the school if the needs of the children dictate this is necessary. Emergency medical bag(s) will be brought out of the school when evacuation is required e.g. a fire and will be available for those children whose parents have given permission for them to use it

The school expects parents to provide an inhaler and spacer for their child and the emergency kits are not to replace these but to provide an additional level of safety e.g. if a child has an asthma attack and the Class Teacher has not brought out their inhaler during **a school** evacuation.

The contents of the kits will be as follows:

- At least one salbutamol (blue) reliever inhaler
- At least one spacer
- The kit *may* also contain an adrenalin injector e.g. epipen if there are children with severe allergies

- The medical conditions register – a list of all the children who have an inhaler. This list will denote whose parents have given permission for the emergency inhalers to be used with their children.

Following the use of the Emergency Kit:

- When a child has used the spacer in the emergency medical kit, this will **not** be used again by the school to avoid cross-contamination and will be sent home with the child.
- Parents will be informed via a phone call/on collection with a 'white slip' to inform them that the emergency kit has been used with their child.

Responsibilities

Parents' Responsibilities

- Informing the school if their child has asthma/requires an inhaler.
- Ensure their child has an up-to-date written self-management plan from their doctor or specialist healthcare professional and that they share this with the school.
- 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 labelled with their full name and date of birth, in the original pharmacy packaging.
- Ensure that their child's medicines are within their expiry dates once advised by the school Asthma Champion.
- If their child is off school, they catch up on any school work they have missed.
- Ensure their child has regular reviews (at least annually and after each exacerbation) with their doctor or specialist healthcare professional.
- Ensure in date medicines come into school on the first day of the new academic year. Spacers need to be replaced annually if used regularly.

School Management and Teachers' Responsibilities:

- School management team ensure that the school's asthma policy is read and understood by all members of staff including teachers, teaching assistants & support staff
- Be 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
- Inform parents if a child uses their inhaler after an exacerbation or in the playground
- Encourage parents to seek a clinical review if a child regularly uses their inhaler at school

- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure students, **who require asthma medication and equipment** have them when they go on a school trip
- 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, special educational needs co-coordinator and welfare officers if a child is falling behind with their work because of their condition
- Understand asthma and the impact it can have on students (students should not be forced to take part in an activity if they feel unwell). If school identify a pattern or are concerned about an individual student, they will inform their parent/guardian and seek medical advice.
- Ensure students with asthma are not excluded from activities in which they wish to take part.
- School management review the asthma policy annually and conduct an annual review of the safe management of asthma in the school.
- It is the class teacher/support staff's responsibility to ensure that supply teachers are informed of the location of the list of children with asthma/other medical conditions in the classes and the location of medical equipment within the classroom
- It is the class teacher's/support staff's responsibility to administer the inhaler if a child has an asthma attack whilst in the classroom/feels the need for their inhaler when not in the classroom
- The Class Teacher is responsible for informing the welfare assistants of coming school trips to allow the Welfare Assistants to distribute inhalers to the relevant first-aiders.
- Whenever a child has used their inhaler, this must be recorded and the parents informed through an 'Accident/incident/illness report slip' also referred to as a 'white slip' (a note completed by a Welfare Assistant) sent home or via a phone call. A phone call will be the response whenever there are concerns that a parent/carer may not understand written English.
- If a child with asthma has shown asthma symptoms at school, this should also be communicated through a 'white slip'.

Schools' 'Asthma Lead /Champions' responsibilities:

In-line with the Asthma Friendly School Award Checklist, the school has identified a staff member as an 'Asthma Lead', the Deputy Head Teacher and an Asthma Champion, The Welfare Assistant. The school asthma lead and Asthma Champions are delegated responsibility by the head teacher and school governors.

The **Asthma Lead's** (DHT's) responsibilities include:

- ensuring staff training,
- ensuring the asthma register is up to date
- ordering emergency inhalers

- ensuring emergency kit (see p3) complies with Department of Health (DoH) guidance
- ensuring staff are aware of the location of the asthma policy on the system and of the children in their class who have asthma/an inhaler
- ensuring staff are aware of the Individual Health Care Plans of the children in their class through providing a medical conditions folder. A copy of the asthma policy will also be placed within this folder
- completing IHCPs in conjunction with parents' views and wishes
- ensuring children are added to the medical conditions register and asthma register when entering the school mid-year and that these records are shared with Class Teachers, Support Staff and the Head Lunchtime Leader.
- contacting the School Nurse/Harrow Respiratory Nurse if information from parents contradicts with what is the norm
- meeting with parents to discuss wider health needs of the children
- ensuring all children on the register have consent status recorded for use of the emergency inhaler an inhaler
- enable to school nursing team to audit school practice in their annual audit

It is the responsibility of the **Asthma Champion** to:

