

Clarice Cliff Primary School
Asthma Policy
November 2005

Supporting pupils with medical needs in schools DFEE
and DOH Circular 14/96

- Health and Safety at Work Act 1974
- Medicines Act 1969
- Education Act 1993
- Children Act 1989

There is no legal or contractual duty for school staff to administer medicine or supervise a pupil taking medication. This is a voluntary role.

Teacher and others in charge of pupils have a common law duty to act as any reasonable, prudent parent would... This might extend to administering medication in an emergency.

Asthma

Clarice Cliff Primary School:

- Welcomes pupils with asthma
- Recognises asthma as an important condition
- Encourages and helps children with asthma to participate in school life
- Recognises the need for immediate access to inhalers

- Attempts to provide a school environment as favourable as possible to asthmatic children
- Ensures all staff understand asthma and what to do in the event of an attack, and will, if necessary give emergency treatment
- Will inform parents of attacks and any treatment given
- Works with parents, school governors, school staff and the school health service to ensure the successful implementation of the school asthma policy
- Does not assume responsibility for the routine treatment of asthma which remains the prerogative of the parent in conjunction with the child's GP

Managing an Asthma Attack

Don't panic - assess the child's condition and be guided by the following.

MILD/MODERATE ATTACK

Complains of breathlessness, may have a wheeze or cough but is not too distressed and can talk normally or with only slight difficulty.

Action

Child should rest, sitting upright and be encouraged to take deep steady breaths while their own inhaler is retrieved.

Allow the child to take one or two doses of his/her own blue inhaler. If their own inhaler is not available use the school's emergency inhaler.

The parent should be notified by letter the same day.

This should produce an improvement within 5 minutes. If not proceed as below for a severe attack.

If a further attack occurs that day the child needs to see a doctor and the parents should be contacted and advised to get an urgent appointment.

SEVERE ATTACK

No improvement with own blue inhaler as above. Too breathless to speak normally and any conversation may be confused. Rapid, laboured breathing, may or may not be wheezy.
Going blue or white around the lips.

Action

Keep calm - panic is infectious

Do not attempt to lie the child down. The child should rest sitting upright with the shoulder girdle supported, i.e. lean forward over a desk or over the back of a chair.

Use the school emergency relied inhaler and spacer, giving one puff every 30 seconds for 5 minutes, i.e. 10 puffs.

If there is no improvement during this 5 minutes or the child appears drowsy or confused call an ambulance.

Continue to give the inhaler every 30 seconds for a further 5 minutes whilst awaiting the ambulance.

Contact the child's parents. A doctor must see the child even if there is an improvement since further preventative therapy may be required.

Record Keeping

On entry to school, children with asthma, or those possible asthmatics should be identified. This can be achieved by asking whether a child has asthma, breathing or coughing problems. Such children should be brought to the attention of the school nurse as soon as is practically possible.

The parents of children clearly identified as asthmatic should complete a proforma giving consent to the administration of reliever medication in the event of an attack. The proforma should include information as to the effect that in the event of a severe attack the school emergency inhaler may be used if it is felt this is a better means of administration.

A list of asthmatic children will be kept in each classroom to provide information for supply teachers, etcetera, who may not be familiar with the class.

A record of use of the school inhaler should be kept giving the name, date and number of doses given. (Approximate will suffice if several doses are given.)

The school nurse should be informed at her next visit. In particular attention should be drawn to a child using an inhaler more than once a term since this may indicate a child with inadequately treated asthma, or a parent who is failing to provide for their child's requirement.

Parents will be informed of the school's emergency inhaler treatment but will be asked to ensure that the child's own inhaler should be on the premises at all times.

All inhalers should be clearly marked with the child's name, dosage and frequency of use (if necessary).

Children in KS2 who no longer use a spacer should be able to keep their inhaler on them to use as and when required.