- ensure inhalers are in date at least half termly
- ensure that the children have the appropriate medical equipment provided by their parents and to inform the Asthma Lead/DHT if this is not the case
- to contact parents and request medication/equipment
- on a monthly basis, welfare staff will check that children on the **medical register** have an inhaler and spacer in school. This will be marked on a checklist and the staff member will sign to show this has taken place. **See Appendix 4**
- inform parents via a phone call if the inhalers are running low
- ensure inhalers are stored out of sunlight and protected from extremes of temperature
- ensure that after use, spacers are washed in warm water and allowed to air dry but should not be dried by hand
- return empty inhalers be to the child's parents
- following Class Teachers advising them in advance of a school trip, assist first-aiders going on the trip have access to the inhalers, spacers and EHCPs
- to inform the Asthma Lead whenever a child has required the use of their inhaler apart from pre-agreed use
- ensure inhalers and spacers are washed and checked regularly according to instructions; care should be taken not to muddle the components as this could pose a risk to **an** allergic child. If the inhaler and spacer have not been used and have been stored correctly in their own sealed packaging there is no need for them to be washed.

- Emergency kits are checked regularly and contents replenished immediately after use

All staff responsibilities:

- Attend asthma training yearly
- Know what the procedures are and which students have asthma, be familiar with their care plans
- Communicate parental concerns and updates to the Asthma Lead/Champions
- Inform the Asthma Lead/Champion if a school emergency inhaler has been used
- Record inhaler usage as per their school system for recording. If recording takes place in more than one location i.e. classroom and office – the record is amalgamated to clearly reflect frequency of use. Ideally there should be one record
- **Inform the Asthma Lead & Asthma Champion if an emergency inhaler has been used**
- Ensure all students with asthma/**an inhaler** have easy access to their reliever inhaler and spacer
- Ensure that, if a student misuses medication, either their own or another student, their parents are informed as soon as possible, and they are subject to the school's usual disciplinary procedures

PE/Activities

- 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.

An asthma-friendly environment

- Staff will be aware that the following can be **possible triggers** for asthma: **pollen, animals, colds and viral infections, dust, pollution and cold weather**. Whenever possible, the staff will seek to minimise exposure to these elements.

Training for staff

Asthma awareness training for staff will be conducted annually.

The training will always cover: triggers for asthma; how to recognise an asthma attack; what to do in the event of an asthma attack.

School trips

All pupils with asthma/who require an inhaler must have access to their inhalers and spacers during school trips and visits off site. The Class Teacher is responsible for informing the welfare assistants of coming trips to allow the Welfare Assistants to distribute inhalers to the relevant first-aiders. First Aiders will carry inhalers, spacers and IHCPs with them when on school trips. A child with asthma will always be in a group with a trained first-aider unless the child's parent is accompanying **them on** the trip.

Record keeping and communication

The school will endeavour to ensure excellent communication and record keeping. We will inform parents through a 'white slip' of asthma-symptoms and whenever the inhaler has been administered.

It is the parents' responsibility to inform the school of any changes in their child's asthma. Parents must inform the school of any asthma symptoms the child is exhibiting. Parents are expected to inform the class teacher when dropping off their children if they feel that the child is more likely to require their inhaler that day. Parents are then expected to communicate the same message to the Welfare Staff.

A working document

Though the policy will be reviewed annually, the school will continue to work with the school nurse and parents to ensure that the policy is working and fit for purpose. A copy will be distributed to the school nurse and feedback sought.

Conclusions and Evaluation

The Governing Body will monitor, evaluate and review the Asthma policy on an annual basis, to consider the effectiveness of the school's work on behalf of those pupils with Medical Conditions

Person Responsible for Policy:- Deputy Head Teacher

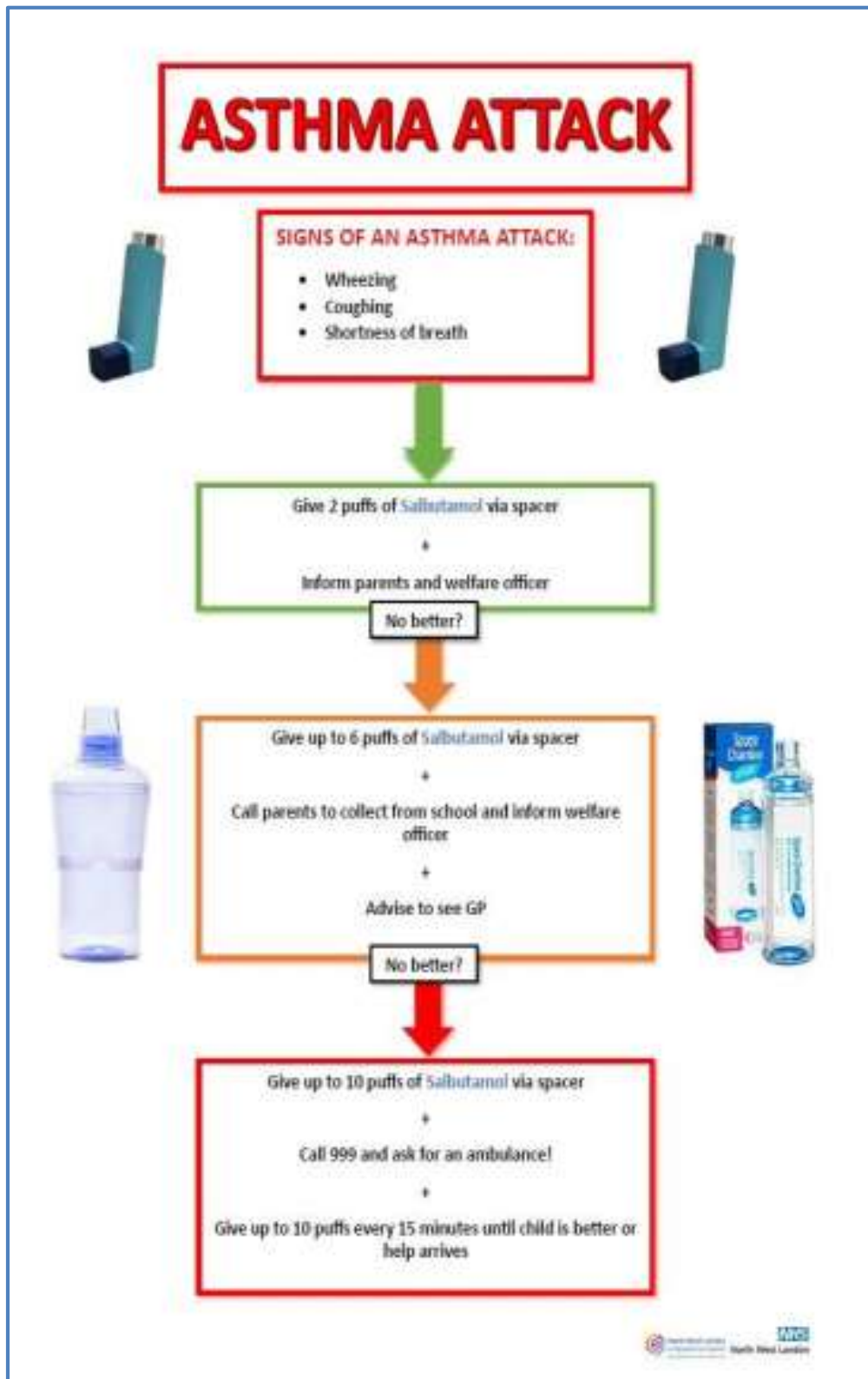
Frequency of review:

The *Asthma Policy*, alongside the *Supporting Pupils with Medical Conditions Policy* will be reviewed annually.

Date of Policy: September 2024

Governing Body approved: 16th October 2024

Appendix 1 Emergency Asthma Plan for Schools





Appendix 2



Individual healthcare plan – [child's name]

Last updated:

Colour linked to RAG rating of child's health risk		
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 80%; height: 80%; display: flex; align-items: center; justify-content: center;"> Photo of child </div> </div>		
Low	Medium	High
Risk of hospitalisation/serious illness/death		
Name of school/setting		
Group/class/form		
Date of birth		
Child's address		
Medical diagnosis or condition		
Airborne?	Touch?	Eating?
No	No	Yes
If allergy, is it triggered through:		
Date		
Review date		

Family Contact Information

Name & relationship to child

Phone no. (work)

(home)

(mobile)

Name & relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Allergy

Trigger:

Symptoms:

Treatments:

Cough/wheeze

Trigger:

Symptoms:

Treatments:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Medication:

Dose:

When to be taken:

Action to be taken if a child refuses to take medicine/carry out a necessary procedure

Daily care requirements

E.g. Monitor

NB – it is an expectation that parents will share any information which may pertain to a child's health e.g. sharing with the class teacher and welfare assistants that a child with asthma/an inhaler is suffering with a cold

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Welfare staff

Plan developed with

Staff training needed/undertaken – who, what, when

Details of Special Educational Needs – if applicable

Area of need:

Support provided:

Form copied to

Class teacher; TA; DHT; HT; Head Lunchtime Leader; parents

Form saved in Teachers Only in: Medical Conditions 2024-2025

Parent/Carers' Agreement:

- I confirm that the information held within this IHCP (and emergency protocol sheet if the child has one) is accurate.
- I agree to the school providing my child with the medication mentioned within.
- I agree to update the school as an when any changes to my child's condition occurs and if my child receives new medication, I will inform the school as soon as this is the case and will provide the new medication.
- I understand that this is a working document which will typically be updated annually – though if any changes are required prior to this time, I will contact the school.

- If my child requires an inhaler, I agree to provide the school with 2 inhalers and spacers at the earliest opportunity.
- If my child requires an inhaler, I confirm that **I am/am not** happy for my child to be given the school's emergency inhaler and spacer should circumstances require it.
- If my child requires an auto-injector, I confirm that **I am/am not** happy for my child to receive one of the school's auto-injectors in the school's emergency medical kit should circumstances require it.
- I understand my child's name and image will appear on a class list which will be shared with the year group and other members of staff within the school who may be required to administer my child's medication or who needs to be aware of their condition.

Name_____ Signed_____ Date_____

Kenmore Park Infant & Nursery School

Parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	Kenmore Park Infant & Nursery School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

